State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2017

Name of Facility (as licensed) 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	
Address (No. & Street, City, State, Zip Code) One Emerson Drive, Windsor, CT 06095	
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2376			07-5279

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	000010769		

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
1 Emerson Drive North Operations LLC,d/b/a Kimber	2376	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 IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North [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
			[signature]	11/6/2017
Printed Name (Administrator) Molly Narvaez			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare	
Subscribed and Sworn to before me: Gretchen A. Jeannette	State of PA	Date 11-6-17	Signed (Notary Public) Gretchen A. Jeannette	Comm. Expires 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

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

Data Required for Real Wage Adjustment				Page 1A	of 37
Name of Facility 1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North		Period Covered:		From 10/1/2016	To 9/30/2017
Address of Facility One Emerson Drive, Windsor, CT 06095					
Report Prepared By Thomas Farnan		Phone Number 978-247-5029		Date 12/20/2014	
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$	343,256	343,256		
2. Laundry wages paid	$	28,962	28,962		
3. Housekeeping wages paid	$				
4. Nursing wages paid	$	4,302,779	4,302,779		
5. All other wages paid	$	675,058	675,058		
6. ***Total Wages Paid***	$	5,350,056	5,350,056		
7. Total salaries paid	$	229,516	229,516		
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$	5,579,572	5,579,572		

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	Report for Year Ended	Page	of
860-688-6443	9/30/2017	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall N	One Emerson Drive, Windsor, CT 06095

	CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers:	2376			07-5279

Type of Facility (Check appropriate box(es))

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

Type of Ownership (Check appropriate box)

○ Proprietorship ⦿ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ Trust

	Date Opened	Date Closed
If this facility opened or closed during report year provide:		

Has there been any change in ownership or operation during this report year? ○ Yes ⦿ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Molly Narvaez	001977

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

Name	License No.:

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimber	2376	9/30/2017	3	37

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

Name of Partners/Members	Business Address	Title	% Owned

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a	2376	9/30/2017	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	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			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kim	2376	9/30/2017	3B	37

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

Owner(s) of Facility

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly	2376	9/30/2017	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⦿ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties: Yes	No	%**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Genesis Health Ventures	101 East State Street, Kennett Square, PA 19348	⦿	○		Home Office	Pg 16/m12	591,113	591,113
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	⦿	○	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	397,009	397,009
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	○	⦿		Staffing Pool	Pg 10/A12	44,879	44,879
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	⦿	○	83%	Medical Director /NP	Pg 13/B8, Pg 10/A12	40,057	40,057
Career Staffing	101 East State Street, Kennett Square, PA 19348	⦿	○	60%	Outside Agency	Pg 13/B11 a,b,c		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	⦿	○	44%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	8,730	8,730
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	⦿	○		Insurance	Pg 27/14	255,335	255,335
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	⦿	○		Capital Interest	Page 17, page 26-12A	43,961	43,961
		○	○					

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a K	2376	9/30/2017	5	37

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

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

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

1. In the preparation of this Report, were all costs allocated as required?

   ⦿ Yes ○ No

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

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

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

   ⦿ Yes ○ No

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

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Ha	2376	9/30/2017	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ○ 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.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations	2376	9/30/2017	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

◉ Accrual ○ Cash ○ Modified Cash

Is the accounting basis for this period the same as for the previous period? ◉ Yes ○ No

If "No," explain.

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Wells fargo institutional Retirement and Trust	PO BOX 563957 Charlotte NC 28556
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	401K plan auditing for collective bargainning unit employees	$
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	Telephone Number
1 Bloom & Witkin	617 456-0500
2 State of CT - Greater Windsor Probate District	
3 Goldman Gruder & Woods LLC	203-899-8900
4 Wiggin And Dana LLP	203-498-4400
5	

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

1 470 Atlantic Ave - 3rd Fl Boston, MA 02210
2 1540 Sullivan Ave South Windsor, CT 06074-2788
3 200 Connecticut Norwalk, CT 06854
4 One Century Tower P.O Box 1832 New Haven, CT 06508
5

Services Provided by This Firm (*describe fully*)

1	Saving the Real Estate Tax - R.E Tax Abatement	$	
2	Probate Court and Marshall Fees for Conservatorship	$	1,029
3		$	1,483
4		$	5,262
5		$	
	Charge for Services Provided	$	7,773

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

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	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30 Total	Period 10/1 Thru 6/30 CCNH	Period 10/1 Thru 6/30 RHNS	Period 10/1 Thru 6/30 (Specify)	Period 7/1 Thru 9/30 Total	Period 7/1 Thru 9/30 CCNH	Period 7/1 Thru 9/30 RHNS	Period 7/1 Thru 9/30 (Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	150	150			150	150			150	150		
B. On last day of THIS report period	150	150			150	150			150	150		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	135	135			135	135			123	123		
B. As of midnight of THIS report period	128	128			123	123			128	128		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,406	2,406			1,975	1,975			431	431		
B. Medicaid (Conn.)	37,381	37,381			27,902	27,902			9,479	9,479		
C. Medicaid (other states)												
D. Private Pay	6,357	6,357			5,047	5,047			1,310	1,310		
E. State SSI for RCH												
F. Other (Specify)	724	724			578	578			146	146		
G. Total Care Days During Period (3A thru F)	46,868	46,868			35,502	35,502			11,366	11,366		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	3	3			3	3						
B. Other Bed Reserve Days	35	35			35	35						
5. ***Total Resident Days*** **(3G + 4A + 4B)**	46,906	46,906			35,540	35,540			11,366	11,366		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a	2376	9/30/2017	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

	Medicare	Medicaid		Self-Pay			Other State Assisted	
Item	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID
No. of Residents	8	103		17				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	483.68	207.80		362.11				
c. Three or more bed rms.								

Item	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	2,398	2,398		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	125	125		
C. Other	7,125	7,125		
D. ***Total Physical Therapy Treatments***	9,648	9,648		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	401	401		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	34	34		
C. Other	1,313	1,313		
D. ***Total Speech Therapy Treatments***	1,748	1,748		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,934	2,934		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	85	85		
C. Other	7,054	7,054		
D. ***Total Occupational Therapy Treatments***	10,073	10,073		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall	2376	9/30/2017	10	37

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

Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
	Total Cost and 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)	113,318	2,218				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	211,417	10,431				
5. Dietary Service						
a. Head Dietitian	14,532	423				
b. Food Service Supervisor	36,246	1,294				
c. Dietary Workers	292,479	19,389				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	48,241	1,770				
b. Other Maintenance Workers	47,568	2,273				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	28,962	1,698				
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	116,198	2,079				
b. RN						
1. Direct Care	1,146,141	28,148				
2. Administrative**	129,725	3,372				
c. LPN						
1. Direct Care	831,772	25,721				
2. Administrative**						
d. Aides and Attendants	2,116,728	120,772				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	173,105	10,519				
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	194,727	7,168				
n. Marketing						
o. Other (Specify) See Attached Schedule	78,413	4,491				
A-13. Total Salary Expenditures	5,579,572	241,765				

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

Schedule of Other Salaries and Wages (Page 10)

		CCNH		RHNS		(Specify)	
Position		**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Ward Clerks	0	25524	1222			0	0
Central Supply	0	27585	1465			0	0
Medical Records	0	13208	978			0	0
Nursing Unit Secretary	0	12095	825			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	0	0				
0	0	0	0				
0	0	0	0				
Total		78413	4491	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

		CCNH		RHNS		(Specify)	
Service		**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
1020620010	Consulting Fees	480.52	n/a				
3010620020	Purchased Services	500.00	n/a				
3015620020	Purchased Services	(187.30)	n/a				
3155620020	Purchased Services	15.87	n/a				
3155620020	Purchased Services	403.85	n/a				
1020620010	Consulting Fees	283.68	n/a				
0	0	-	-				
0	0	-	-				
0	0	-	-				
0	0	-	-				
Total		1497	0	$ -	-	$ -	-

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	2376	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.

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	2376	9/30/2017	12	37

Name	Salary Paid CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section III - Administrators* **										
Molly Narvaez 4/17/2017-current	64,940				Management of Center	1,338	2			
Thomas Russo 10/1/2016-1/30/2017	48,378				Management of Center	880	2			
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Year Ended		Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimb	2376		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	16,394	112				
3. Pharmacist	11,487	234				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	364,835	4,998				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	29,756	157				
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	48,211	618				
b. Other						
10. Occupational Therapist						
a. Resident Care	86,025	1,178				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	1,105	26				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	1,497					
B-13 Total Fees Paid in Lieu of Salaries	559,309	7,324				

* 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
1 Emerson Drive North Operations LLC,d/b/a Kimberly	2376	9/30/2017	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
		◉	○	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	◉	○	Common Ownership
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	◉	○	Common Ownership
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	◉	○	Common Ownership
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	◉	○	Common Ownership
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
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		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	

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

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Ki	2376	9/30/2017	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	303,280	303,280		
2. Disability Insurance	$				
3. Unemployment Insurance	$	66,519	66,519		
4. Social Security (F.I.C.A.)	$	412,243	412,243		
5. Health Insurance	$	574,079	574,079		
6. Life Insurance (employees only) (not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$	256,804	256,804		
8. Uniform Allowance	$				
9. Other (*Specify*) See Attached Schedule	$	37,506	37,506		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	193,744	193,744		
d. Accounting and Auditing	$				
e. Legal (*Services should be fully described on Page 7)*	$	7,773	7,773		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	13,722	13,722		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	34,626	34,626		
2. Cellular Phones	$				
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*) See Attached Schedule	$	1,045	1,045		
3. Resident Day User Fee	$	923,867	923,867		
Subtotal	$	2,825,207	2,825,207		

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

(Carry Subtotals forward to next page)

<u>* DO NOT Include Holiday Parties / Awards / Gifts to Staff</u>**

1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North Attachment Page 15
9/30/2017

Schedule of Other Employee Benefits

Description		**CCNH**	**RHNS**	**(Specify)**
1020520020	Union Health & Welfare	2,378.71	0	
3005520020	Union Health & Welfare	1,129.59	0	
3030520020	Union Health & Welfare	2,771.61	0	
3040520020	Union Health & Welfare	44.73	0	
3060520020	Union Health & Welfare	214.49	0	
3080520020	Union Health & Welfare	458.33	0	
3225520020	Union Health & Welfare	20,483.33	0	
5035520020	Union Health & Welfare	489.66	0	
3225520050	Employee Benefits-Othe	9,535.26	0	
0	0	-	0	
0	0	-	0	
Total		$ 37,506	$ -	$ -

Schedule of Other Taxes

Description		**CCNH**	**RHNS**	**(Specify)**
1020640110	Sales Tax	265.00	-	-
1020640110	Sales Tax	780.00	0	0
0	0	0	0	0
0	0	-		
Total		$ 1,045	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimbe	2376	9/30/2017	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,825,207	2,825,207		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	468	468		
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	1,341	1,341		
5. Education Expenses Related to Seminars and Conventions	$	450	450		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*) See Attached Schedule	$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$				
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)*** See Attached Schedule	$	11,248	11,248		
4. Fund-Raising***	$				
5. Medical Records	$	(0)	(0)		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	2,553	2,553		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	12,643	12,643		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$	535	535		
9. Subscriptions	$	100	100		
10. Contributions*** See Attached Schedule	$	1,889	1,889		
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	2,889	2,889		
12. Administrative Management Services**	$	493,260	493,260		
13. Other (*Specify*) See Attached Schedule	$	20,845	20,845		
C-14 Total Administrative & General Expenditures	$	3,373,428	3,373,428		

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

Schedule of Other Travel and Entertainment

Description		CCNH	RHNS	(Specify)
				0
				0
				0
				0
				0
				0
Total Other Travel and Entertainment		$ -	$ -	$ -

Schedule of Other Advertising

Description		CCNH	RHNS	(Specify)
1020630020	Advertising	321	0	0
1020630020	Advertising	1401	0	0
1020630330	Marketing Expense	6690	0	0
1020630330	Marketing Expense	-14	0	0
1020630331	Marketing Exp- Corpo	19	0	0
1020630331	Marketing Exp- Corpo	457	0	0
1020630331	Marketing Exp- Corpo	2374	0	0
Total Other Advertising		$ 11,248	$ -	$ -

Schedule of Dues

Description		CCNH	RHNS	(Specify)
1020630310	Licenses and Certifica	13,178	-	-
0	Chanmber of Commer	(535)	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-

0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
Total Dues		$ 12,643	$ -	$ -

Schedule of Contributions

Description		**CCNH**	**RHNS**	**(Specify)**
1020630135	Political Contributions	1,888.80	-	-
0	0	-	-	-
0	0	-	-	-
Total Contributions		$ 1,889	$ -	$ -

Schedule of Other Administrative and General

Description		**CCNH**	**RHNS**	**(Specify)**
1020630060	Bank Service Charges	8,784	-	-
1020630120	Collection Fees	115	Disallow	-
1020630140	Education Expense	42	-	-
1020630140	Education Expense	18	-	-
1020630180	Employee Physicals	6,912	-	-
1020630200	Employee Relations	2,992	-	-
1020630380	Printing	85	-	-
1020630380	Printing	158	-	-
1020630610	Training Expense	199	-	-
1020630610	Training Expense	544	-	-
1020640090	Miscellaneous	(1)	-	-
1020660080	Rental Expense	2,423	-	-
1020660080	Rental Expense	11	-	-
1020660990	Accrued Expense Esti	(1,457)	Disallow	-
1020720070	State Tax Annual Rep	20	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
			-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
Total Other Administrative and General		$ 20,845	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LLC,d	2376	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	591,113	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	43,961	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.**

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

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LLC,d/b/a Kimberl	2376	9/30/2017	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	214,860	214,860		
2. Non-Food Supplies	$	30,874	30,874		
3. Other (*Specify*)____________________	$	(475)	(475)		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	227,645	227,645		
c. Management Services**	$				
d. Other (*Specify*)________________________	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	472,905	472,905		

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

H. Is cost of employee meals included in 2E?	○ Yes	⦿ No	
I. Did you receive revenue from employees?	○ Yes	⦿ No	If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)			
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	○ Yes	⦿ No	If yes, specify cost.
L. Is any revenue collected from these people?	○ Yes	⦿ No	If yes, specify amt.
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?	○ Yes	⦿ No	If yes, specify cost.
O. Is any revenue collected from employees?	○ Yes	⦿ No	If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)			

* 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.

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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
1 Emerson Drive North Operations LLC,d/b/a Kimberly	2376	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. $	6,881	6,881		
	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. $	11,327	11,327		
	b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	204,844	204,844		
	c. Management Services**	$				
	d. Other (*Specify*)	$				
3E.	***Total Laundry Expenditures*** (3a + b + c + d)	$	223,052	223,052		

3F.	Laundry Questionnaire			
G.	Is cost of employee laundry included in 3E?	○ Yes	⊙ No	If yes, specify cost.
H.	Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	○ Yes	⊙ No	If yes, specify cost.
K.	Did you receive revenue from these people?	○ Yes	⊙ No	If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a F	2376	9/30/2017	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	18,196	18,196		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	304,973	304,973		
c. Management Services*		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)		$	323,169	323,169		
5. Resident Care (Supplies)** a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	83,435	83,435		
b. Medicine Cabinet Drugs		$	37,944	37,944		
c. Medical and Therapeutic Supplies		$	103,057	103,057		
d. Ambulance/Limousine***		$	1,197	1,197		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	6,904	6,904		
f. X-rays and Related Radiological Procedures***		$	3,857	3,857		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	7,946	7,946		
i. Recreation		$	42,213	42,213		
j. Other (Specify)**** See Attached Schedule		$	61,928	61,928		
5K. ***Total Resident Care Expenditures*** (5a - 5j)		$	348,481	348,481		

* 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	61270.71	0	0
3060610161	Incontinency - Rebate	-8502.99	0	0
3080630030	Advertising-Help War	203.73	0	0
3080630030	Advertising-Help War	753.81	0	0
3080630080	Books, Dues & Subscr	299.65	0	0
3080630140	Education Expense	1515.95	0	0
3080630140	Education Expense	675.88	0	0
3120630530	Supplies	1934.06	0	0
3155630530	Supplies	227.2	0	0
3155630530	Supplies	1271.76	0	0
3170630530	Supplies	126.45	0	0
3120630535	Office Supplies	458.1	0	0
3155630535	Office Supplies	22.29	0	0
3165630535	Office Supplies	6.46	0	0
3080630550	T&E-Lodging/Transpo	161.97	0	0
3120660080	Rental Expense	410.76	0	0
3155660080	Rental Expense	1.3	0	0
3155660080	Rental Expense	1091.04	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
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Total Other Resident Care		$ 61,928	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	2376	9/30/2017	21	37

		Related ** to Owners, Operators, Officers				Total Cost/Page Ref.***				
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Laundry Purchased Services	204,844			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Housekeeping Purchased Services	304,973			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Dietary Purchased Services	223,892			18	2b
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

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

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

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LLC,d/b/a	2376	9/30/2017	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	109,814	109,814		
b. Heat	$	18,531	18,531		
c. Light & Power	$	235,958	235,958		
d. Water	$	88,895	88,895		
e. Equipment Lease (*Provide detail on page 6*)	$				
f. Other (*itemize*)	$				
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	453,198	453,198		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$	10	10		
b. Building & Building Improvements	$	1,151,245	1,151,245		
c. Non-Movable Equipment	$	2,461	2,461		
d. Movable Equipment	$	58,914	58,914		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	1,212,630	1,212,630		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$				
9. Rental payments on leased real property less real estate taxes included in item 10b	$	1,613,380	1,613,380		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	105,255	105,255		
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	2,931,265	2,931,265		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Total Other Repairs and Maintenance	$ -	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North	2376	9/30/2017	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	96		96	40	S/L	Various	10	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								10
B. **Building and Building Improvements**								
1. Acquired prior to this report period	10,480,707		10,480,707	5,380,926	S/L	Various	1,151,118	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	33,068		33,068				127	
B-4. Subtotal								1,151,245
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	19,730		19,730	5,700	S/L	Various	1,857	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	16,702		16,702				604	
C-4. Subtotal								2,461

	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	Various		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					510,948		510,948	302,735	S/L	Various	58,534	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					14,759		14,759				380	
D-3. Subtotal												58,914
E. ***Total Depreciation***												1,212,630

1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North
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 Improvements		0		0	*	-	-	-
Deletions:								
0	0	0.00	0.00	0.00				
0	0	0.00	0.00	0.00				
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 deletions for Land Improvements		$ -		$ -	**	-	-	-

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

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

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation				
Additions:								
5/31/2017	Electrical disconnect for North dishw	3,480.00	20.00	58.00				
8/31/2017	Construction Crew Labor	13,600.65	20.00	56.67				
8/31/2017	Construction Crew Labor	2,950.15	20.00	12.29				
9/30/2017	Property Management Time Allocatio	13,037.67	10.00	-				
Total additions for Building Improvements		$ 33,068		$ 127	*	-	-	-
Deletions:								
Total deletions for Building Improvements		$ -		$ -	**	-	-	-

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

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report perio

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation				
Additions:								
12/31/2016	Rheem G75 125 gal natural gas water	6,971.24	10.00	522.84				
8/31/2017	5 Ton Heil 13 SEER Condenser	9,731.03	10.00	81.09				
Total additions for Non-Movable Equipmen		$ 16,702		$ 604	*	-	-	-
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 perio

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation				
Additions:								
4/30/2017	PTAC Resistance Heat, 9,000 BTU	2,241.77	7.00	133.44				
8/31/2017	Floor Lift with Slings	6,160.11	7.00	73.33				
5/31/2017	Booster for North dishwasher	5,205.00	10.00	173.50				
	Sep Accruals	1,152.47		-				
Total additions for Movable Equipmen		$ 14,759		$ 380	*	(0)	-	-
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 perio

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				

Total additions for Leasehold Improvemen		$ -		$ -	*	-	Attachment Pages 23 24		
Deletions:									
Total deletions for Leasehold Improvemen		$ -		$ -	**	-	-	-	

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

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

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall	2376	9/30/2017	24	37

Item	Date of Acquisition Month	Date of Acquisition Year	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
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.

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

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LL	2376	9/30/2017	25 | 37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

○ Yes ⦿ No

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

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

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	150
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	1,613,380
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.

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

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LI	2376	9/30/2017	26 | 37

Item			Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage		$	43,961	43,961		
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)		$	43,961	43,961		

(*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
1 Emerson Drive North Operations I	2376	9/30/2017	27 | 37

Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			43,961	43,961		
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) $			43,961	43,961		
14. Insurance a. Insurance on Property (buildings only) $			9,381	9,381		
b. Insurance on Automobiles $						
c. Insurance other than Property (as specified above) 1. Umbrella (*Blanket Coverage*) $			245,954	245,954		
2. Fire and Extended Coverage $						
3. Other (*Specify*) $						
14d. ***Total Insurance Expenditures (14a + b + c)*** $			255,335	255,335		
15. ***Total All Expenditures (A-13 thru C-14)*** $			14,563,675	14,563,675		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall N	2376	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	$	10,657	10,657		
Page 13 - Professional Fees								
5.	13	B-8-c	Resident Care Physicians **	$				
6.		B-10	Occupational Therapy	$				
7.			Other - See attached Schedule	$	499,803	499,803		
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	$				
9.	15	1-c	Bad Debts	$	193,744	193,744		
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 *	$	11,248	11,248		
19.			Income Tax / Corporate Business Tax	$				
20.			Fund Raising / Contributions	$	1,889	1,889		
21.			Unallowable Management Fees	$	537,221	537,221		
22.			Barber and Beauty	$				
23.			Other - See attached Schedule	$	203,504	203,504		
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)	$	1,458,066	1,458,066		

* 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	10657	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 Salaries Adjustment				$ 10,657	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	67132.37	0	0
13	5	Rehabilitation Services	3195620020	297702.65	0	0
13	9	Speech Therapist	3170620020	48210.58	0	0
13	10	Occupational Therapist	3105620020	86025.37	0	0
13	12	Other	3010620020	500	0	0
13	12	Other	3015620020	-187.3	0	0
13	12	Respiratory Purchased Servies	3155620020	419.72	0	0
					0	0
					0	0
					0	0
					0	0
					0	0
Total Other Fees Adjustments				$ 499,803	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
16	m13	Collection Fees	1020630120	115.36	0	0
16	m13	Estimated Accrual	1020660990	-1456.53	0	0
16	m8a	Chamber of Commerce	License Fee	535	0	0
16	m13	Non-recurring charges	7010800030	0	0	0
16	m-13	Penalty and Fines	1020640080	0	0	0
16	1m8	0	0	0	0	0
15	1-a-1	adj workers comp	0	204309.73	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 A&G Adjustments				$ 203,504	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall	2376	9/30/2017	29 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	1,458,066	1,458,066		
Page 20 - Resident Care Supplies*								
27.	20	5-a-2	Prescription Drugs	$	83,435	83,435		
28.	20	5-d	Ambulance/Limousine	$	1,197	1,197		
29.	20	5-f	X-rays, etc	$	3,857	3,857		
30.	20	5-h	Laboratory	$	7,946	7,946		
31.			Medical Supplies	$				
32.	20	5-e-2	Oxygen (non emergency)	$	6,904	6,904		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	25,440	25,440		
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	$	219,116	219,116		
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)***	$	1,805,961	1,805,961		

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

Attachment Page 29

1 Emerson Drive North Operations LLC,d/b/a Kimberly Hall North
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	-	0	0
20	5-j	Respiratory Supplies	1,499	0	0
20	5-j	Respiratory Rental	1,092	0	0
20	5-i	Cable TV	22,849	0	allow $3600
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Other Ancillary Costs			$ 25,440	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Other Property Adjustments			$ -	$ -	$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	219,116	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Other Adjustments			$ 219,116	$ -	$ -

Schedule of Unallowable Building Interest

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

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LLC,c	2376	9/30/2017	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	12,978,512	12,978,512		
b. Medicaid Room and Board Contractual Allowance **	$	(5,257,217)	(5,257,217)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	864,555	864,555		
b. Medicare Room and Board Contractual Allowance **	$	(216,138)	(216,138)		
4. a. Private-Pay Residents and Other	$	2,629,130	2,629,130		
b. Private-Pay Room and Board Contractual Allowance **	$	(331,767)	(331,767)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	57,091	57,091		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(14,273)	(14,273)		
c. Prescription Drugs - Non-Medicare	$	29,424	29,424		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(4,590)	(4,590)		
2. a. Medical Supplies - Medicare	$				
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	52	52		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(21)	(21)		
3. a. Physical Therapy - Medicare	$	329,872	329,872		
b. Physical Therapy - Medicare Contractual Allowance **	$	(82,468)	(82,468)		
c. Physical Therapy - Non-Medicare	$	169,620	169,620		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(23,221)	(23,221)		
4. a. Speech Therapy - Medicare	$	146,555	146,555		
b. Speech Therapy - Medicare Contractual Allowance **	$	(36,638)	(36,638)		
c. Speech Therapy - Non-Medicare	$	77,577	77,577		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(11,166)	(11,166)		
5. a. Occupational Therapy - Medicare	$	410,505	410,505		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(102,626)	(102,626)		
c. Occupational Therapy - Non-Medicare	$	163,270	163,270		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(22,156)	(22,156)		
6. a. Other *(Specify)* - Medicare	$	12,392	12,392		
b. Other *(Specify)* - Non-Medicare	$	266,440	266,440		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	12,032,714	12,032,714		
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 *(Specify)*	$	(162)	(162)		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	24,036	24,036		
V. Total Other Revenue (1 thru 8)	$	23,874	23,874		
VI. Total All Revenue (III +V)	$	12,056,588	12,056,588		

* *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	1,235.18	-	0
II-6-a	Medicare Part A	Laboratory	5,705.13	-	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	-	-	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	-	0
II-6-a	Medicare Part A	Audiology	-	-	0
II-6-a	Medicare Part A	Incontinency	-	-	0
II-6-a	Medicare Part A	Oxygen & Supplies	-	-	0
II-6-a	Medicare Part A	Physician Visit	-	-	0
II-6-a	Medicare Part A	Ambulance	-	-	0
II-6-a	Medicare Part A	Flu Shot	9,582.00	-	0
II-6-a	Contractuals-Medicare	X-Ray	(308.79)	-	0
II-6-a	Contractuals-Medicare	Laboratory	(1,426.28)	-	0
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	-	-	0
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	-	0
II-6-a	Contractuals-Medicare	Audiology	-	-	0
II-6-a	Contractuals-Medicare	Incontinency	-	-	0
II-6-a	Contractuals-Medicare	Oxygen & Supplies	-	-	0
II-6-a	Contractuals-Medicare	Physician Visit	-	-	0
II-6-a	Contractuals-Medicare	Ambulance	-	-	0
II-6-a	Contractuals-Medicare	Flu Shot	(2,395.49)	-	0
0	0	0	-	-	
Total Other Resident Revenue - Medicare			$ 12,392	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	-	-	0
II-6-b	Medicaid	Laboratory	714.27	-	0
II-6-b	Medicaid	Respiratory Therapy & Supplie	-	-	0
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Medicaid	Audiology	-	-	0
II-6-b	Medicaid	Incontinency	-	-	0
II-6-b	Medicaid	Oxygen & Supplies	-	-	0
II-6-b	Medicaid	Physician Visit	-	-	0
II-6-b	Medicaid	Ambulance	-	-	0
II-6-b	Medicaid	Flu Shot	-	-	0
II-6-b	Contractuals Medicaid	X-Ray	-	-	0
II-6-b	Contractuals Medicaid	Laboratory	(289.33)	-	0
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	-	-	0
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Contractuals Medicaid	Audiology	-	-	0
II-6-b	Contractuals Medicaid	Incontinency	-	-	0
II-6-b	Contractuals Medicaid	Oxygen & Supplies	-	-	0
II-6-b	Contractuals Medicaid	Physician Visit	-	-	0
II-6-b	Contractuals Medicaid	Ambulance	-	-	0
II-6-b	Contractuals Medicaid	Flu Shot	-	-	0

II-6-b	Private and Other	X-Ray	156.00	-	0
II-6-b	Private and Other	Laboratory	1,997.60	-	0
II-6-b	Private and Other	Respiratory Therapy & Supplie	-	-	0
II-6-b	Private and Other	Nursing Treatment Supplies	-	-	0
II-6-b	Private and Other	Audiology	-	-	0
II-6-b	Private and Other	Incontinency	-	-	0
II-6-b	Private and Other	Oxygen & Supplies	-	-	0
II-6-b	Private and Other	Physician Visit	-	-	0
II-6-b	Private and Other	Ambulance	-	-	0
II-6-b	Private and Other	Flu Shot	4,161.00	-	0
II-6-b	Private and Other	Capitation Contracts	298,116.00	-	0
II-6-b	Contractuals-Non-Medicaid	X-Ray	(19.69)	-	0
II-6-b	Contractuals-Non-Medicaid	Laboratory	(252.07)	-	0
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	-	-	0
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	-	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	-	-	0
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	-	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	-	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	(525.07)	-	0
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(37,618.90)	-	0
Total Other Resident Revenue			$ 266,440	$ -	$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
Interest Inc	0	0	-	0	0
IV-5	Interest On Overdue Accounts	0000100250	(162.07)	0	0
Total Interest Income			$ (162)	$ -	$ -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
IV-8	Donation	0	100.00	0	0
IV-8	CCATT Holdings-Tower lease	0	22,565.52	0	0
IV-8	hairdresser	0	664.50	0	0
IV-8	Medical Record	0	705.50	0	0
IV-8	0	0	-	0	0
0	0	0	-	0	0
0	0	0	-	0	0
Total Other Revenue			$ 24,036	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC	2376	9/30/2017	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 14,816
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,325,299
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ (5,584)
4 Inventories				$ 48,388
5. Prepaid Expenses				$ 87,783
a. Prepaid Expenses		8,611		
b. Prepaid Property Tax		68,145		
c. Prepaid Personal Property Tax				
d. Prepaid Personal Property Tax		11,027		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 1,470,702
B. Fixed Assets				
1. Land				$ 940,000
2. Land Improvements	*Historical Cost	96		$ 46
	Accum. Depreciation	50	Net	
3. Buildings	*Historical Cost	10,513,775		$ 3,981,604
	Accum. Depreciation	6,532,171	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	36,432		$ 28,272
	Accum. Depreciation	8,160	Net	
6. Movable Equipment	*Historical Cost	525,708		$ 164,059
	Accum. Depreciation	361,649	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
PPE CIP				
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 5,113,981

* 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
1 Emerson Drive North Operations LLC	2376	9/30/2017	32 | 37

Account				Amount
			Total Brought Forward:	$ 6,584,683
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ (4,601,895)
I/C Due to/Due From Owned		(4,601,895)		
I/C Due to/Due From Multicare				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ (4,601,895)
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 1,982,788

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page | of
1 Emerson Drive North Operations LLC,d/b/a	2376	9/30/2017	33 | 37

Account	Amount
Liabilities	
A. Current Liabilities	
1. Trade Accounts Payable	$ 417,728
2. Notes Payable (*itemize*)	$
3. Loans Payable for Equipment (*Current portion*) (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

Account	Amount
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)	$ 158,980
5. Accrued Payroll (*Owners and/or Stockholders only*)	$
6. Accrued Payroll Taxes Payable	$ 183
7. Medicare Final Settlement Payable	$
8. Medicare Current Financing Payable	$
9. Mortgage Payable (*Current Portion*)	$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)	$
11. Accrued Income Taxes*	$
12. Other Current Liabilities (*itemize*)	$ 466,096

Accr Exp Other	25,693	A/R Credit Gross Up Lia	192,975
Accr Exp Water and Sewer	7,764	Deferred Revenue	7,853
Accr Exp Gas	800	Accrued Provider/Bed Ta	226,300
Accr Exp Electricity	6,698	Accr Exp Suspense	(1,987)

A-13. ***Total Current Liabilities*** (Lines A1 thru 12)	$ 1,042,987

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LLC,d/b/	2376	9/30/2017	34	37

Account				Amount
			Total Brought Forward:	1,042,987
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				$
3. Loans from Owners or Related Parties (*itemize*)				$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (*itemize*)				$ 14,149,441
LT Debt-Financing Obligation		14,149,441		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)				$ 14,149,441
C. ***Total All Liabilities*** (Lines A-13 + B-5)				$ 15,192,428

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

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations LL(	2376	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 (*Equity)*				$	
	4. Reserve for leasehold real properties on which fair rental value is based				$	
	5. Reserve for funds set aside as donor restricted				$	
	6. Total Reserves				$	
B.	**Net Worth**					
	1. Owner's Capital				$	
	2. Capital Stock				$	
	3. Paid-in Surplus				$	(1,929,122)
	4. Treasury Stock				$	
	5. Cumulated Earnings				$	(8,773,432)
	6. Gain or Loss for Period	10/1/2016	thru	9/30/2017	$	(2,507,086)
	7. Total Net Worth				$	(13,209,640)
C.	***Total Reserves and Net Worth***				$	(13,209,640)
D.	***Total Liabilities, Reserves, and Net Worth***				$	1,982,788

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
1 Emerson Drive North Operations LLC,	2376	9/30/2017	36 | 37

	Account	Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2016	$ (10,702,552)
B.	Total Revenue (*From Statement of Revenue Page 30*)	$ 12,056,588
C.	Total Expenditures (*From Statement of Expenditures Page 27*)	$ 14,563,676
D.	Net Income or Deficit	$ (2,507,088)
E.	Balance	$ (13,209,640)
F.	Additions	
	1. Additional Capital Contributed (*itemize*)	
	2. Other (*itemize*)	
F-3.	Total Additions	$
G.	Deductions	
	1. Drawings of Owners/Operators/Partners (*Specify*)	$

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

	2. Other Withdrawings *(Specify)*	$

Purpose	Amount

	3. Total Deductions		$
H.	***Balance at End of Period***	09/30/17	$ (13,209,640)

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
1 Emerson Drive North Operations	2376	9/30/2017	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)

☐ Rest Home with Nursing Supervision only (RHNS)

☐ (Specify)

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
Thomas Farnan	Sr. Director of Reimbursement	12/19/2017

Printed Name of Preparer

Thomas Farnan - Director of Reimbursement   Title -Sr. Director of Reimbursement

Addres Address	Phone Number
200 Brickstone Square, Andover, MA 01810	978-247-5029