

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) 23 Fair Streete Operations LLC	
Address (No. & Street, City, State, Zip Code) 23 Fair Street , Bristol, CT 06010	
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 checked="" type="checkbox"/> SLTC	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2416	RHNS	SLTC	Medicare Provider 07-5198
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Medicaid Provider Numbers:	CCNH CT 000020164	RHNS	SLTC 520165
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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) 23 Fair Streete Operations LLC	License No. 2416	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 23 Fair Streete Operations LLC [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
Yong Crandall			<i>[Signature]</i>		11/6/2017
Printed Name (Administrator)			Printed Name (Owner)		
Yong Crandall			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 23 Fair Streete Operations LLC	Period Covered:		From 10/1/2016	To 9/30/2017
Address of Facility 23 Fair Street , Bristol, CT 06010				
Report Prepared By Thomas Farnan	Phone Number 978-247-5029		Date 12/21/2017	
Item	Total	CCNH	RHNS	SLTC
1. Dietary wages paid	\$ 242,285	210,788		31,497
2. Laundry wages paid	\$ 52,276	45,480		6,796
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 3,406,873	2,865,886		540,987
5. All other wages paid	\$ 506,395	436,970		69,425
6. Total Wages Paid	\$ 4,207,829	3,559,124		648,705
7. Total salaries paid	\$ 294,544	252,299		42,245
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 4,502,373	3,811,423		690,950

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 860-589-2923		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) 23 Fair Streete Operations LLC		Address (No. & Street, City, State, Zip) 23 Fair Street , Bristol, CT 06010		
License Numbers:	CCNH 2416	RHNS	SLTC	Medicare Provider No. 07-5198
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 checked="" type="checkbox"/> SLTC				
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 Yong Crandall		Nursing Home Administrator's License No.:	2046	
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 23 Fair Streete Operations LLC	License No. 2416	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 23 Fair Streete Operations LLC	Business Address 101 East State Street, Kennett Square, PA 19348	State(s) in Which Incorporated PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**General Information and Questionnaire
Related Parties***

Name of Facility 23 Fair Streete Operations LLC	License No. 2416	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Health Ventures	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12		
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	657,100	657,100
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Staffing Pool	Pg 10/A12	3,293	3,293
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	83%	Medical Director /NP	Pg 13/B8, Pg 10/A12	34,500	34,500
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	60%	Outside Agency	Pg 13/B11 a,b,c	72,490	72,490
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	44%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	855,931	855,931
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	184,791	184,791
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility 23 Fair Streete Operations LLC	License No. 2416	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 (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <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 23 Fair Streete Operations LLC			License No. 2416		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 23 Fair Streete Operations LLC	License No. 2416	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 Marshal Arthur B Cyr and Marshal Richard Palladino 2 Treasure oState of CT 3 4 5	Telephone Number
--	------------------

Address (<i>No. & Street, City, State, Zip Code</i>) 1 17 Riverside Ave PO Box 302 Bristol, CT 06011-0302 2 240 Stafford Ave Bristol, CT 06010-4682 3 4 5
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Services Provided by This Firm (*describe fully*)

1 State Marshall fees	\$	317
2 Probate Court fees for the Conservator	\$	1,044
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	1,361

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 23 Fair Streete Operations LLC				License No. 2416		Report for Year Ended 9/30/2017				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total SLTC	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	SLTC	Total	CCNH	RHNS	SLTC
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	104		16	120	104		16	120	104		16
B. On last day of THIS report period	120	104		16	120	104		16	120	104		16
2. Number of Residents												
A. As of midnight of PREVIOUS report period	82	75		7	82	75		7	78	64		14
B. As of midnight of THIS report period	84	68		16	78	64		14	84	68		16
3. Total Number of Days Care Provided During Period												
A. Medicare	2,725	2,242		483	2,226	1,815		411	499	427		72
B. Medicaid (Conn.)	23,852	20,598		3,254	17,843	15,662		2,181	6,009	4,936		1,073
C. Medicaid (other states)												
D. Private Pay	576	570		6	341	335		6	235	235		
E. State SSI for RCH												
F. Other (Specify)	3,271	3,055		216	2,265	2,112		153	1,006	943		63
G. Total Care Days During Period (3A thru F)	30,424	26,465		3,959	22,675	19,924		2,751	7,749	6,541		1,208
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	22	22			22	22						
B. Other Bed Reserve Days	92	92			80	80			12	12		
5. Total Resident Days (3G + 4A + 4B)	30,538	26,579		3,959	22,777	20,026		2,751	7,761	6,553		1,208

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility 23 Fair Streete Operations LLC			License No. 2416			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	SLTC	Lost			Gained			CCNH	RHNS	SLTC	
	(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	SLTC		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH		CCNH	SLTC		CCNH	RHNS	SLTC	R.C.H.	ICF-IID			
No. of Residents	7		52	16		9							
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	579.94		257.08			457.80							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	SLTC	
A. Medicare - Part B									4,246	3,171		1,075	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,378	712		666	
C. Other									8,552	7,917		635	
D. Total Physical Therapy Treatments									14,176	11,800		2,376	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									209	52		157	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									272	123		149	
C. Other									588	440		148	
D. Total Speech Therapy Treatments									1,069	615		454	
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,012	2,555		1,457	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,566	796		770	
C. Other									8,899	7,978		921	
D. Total Occupational Therapy Treatments									14,477	11,329		3,148	

VGB-2017 Vent Direct Care Coding

	2017			vent	vent	
	total	total				
1. Direct Care	618,326	17,496	35.34	4917.92	173,805	35.34
2. Administrative**	80,112	2,086	38.40	580	22,275	38.40
LPN						
1. Direct Care	1,240,107	40,885	30.33	4618.88	140,098	30.33
2. Administrative**						
Aides and Attendants	1,293,597	76,760	16.85	10805.76	182,105	16.85
	<u>3,232,142</u>	<u>137,227</u>	<u>24</u>	<u>20,923</u>	<u>518,283</u>	<u>24.77</u>

Schedule of Other Salaries and Wages (Page 10)

Position		CCNH		RHNS		SLTC	
		\$	Hours	\$	Hours	\$	Hours
Ward Clerks	0	\$ 60,712.44	3,008			\$ 9,071.97	449
Coordinator-Staffing Centers	0	\$ 32,899.29	1,954			\$ 4,915.99	292
Central Supply	0	\$ 18,522.25	1,297			\$ 2,767.69	194
Medical Records	0	\$ 39,881.84	1,644			\$ 5,959.36	246
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
	0	\$ -	-			\$ -	-
Total		\$ 152,015.82	\$ 7,902.48	\$ -	-	\$ 22,715.01	\$ 1,180.83
		0	0			0	0

Schedule of Other Fees (Page 13)

Service		CCNH		RHNS		SLTC	
		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	480.52	n/a			-	-
3155620020	Purchased Services	2,798.06	n/a			-	-
3155620020	Purchased Services	-	n/a			-	n/a
3155620020	Purchased Services	1,250.50	n/a			508,627.14	n/a
1020620010	Consulting Fees	2,500.00	n/a			-	-
	0	0	-	n/a		-	-
	0	0	-	n/a		-	-
Total		\$ 7,029.08	-	\$ -	-	\$ 508,627.14	-
		0					

**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
23 Fair Streete Operations LLC				2416	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	SLTC							
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	
23 Fair Streete Operations LLC				2416	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	SLTC							
Section III - Administrators***										
Yong Crandall 2/20/2017-Current	59,049		8,823		Management of Center	1,242	2			
Dahl,James 10/1/2016-1/2/2017	50,813		7,593		Management of Center	1,078	2			
Section IV - Assistant Administrators										
					Assists in overseeing facility operations		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		
23 Fair Streete Operations LLC	2416	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	SLTC	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	51,635	354				
3. Pharmacist	7,648	156				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	368,723	5,051			74,245	1,017
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	14,500	76			20,000	150
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	28,796	369			21,257	273
b. Other						
10. Occupational Therapist						
a. Resident Care	129,481	1,774			35,979	493
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	31,678	528				
2. Administrative***						
b. LPN						
1. Direct Care	22,259	518				
2. Administrative***						
c. Aides	12,097	495				
d. Other						
12. Other (Specify) See Attached Schedule	7,029				508,627	
B-13 Total Fees Paid in Lieu of Salaries	673,846	9,320			660,108	1,932

* 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 23 Fair Streete Operations LLC		License No. 2416	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
		<input checked="" type="radio"/>	<input type="radio"/>		
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2017	15	37
Item	Total	CCNH	RHNS	SLTC
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 208,712	177,405		31,307
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 119,109	101,243		17,866
4. Social Security (F.I.C.A.)	\$ 329,129	279,760		49,369
5. Health Insurance	\$ 393,980	334,883		59,097
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*	\$ 188,893	164,337		24,556
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 1,361	1,184		177
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 20,440	17,783		2,657
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 35,274	30,688		4,586
2. Cellular Phones	\$ 2,275	1,979		296
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	\$ (4,168)	(3,627)		(542)
3. Resident Day User Fee	\$ 566,762	493,696		73,066
Subtotal	\$ 1,861,766	1,599,331		262,435

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

(Carry Subtotals forward to next page)

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

23 Fair Streete Operations LLC
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description		CCNH	RHNS	SLTC
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
Total		\$ -	\$ -	\$ -

Schedule of Other Taxes

Description		CCNH	RHNS	SLTC
1020640110	Sales Tax	\$ (3,627)	\$ -	\$ (542)
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -		
Total		\$ (3,627)	\$ -	\$ (542)

0

0

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

Name of Facility	License No.	Report for Year Ended	Page	of	
23 Fair Streete Operations LLC	2416	9/30/2017	16	37	
Item		Total	CCNH	RHNS	SLTC
Subtotals Brought Forward:		1,861,766	1,599,331		262,435
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	380	331		49
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	802	698		104
5. Education Expenses Related to Seminars and Conventions	\$	20	17		3
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	\$	13,096	11,393		1,702
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	\$	2,209	1,922		287
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	10,238	8,907		1,331
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	900	783		117
9. Subscriptions	\$	351	305		46
10. Contributions*** See Attached Schedule	\$	1,520	1,520		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	6,148	5,349		799
12. Administrative Management Services**	\$	422,783	367,821		54,962
13. Other (<i>Specify</i>) See Attached Schedule	\$	30,414	26,460		3,954
C-14 Total Administrative & General Expenditures		\$ 2,350,627	2,024,838		325,789

* 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	SLTC
			0
			0
			0
			0
			0
			0
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	SLTC
1020630020 Advertising	5,048.71	0	754.4056
1020630020 Advertising	1,219.67	0	182.2496
1020630020 Advertising	(868.26)	0	-129.74
1020630330 Marketing Expense	3,563.19	0	532.4306
1020630330 Marketing Expense	(12.46)	0	-1.8616
3165630330 Marketing Expense	355.83	0	53.17
1020630331 Marketing Exp- Corporate Spend	197.12	0	29.4554
1020630331 Marketing Exp- Corporate Spend	1,889.63	0	282.3587
Total Other Advertising	\$ 11,393	\$ -	\$ 1,702
	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	SLTC
1020630310 Licenses and Certification fee	\$ 8,906.86	\$ -	\$ 1,330.91
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -
0	\$ -	\$ -	\$ -

0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
Total Dues		\$ 8,907	\$ -	\$ 1,331
		\$ -		\$ -

Schedule of Contributions

Description		CCNH	RHNS	SLTC
1020630135	Political Contributions	1,520.28	-	-
Total Contributions		\$ 1,520	\$ -	\$ -
		\$ -		

Schedule of Other Administrative and General

Description		CCNH	RHNS	SLTC
0	0	\$ -	\$ -	\$ -
1020630060	Bank Service Charges	\$ 3,714.10	\$ -	\$ 554.98
1020630120	Collection Fees	\$ 7,291.74	\$ -	\$ 1,089.57
1020630120	Collection Fees	\$ 71.35	\$ -	\$ 10.66
1020630140	Education Expense	\$ 2.51	\$ -	\$ 0.38
1020630140	Education Expense	\$ 15.95	\$ -	\$ 2.38
1020630180	Employee Physicals	\$ 8,493.84	\$ -	\$ 1,269.19
1020630200	Employee Relations	\$ 1,869.99	\$ -	\$ 279.42
1020630380	Printing	\$ 2,594.34	\$ -	\$ 387.66
1020630380	Printing	\$ 137.83	\$ -	\$ 20.60
3080630440	Recruiting Fees	\$ 10,314.72	\$ -	\$ 1,541.28
1020630610	Training Expense	\$ 209.24	\$ -	\$ 31.27
1020630610	Training Expense	\$ 463.70	\$ -	\$ 69.29
1020630640	Uniforms	\$ 323.60	\$ -	\$ 48.35
1020640090	Miscellaneous	\$ 526.08	\$ -	\$ 78.61
1020640090	Miscellaneous	\$ (3.77)	\$ -	\$ (0.56)
1020660080	Rental Expense	\$ 3,541.25	\$ -	\$ 529.15
1020660080	Rental Expense	\$ 9.29	\$ -	\$ 1.39
1020660990	Accrued Expense Estimation	\$ (13,132.77)	\$ -	\$ (1,962.37)
1020720070	State Tax Annual Report Filing	\$ 17.40	\$ -	\$ 2.60
7010730010	Interest Expense	\$ (0.26)	\$ -	\$ (0.04)
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
Total Other Administrative and General		\$ 26,460	\$ -	\$ 3,954
		0		0

Schedule C-1 - Management Services*

Name of Facility 23 Fair Streete Operations LLC	License No. 2416	Report for Year Ended 9/30/2017	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348		Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348		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
23 Fair Streete Operations LLC		2416	9/30/2017		18	37
Item		Total	CCNH	RHNS	SLTC	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 157,461	136,991		20,470	
2.	Non-Food Supplies	\$ 21,460	18,670		2,790	
3.	Other (<i>Specify</i>) _____	\$ (1,219)	(1,061)		(158)	
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)						
		\$ 159,790	139,017		20,773	
c. Management Services**						
		\$				
d. Other (<i>Specify</i>) _____						
		\$				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 337,492	293,617		43,875	
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
23 Fair Streete Operations LLC		2416	9/30/2017		19	37
Item		Total	CCNH	RHNS	SLTC	
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. \$	13,992	12,173			1,819
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. \$	962	837			125
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	136,009	118,328			17,681
c. Management Services**	\$					
d. Other (<i>Specify</i>)	\$					
3E. Total Laundry Expenditures (3a + b + c + d)	\$	150,963	131,338			19,625
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
23 Fair Streete Operations LLC		2416	9/30/2017		20	37
Item		Total	CCNH	RHNS	SLTC	
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	13,293	10,870		2,423	
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. \$	80,168	65,553		14,615	
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 93,461	76,423		17,038	
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy	\$					
2. Purchased from	\$	230,323	230,323			
b. Medicine Cabinet Drugs	\$	23,764	23,764			
c. Medical and Therapeutic Supplies	\$	188,704	188,704			
d. Ambulance/Limousine****	\$	7,496	7,496			
e. Oxygen						
1. For Emergency Use	\$					
2. Other****	\$	60,334	32,783		27,551	
f. X-rays and Related Radiological Procedures****	\$	7,920	7,920			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$					
h. Laboratory****	\$	18,050	18,050			
i. Recreation	\$	39,909	32,634		7,275	
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	391,321	95,941		295,380	
5K. Total Resident Care Expenditures (5a - 5j)		\$ 967,821	637,615		330,206	

* 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	SLTC
3015630530	Supplies	0.10	-	-
3120630530	Supplies	1,723.54	-	-
3155630530	Supplies	-	-	-
3155630530	Supplies	9,528.93	-	118,142.57
3060610160	Incontinency	42,309.53	-	-
3080630030	Advertising-Help War	228.74	-	-
3080630030	Advertising-Help War	753.75	-	-
3080630080	Books, Dues & Subsc	192.60	-	-
3080630140	Education Expense	149.80	-	-
3080630550	T&E-Lodging/Transp	653.14	-	-
3120660080	Rental Expense	567.57	-	-
3155660080	Rental Expense	-	-	-
3155660080	Rental Expense	15,262.42	-	177,237.61
3010610300	Consolidated Billing	24,570.88	-	-
	0	0	-	-
	0	0	-	-
	0	0	-	-
	0	0	-	-
	0	0	-	-
	0	0	-	-
	0	0	-	-
	0	0	-	-
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	0	0	0.00	0.00
	0	0	0.00	0.00
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
Total Other Resident Care		\$ 95,941	\$ -	\$ 295,380
		0		0

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

Name of Facility 23 Fair Streete Operations LLC			License No. 2416		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	SLTC	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	136,009			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	80,168			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	157,362			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
23 Fair Streete Operations LLC	2416	9/30/2017			22	37
Item	Total	CCNH	RHNS	SLTC		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 160,652	131,365			29,287	
b. Heat	\$ 31,389	25,667			5,722	
c. Light & Power	\$ 91,350	74,697			16,653	
d. Water	\$ 12,148	9,933			2,215	
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)	\$ 295,539	241,662			53,877	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 8,887	7,267			1,620	
b. Building & Building Improvements	\$ 7,061	5,774			1,287	
c. Non-Movable Equipment	\$ 437	357			80	
d. Movable Equipment	\$ 238,289	194,849			43,440	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 254,674	208,247			46,427	
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	\$ 677,278	553,810			123,468	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 158,185	129,348			28,837	
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,090,137	891,405			198,732	

* 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	SLTC
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Depreciation Schedule

Name of Facility 23 Fair Streete Operations LLC			License No. 2416			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			43,821		43,821	522	S/L	Various	4,254				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			51,409		51,409				4,633				
A-4. Subtotal										8,887			
B. Building and Building Improvements													
1. Acquired prior to this report period			107,746			1,356			4,293				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			114,485		114,485				2,768				
B-4. Subtotal										7,061			
C. Non-Movable Equipment													
1. Acquired prior to this report period			4,370		4,370	182	S/L	Various	437				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										437			
		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. Motor Vehicles (attach schedule)									S/L	Various			
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						688,227		688,227	187,192	S/L	Various	229,349	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						56,177		56,177				8,940	
D-3. Subtotal													238,289
E. Total Depreciation													254,674

23 Fair Streete Operations LLC
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2016	Block wall and brick pavers	9562	10	797
10/31/2016	Block wall and brick pavers	9000	10	825
10/31/2016	Block wall and brick pavers	9000	10	825
10/1/2016	50% deposit on project-Moved the asset from bldg imp to Land Imp	23847	10	2186
Total additions for Land Improvements		\$ 51,409		\$ 4,633 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2016	2 new sliding windows and a pair of doors	5,575.00	20.00	255.52
11/30/2016	Labor materials gen conditions bldg perm	8,389.30	20.00	349.55
11/30/2016	2 new sliding windows and a pair of doors	5,575.00	20.00	232.29
1/31/2017	Architectual Services	520.00	20.00	17.33
3/31/2017	Survry & report on existing mechanical sy	2,500.00	20.00	62.50
3/31/2017	Infrared scan	2,233.35	20.00	55.83
3/31/2017	Architectual Services	2,895.44	20.00	72.39
3/31/2017	Replace 24 exhaust fan moters per Air Ba	6,870.00	20.00	171.75
4/30/2017	Kitchen hood upgrade	12,825.81	20.00	267.20
4/30/2017	Hood and Ansul System	8,348.48	20.00	173.93
6/30/2017	Alarm Input Station and Outlets	6,726.64	20.00	84.08
6/30/2017	Air Balancing system	7,306.25	20.00	91.33
6/30/2017	Wet Sprinkler	531.75	20.00	6.65
6/30/2017	Laundry Room Cabinets and Locks	5,152.20	20.00	64.40
6/30/2017	Plumbing for Storage Room	2,415.19	20.00	30.19
7/31/2017	(8) Install grounded outlets	584.93	20.00	4.87
7/31/2017	Install new Distribution Panel/Feeder	11,592.15	20.00	96.60
7/31/2017	Install new Distribution Panel/Feeder	11,592.15	20.00	96.60
2/28/2017	Steel exterior doors w/panic/hold	9,971.77	15.00	387.79
7/31/2017	Interior Renovations	26,726.80	10.00	445.45
10/1/2016	Moved bldg imp to land impr -50% deposit on project	(23,847.00)	20.00	(1,092.99)

5/31/2017	80i UCXT Bed w/Lam. Panels entender a	2,247.48	10.00	74.92
11/30/2016	30 Visco Select Mattresses	27,496.39	3.00	7,637.89
4/30/2017	Panacea Original Foam Mattress, Bariatr	163.98	3.00	22.78
5/31/2017	Panacea Original Foam Mattress, Bariatr	454.09	3.00	50.45
1/31/2017	Labor to install 1 cable drop & phone drop	1,500.00	7.00	142.86
4/30/2017	Labor to create new data port cabling in A	797.63	7.00	47.48
Total additions for Movable Equipment		\$ 56,177		\$ 8,940 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility 23 Fair Streete Operations LLC			License No. 2416		Report for Year Ended 9/30/2017			Page 24	of 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 23 Fair Streete Operations LLC	License No. 2416	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 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.			If "Yes," complete Part B. If "No," complete Part C.		
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		120			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	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	12/01/15	20	553,810	
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
23 Fair Streete Operations LLC		2416	9/30/2017			26	37
Item		Total	CCNH	RHNS	SLTC		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
23 Fair Streete Operations LLC		2416		9/30/2017		27	37
Item				Total	CCNH	RHNS	SLTC
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 9,923	8,114		1,809
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 174,868	142,990		31,878
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 184,791	151,104		33,687
15. Total All Expenditures (A-13 thru C-14)				\$ 11,307,158	8,933,271		2,373,887

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC				2416	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	SLTC
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 31,838	31,838		
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 658,482	658,482		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 188,893	164,337		24,556
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 *	\$ 13,096	11,393		1,702
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,520	1,520		
21.			Unallowable Management Fees	\$ 422,783	367,821		54,962
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 164,389	164,389		
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)				\$ 1,481,000	1,399,780		81,220

* 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	SLTC
10	2	Administrator's salary disallowed	0 \$ 31,838	0	0
10	a12o	0	0 \$ -	0	0
10	a12o	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			\$ 31,838	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
13	5	Rehabilitation Services	3120620020 \$ 161,857	0	0
13	5	Rehabilitation Services	3195620020 \$ 281,112	0	0
13	9	Speech Therapist	3170620020 \$ 50,053	0	0
13	10	Occupational Therapist	3105620020 \$ 165,460	0	0
13	12	Other	3010620020 \$ -	0	0
13	12	Other	3015620020 \$ -	0	0
13	12	Respiratory Purchased Servies	3155620020 \$ -	0	0
				0	0
				0	0
				0	0
				0	0
				0	0
Total Other Fees Adjustments			\$ 658,482	\$ -	\$ -
			\$ -		

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
16	m-8a	1020630310 Chamber of Commerce	\$ 900	0	0
16	m-13	1020630120 Collection Fees	\$ 8,463	0	0
16	m-13	1020660990 Estimated Accrual	\$ (15,095)	0	0
16	m-13	7010800030 Non-recurring charges	\$ -	0	0
16	m-13	1020640080 Penalty	\$ -	0	0
0	0	0	0 \$ -	0	0
15	1a3	0	0 \$ -	0	0
15	1a4	0	0 \$ -	0	0
15	1-a-1	adj workers comp	0 170,121	0	0
0	0	0	0 0	0	0
Total Other A&G Adjustments			\$ 164,389	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
23 Fair Streete Operations LLC			2416	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	SLTC
Subtotals Brought Forward				\$ 1,481,000	1,399,780		81,220
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 230,323	230,323		
28.	20	5-d	Ambulance/Limousine	\$ 7,496	7,496		
29.	20	5-f	X-rays, etc	\$ 7,920	7,920		
30.	20	5-h	Laboratory	\$ 18,050	18,050		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 32,783	32,783		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 73,647	73,647		
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	\$ 161,632	161,632		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 2,012,851	1,931,630		81,220

*** 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.

23 Fair Streete Operations LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
20	5-j	Consolidated Billing	\$ 24,571	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 568	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 15,262	\$ -	\$ -
20	5-i	Cable TV	\$ 33,246	allow \$3600	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 73,647	\$ -	\$ -
			\$ -		

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
0	0-Jan		0 -	-	-
0	0-Jan		0 -	-	-
0	0-Jan		0 -	-	-
0	0-Jan		0 -	-	-
0	0-Jan		0 -	-	-
0	0-Jan		0 -	-	-
0	0-Jan		0 -	-	-
0	0-Jan		0 -	-	-
Total Other Property Adjustments			\$ -	\$ -	\$ -
			\$ -		

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
27	14 c1	General liability Insurance Adjust	\$ 156,632	\$ -	\$ -
27	14c1	General liability Insurance Adjust	\$ 5,000	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Adjustments			\$ 161,632	\$ -	\$ -
			\$ -		

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
23 Fair Streete Operations LLC	2416	9/30/2017			30	37
Item	Total	CCNH	RHNS	SLTC		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,306,364	7,445,091		1,861,273		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,897,074)	(3,117,659)		(779,415)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,113,112	1,113,112				
b. Medicare Room and Board Contractual Allowance **	\$ (289,489)	(289,489)				
4. a. Private-Pay Residents and Other	\$ 1,541,120	1,063,373		477,747		
b. Private-Pay Room and Board Contractual Allowance **	\$ (510,787)	(352,443)		(158,344)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 98,093	98,093				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (25,511)	(25,511)				
c. Prescription Drugs - Non-Medicare	\$ 148,617	121,524		27,093		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (50,862)	(41,590)		(9,272)		
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 245	200		45		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (100)	(82)		(18)		
3. a. Physical Therapy - Medicare	\$ 454,320	454,320				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (118,156)	(118,156)				
c. Physical Therapy - Non-Medicare	\$ 276,281	225,915		50,366		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (97,395)	(79,640)		(17,755)		
4. a. Speech Therapy - Medicare	\$ 61,063	61,063				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (15,881)	(15,881)				
c. Speech Therapy - Non-Medicare	\$ 87,647	71,669		15,978		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (32,237)	(26,360)		(5,877)		
5. a. Occupational Therapy - Medicare	\$ 516,326	516,326				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (134,282)	(134,282)				
c. Occupational Therapy - Non-Medicare	\$ 285,433	233,399		52,034		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (101,592)	(83,072)		(18,520)		
6. a. Other (<i>Specify</i>) - Medicare	\$ 130,397	106,626		23,771		
b. Other (<i>Specify</i>) - Non-Medicare	\$ 733,693	599,940		133,752		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,479,345	7,826,486		1,652,859		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 168	168				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,127	2,127				
V. Total Other Revenue (1 thru 8)	\$ 2,295	2,295				
VI. Total All Revenue (III +V)	\$ 9,481,640	7,828,781		1,652,859		

* 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	SLTC	
II-6-a	Medicare	X-Ray	3,464.57	-	772.399631
II-6-a	Medicare	Laboratory	9,297.26	-	2072.752823
II-6-a	Medicare	Respiratory Therapy & Supplies	100,747.99	-	22460.99888
II-6-a	Medicare	Nursing Treatment Supplies	-	-	0
II-6-a	Medicare	Audiology	-	-	0
II-6-a	Medicare	Incontinency	-	-	0
II-6-a	Medicare	Oxygen & Supplies	-	-	0
II-6-a	Medicare	Physician Visit	-	-	0
II-6-a	Medicare	Ambulance	-	-	0
II-6-a	Medicare	Flu Shot	784.99	-	175.008
II-6-a	Medicare	Capitation Contracts	-	-	0
II-6-a	Medicare	Radiology Service	-	-	0
II-6-a	Medicare	Outpatient Therapy Program	29,808.22	-	6645.516802
II-6-a	Medicare		0	-	0
II-6-a	Contractuals-Medicare	X-Ray	(901.04)	-	-200.8789385
II-6-a	Contractuals-Medicare	Laboratory	(2,417.95)	-	-539.0634202
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplies	(26,201.66)	-	-5841.460082
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	(204.15)	-	-45.51454954
II-6-a	Contractuals-Medicare	Capitation Contracts	-	-	0
II-6-a	Contractuals-Medicare	Radiology Service	-	-	0
II-6-a	Contractuals-Medicare	Outpatient Therapy Program	(7,752.26)	-	-1728.30787
II-6-a	Contractuals-Medicare		0	-	0
Total Other Resident Revenue - Medicare			\$ 106,626	\$ -	\$ 23,771
			\$ -		\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	SLTC	
II-6-b	Medicaid	X-Ray	-	-	-
II-6-b	Medicaid	Laboratory	6.86	-	1.53
II-6-b	Medicaid	Respiratory Therapy & Supplies	693,102.89	-	154,522.02
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid	Audiology	-	-	-
II-6-b	Medicaid	Incontinency	-	-	-
II-6-b	Medicaid	Oxygen & Supplies	-	-	-
II-6-b	Medicaid	Physician Visit	-	-	-
II-6-b	Medicaid	Ambulance	-	-	-
II-6-b	Medicaid	Flu Shot	-	-	-
II-6-b	Medicaid	Capitation Contracts	-	-	-
II-6-b	Medicaid	Radiology Service	-	-	-
II-6-b	Medicaid	Outpatient Therapy Program	167,368.47	-	37,313.53
II-6-b	Medicaid		0	-	-
II-6-b	Contractuals-Medicaid	X-Ray	-	-	-
II-6-b	Contractuals-Medicaid	Laboratory	(2.87)	-	(0.64)
II-6-b	Contractuals-Medicaid	Respiratory Therapy & Supplies	(290,239.40)	-	(64,706.67)
II-6-b	Contractuals-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Medicaid	Audiology	-	-	-
II-6-b	Contractuals-Medicaid	Incontinency	-	-	-
II-6-b	Contractuals-Medicaid	Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Medicaid	Physician Visit	-	-	-
II-6-b	Contractuals-Medicaid	Ambulance	-	-	-
II-6-b	Contractuals-Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals-Medicaid	Capitation Contracts	-	-	-
II-6-b	Contractuals-Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals-Medicaid	Outpatient Therapy Program	(70,086.17)	-	(15,625.18)
II-6-b	Contractuals-Medicaid	Daycare	-	-	-

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	9,276
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,256,908
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(55,587)
4. Inventories			\$	39,167
5. Prepaid Expenses			\$	33,417
a. Prepaid Expenses				
b. Prepaid Property Tax	33,372			
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	45			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,283,181
B. Fixed Assets				
1. Land				
2. Land Improvements	*Historical Cost	95,229	\$	85,820
	Accum. Depreciation	9,409		Net
3. Buildings	*Historical Cost	222,231	\$	213,814
	Accum. Depreciation	8,417		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	4,370	\$	3,751
	Accum. Depreciation	619		Net
6. Movable Equipment	*Historical Cost	744,404	\$	318,923
	Accum. Depreciation	425,481		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)			\$	622,308

* 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
23 Fair Streete Operations LLC	2416	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	1,905,489
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>			\$	(4,493,195)
O L/T A Suspense				
I/C Due to/Due From Owned			(4,493,195)	
I/C Due to/Due From Multicare				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(4,493,195)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	(2,587,706)

* 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

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G. Balance Sheet (cont'd)

Name of Facility 23 Fair Streete Operations LLC		License No. 2416	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	341,096
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>)				\$	58,618
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	222
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>)				\$	267,552
A/R Credit Gross Up Liability		85,393	Accr Exp Other	22,892	
Accr Exp Water and Sewer		3,014	Deferred Revenue	759	
Accr Exp Gas		2,347	Accrued Provider/Bed Tax	147,329	
Accr Exp Electricity		5,441	Accr Sales and Use Tax	377	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	667,488

* 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 23 Fair Streete Operations LLC	License No. 2416	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				667,488
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>)				\$
LT Debt-Financing Obligation				

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 667,488

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

Name of Facility	License No.	Report for Year Ended	Page	of
23 Fair Streete Operations LLC	2416	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. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,429,677)
6. Gain or Loss for Period			\$	(1,825,516)
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	(3,255,194)
C. Total Reserves and Net Worth			\$	(3,255,194)
D. Total Liabilities, Reserves, and Net Worth			\$	(2,587,706)

H. Changes in Total Net Worth

Name of Facility 23 Fair Streete Operations LLC	License No. 2416	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(1,581,160)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,481,643
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,155,677
D. Net Income or Deficit			\$	(1,674,034)
E. Balance			\$	(3,255,194)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(3,255,194)

I. Preparer's/Reviewer's Certification

Name of Facility 23 Fair Streete Operations LLC	License No. 2416	Report for Year Ended 9/30/2017	Page 37	of 37
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Check appropriate category


Chronic and Convalescent Nursing Home only (CCNH)

Rest Home with Nursing Supervision only (RHNS)

SLTC

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 <i>Sr. Director of Reimbursement</i>	Date Signed <i>12/19/2017</i>
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Printed Name of Preparer

 Thomas Farnan Title -Sr. Director of Reimbursement

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