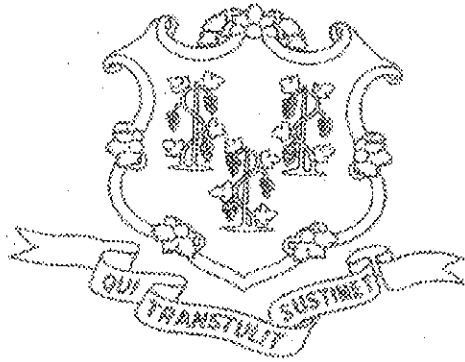


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Chelsea Place Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 25 Lorraine Street, Hartford, CT 06105	
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"/> NurseFac-Aids	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2220-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5299
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Medicaid Provider Numbers:	CCNH 9761	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Chelsea Place Care Center, LLC	License No. 2220-C	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 Chelsea Place Care Center, 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
Printed Name (Administrator) Judy Konow			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Chelsea Place Care Center, LLC		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 25 Lorraine Street, Hartford, CT 06105				
Report Prepared By iCare Management, LLC		Phone Number 860-570-2140	Date 2/15/2017	
Item	Total	CCNH	RHNS	NurseFac- Aids
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 860-233-8241	Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Chelsea Place Care Center, LLC		Address (No. & Street, City, State, Zip) 25 Lorraine Street, Hartford, CT 06105		
License Numbers:	CCNH 2220-C	RHNS	NurseFac-Aids AIDS	Medicare Provider No. 07-5299
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"/> NurseFac-Aids				
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 Judy Konow		Nursing Home Administrator's License No.:	1735	
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 Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2017	Page 3	of 37
Legal Name of Partnership/LLC Chelsea Place Care Center, LLC		Business Address 25 Lorraine Street, Hartford, CT 06105		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member		31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member		1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member		5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member		10	

Slate of Connecticut
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Related Parties*

Name of Facility Individual or Company	Business Address	License No. 2220-C		Report for Year Ended 9/3/2017	Page 4	of 37
		Also Provides Goods/Services to Non- Related Parties	Description of Goods/Services Provided			
		Yes	No	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			-	-	-
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			-	-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			19	3	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			-	-	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			16	M	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			-	-	(7,429)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			19	3	-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			-	-	(1,503)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			-	-	(3,938)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			-	-	(21,704)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			-	-	-
Wintombury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			-	-	(5,922)
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067			-	-	(15,540)
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067			-	-	-
Touchpoints therapy	171 Main St. East Windsor, CT 06088			13	5, 8, 10	(425,369)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			22, 22, 27	10, 9, 14	(2,090,268)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			16, 15	M, E	(27,306)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			-	-	(188,199)
-	-			20	5j	(265,594)
-	-			20	5j	(35,965)
-	-			16	M12	(616,050)
-	-			-	-	-
-	-			-	-	-
-	-			-	-	-
-	-			-	-	-
-	-			-	-	-
All Care Centers, mgmt co., realty cos						
Share Common 401k, Pension and Insurance plans, courier, legal and various other services						

* 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 Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (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.

General Information and Questionnaire
Accounting Basis

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	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 O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
--	---

Services Provided by This Firm (*describe fully*)

1 Taxes, financial statements, accounting support	\$ 4,303
2	\$
3	\$
4	\$
Charge for Services Provided	
	\$ 4,303

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis)) 5 Starble and Harris, iCare Health Management LLC	Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140
---	---

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

1 341 Bidwell Street, Manchester CT
2 32 Main Street, Avon, CT
3 280 Trumbull St, Hartford, CT
4
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT

Services Provided by This Firm (*describe fully*)

1 Lease and contract issues, general legal advice, Labor Law	\$ 25,112
2 Lease and contract issues, general legal advice, union funds advice	\$ 4,756
3 Employment law, arbitrations, contract negotiations	\$ 3,349
4 Employment Arbitrations, healthcare law	\$ 6,935
5 Conservatorships	\$ 586
Charge for Services Provided	
	\$ 40,738

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15E

Schedule of Resident Statistics

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C			Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac-Aids	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	NurseFac-Aids	Total	CCNH	RHNS	NurseFac-Aids	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	234	234			234	234			234	234			
B. On last day of THIS report period	234	234			234	234			234	234			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	223	223			223	223			231	231			
B. As of midnight of THIS report period	229	229			231	231			229	229			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,156	2,156			1,513	1,513			643	643			
B. Medicaid (Conn.)	80,724	80,724			60,467	60,467			20,257	20,257			
C. Medicaid (other states)													
D. Private Pay	304	304			304	304							
E. State SSI for RCH													
F. Other (Specify) Insurance	9	9			9	9							
G. Total Care Days During Period (3A thru F)	83,193	83,193			62,293	62,293			20,900	20,900			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	83,193	83,193			62,293	62,293			20,900	20,900			

Schedule of Resident Statistics (Cont'd)

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	NurseFac-Aids	Lost			Gained			CCNH	RHNS	NurseFac-Aids	
	(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	NurseFac-Aids
1st change			
2nd change			
3rd change			
4th change			

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	NurseFac-Aids	R.C.H.	ICF-MR
No. of Residents	5		224						
Per Diem Rate									
a. One bed rm.									
b. Two bed rms.	389.00		248.00						
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	5,640	5,640		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,889	2,889		
C. Other	2,410	2,410		
D. Total Physical Therapy Treatments	10,939	10,939		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	270	270		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	340	340		
C. Other	111	111		
D. Total Speech Therapy Treatments	721	721		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	4,705	4,705		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,232	2,232		
C. Other	2,229	2,229		
D. Total Occupational Therapy Treatments	9,166	9,166		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Chelsea Place Care Center, LLC	2220-C	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	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)	143,750	2,112				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	448,450	22,218				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,202	2,120				
c. Dietary Workers	756,376	40,484				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	504,164	27,878				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	74,054	2,060				
b. Other Maintenance Workers	96,599	5,308				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	266,129	15,388				
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	224,188	4,567				
b. RN						
1. Direct Care	760,683	18,455				
2. Administrative**	351,152	8,573				
c. LPN						
1. Direct Care	2,225,335	75,476				
2. Administrative**						
d. Aides and Attendants	3,529,941	196,578				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	180,053	9,686				
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	243,243	9,251				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	91,936	5,105				
A-13. Total Salary Expenditures	9,955,255	445,259				

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

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

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

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

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2017			Page 11	of 37			
		Salary Paid		Line Where Claimed on Page 10					
Name	CCNH	RHNS	NurseFac- Aids		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Name and Address of All Other Employment**	Total Hours Worked
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) Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2017		Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Total Hours Worked	Compensation Received
		Page	of					
Name	Salary Paid		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						
Section III - Administrators***								
Judy Konow	143,750		Administrator	2,112 A2				
			Administrator		A2			
			Administrator		A2			
Section IV - Assistant Administrators								

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Chelsea Place Care Center, LLC	2220-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	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	74,200	1,484				
2. Dentist						
3. Pharmacist	32,052	272				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	155,227	3,525				
b. Other						
6. Social Worker	3,845					
7. Recreation Worker	8,689	35+Cable				
8. Physicians						
a. Medical Director (entire facility)	80,400	418				
b. Utilization Review (Title 18 and 19 only) monthly meeting		5				
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) Physician Care Contract Services	30,451	92				
9. Speech Therapist						
a. Resident Care	17,278	217				
b. Other						
10. Occupational Therapist						
a. Resident Care	137,701	1,788				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,359					
2. Administrative***	26,412	550				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	(3,840)	(124)				
d. Other						
12. Other (Specify) See Attached Schedule	351,133	7,613				
B-13 Total Fees Paid in Lieu of Salaries	919,906	15,839				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2017		15	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 48,847	48,847			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 835,494	835,494			
5. Health Insurance	\$ 1,683,868	1,683,868			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 631,863	631,863			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 81,231	81,231			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 1,394,267	1,394,267			
d. Accounting and Auditing	\$ 4,303	4,303			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 40,738	40,738			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 21,135	21,135			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 18,117	18,117			
2. Cellular Phones	\$ 1,042	1,042			
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	\$ 1,351	1,351			
3. Resident Day User Fee	\$ 1,341,924	1,341,924			
Subtotal	\$ 6,104,179	6,104,179			

* 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**

Chelsea Place Care Center, LLC
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 81,231		\$ -
Total	\$ 81,231	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac-Aids
INTERNET EXPENSES	\$ 1,351		\$ -
Total	\$ 1,351	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:		6,104,179	6,104,179		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,033	3,033			
3. Gifts to Staff and Residents	\$ 1,486	1,486			
4. Employee Travel	\$ 3,141	3,141			
5. Education Expenses Related to Seminars and Conventions	\$ 3,789	3,789			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$ 1,079	1,079			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 8,194	8,194			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 12,313	12,313			
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	\$ 6,428	6,428			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 16,082	16,082			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 250	250			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 160,477	160,477			
12. Administrative Management Services**	\$ 616,050	616,050			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 27,634	27,634			
C-14 Total Administrative & General Expenditures	\$ 6,964,135	6,964,135			

* 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	NurseFac-Aids
MEALS	\$ 1,079		\$ -
Total Other Travel and Entertainment	\$ 1,079	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 12,313		\$ -
Total Other Advertising	\$ 12,313	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
ALTCFM			
CAHCF Dues	\$ 15,922		\$ -
OTHER DUES	\$ 160		\$ -
Total Dues	\$ 16,082	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
CONTRIBUTIONS	\$ 250		\$ -
Total Contributions	\$ 250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ 250		\$ -
SOC.SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,101		\$ -
EMPLOYEE RELATIONS	\$ 8,486		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 51		\$ -
PERMITS & LICENSES	\$ 2,520		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 11,360		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 1,920		\$ -
LATE FEES	\$ 1,946		\$ -
Rounding	\$ -		\$ -
Total Other Administrative and General	\$ 27,634	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	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 #	
iCare Management, LLC/iCare Health Management, LLC	616,050	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12	
iCare Management, LLC/iCare Health Management, LLC	265,594	MANAGEMENT FEES- DIRECT CARE	Pg 20 j	
iCare Management, LLC/iCare Health Management, LLC	35,965	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j	

* 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
Chelsea Place Care Center, LLC		2220-C	9/30/2017		18	37
Item		Total	CCNH	RHNS	NurseFac-Aids	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 496,816	496,816			
2.	Non-Food Supplies	\$ 59,856	59,856			
3.	Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 46,421	46,421			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 1,364	1,364			
c. Management Services**		\$				
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT		\$ 10,369	10,369			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 614,826	614,826			
2F. Dietary Questionnaire		Total	CCNH	RHNS	NurseFac-Aids	
G.	Resident Meals: Total no. of meals served per day:*	684	684			
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
Chelsea Place Care Center, LLC	2220-C	9/30/2017	19	37
Item	Total	CCNH	RHNS	NurseFac-Aids
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. \$	281	281	
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. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	63,580	63,580	
c. Management Services**	\$			
d. Other (Specify) LAUNDRY MINOR EQUIPMENT	\$	518	518	
3E. Total Laundry Expenditures (3a + b + c + d)	\$	64,379	64,379	
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
Chelsea Place Care Center, LLC		2220-C	9/30/2017		20	37
Item			Total	CCNH	RHNS	NurseFac-Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	47,494	47,494		
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. \$	30,014	30,014		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>) HOUSEKEEPING MINOR EQUIPMENT		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 77,508	77,508		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from OMNICARE PHARMACY		\$ 75,974	75,974		
b.	Medicine Cabinet Drugs		\$ 20,811	20,811		
c.	Medical and Therapeutic Supplies		\$ 94,559	94,559		
d.	Ambulance/Limousine***		\$ 1,245	1,245		
e.	Oxygen					
	1. For Emergency Use		\$ 7,494	7,494		
	2. Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 2,097	2,097		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 5,684	5,684		
i.	Recreation		\$			
j.	Other (Specify)**** See Attached Schedule		\$ 474,976	474,976		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 682,839	682,839		

* 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	NurscFac-Aids
NURSING ADMIN SUPPLIES	\$ 727		\$ -
NURSING MINOR EQUIP	\$ 5,379		\$ -
MEDICAL RECORDS SUPPLIES	\$ -		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 265,594		\$ -
NON-COVERED PPS DR. VISITS	\$ 25		\$ -
RESIDENT CARE SUPPLIES	\$ 1,179		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 12,687		\$ -
PERSONAL CARE SUPPLIES	\$ 13,899		\$ -
INCONTINENCY SUPPLIES	\$ 46,043		\$ -
VACCINE RESIDENTS	\$ 5,690		\$ -
PATIENT SPECIAL NEEDS	\$ 19		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 34,078		\$ -
EQUIPMENT RENTAL AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ (5)		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 45,463		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 4,043		\$ -
ACTIVITIES SUPPLIES	\$ 4,190		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 35,965		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -
rounding	\$ 0		
Total Other Resident Care	\$ 474,976	\$ -	\$ -

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

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2017	Total Cost/Page Ref.***			Page of	
Name of Individual or Company	Address	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	NurseFac-Aids	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	VENDOR	Housekeeping Services	32,161			20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	VENDOR	Laundry Services	68,440			19	3b
Eagle Elevator		VENDOR	Elevator Contract	11,080			22	6F
Bioserve, Inc.		VENDOR	Medical Waste	4,043			22	6F
Brightview Landscaping/Begley Landscaping		VENDOR	Snow Removal/Landscaping	22,939			22	6F
USA Hauling & Recycling Inc		VENDOR	Trash removal	51,868			22	6F
American HealthTech		VENDOR	Software Maintenance Contract	10,680			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	VENDOR	Payroll Services	80,292			16	M11
National Datacare Corp		VENDOR	Resident Trust Software	6,552			16	M11
Prime Care Technology services		VENDOR	Computer Consulting Services	30,149			16	M11
Priority Express		VENDOR	Courier Services	8,067			16	M11
Point Right Inc		VENDOR	Nursing Software	4,680			16	M11
		VENDOR						
		VENDOR						

* 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
Chelsea Place Care Center, LLC	2220-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 52,855	52,855				
b. Heat	\$ 70,088	70,088				
c. Light & Power	\$ 136,331	136,331				
d. Water	\$ 121,186	121,186				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 42,308	42,308				
f. Other (<i>itemize</i>)	\$ 135,395	135,395				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 558,163	558,163				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 34,701	34,701				
c. Non-Movable Equipment	\$ 550	550				
d. Movable Equipment	\$ 40,585	40,585				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 75,836	75,836				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 89,618	89,618				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 89,618	89,618				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,047,313	1,047,313				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 351,624	351,624				
c. Personal property taxes	\$ 44,693	44,693				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,609,084	1,609,084				

* 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	NurseFac-Aids
PLANT SUPPLIES	\$ 10,768		\$ -
PLANT CONTRACT SERVICE LABOR	\$ -		\$ -
ELEVATOR CONTRACT SERVICE	\$ 11,080		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 7,288		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 6,953		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 16,054		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 51,868		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ 3,495		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 9,494		\$ -
PLANT MINOR EQUIPMENT	\$ 13,397		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ 4,998		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 135,395	\$ -	\$ -

Depreciation Schedule

Name of Facility Chelsea Place Care Center, LLC			License No. 2220-C			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										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period	664,817		664,817	62,365			34,701			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B-4. Subtotal										
C. Non-Movable Equipment										
1. Acquired prior to this report period	43,932		43,932	41,175			550			
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. Van Repair: Hillside Automotive Cex										
			10,600	10,600	10,600					
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period										
			649,808	649,808	505,687		38,588			
b. Disposals (attach schedule)										
c. Acquired during this report period (attach schedule)										
			30,954				1,997			
D-3. Subtotal										
E. Total Depreciation										
75,836										

Chelsea Place Care Center, LLC
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		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility Chelsea Place Care Center, LLC			License No. 2220-C		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				1,344,985	814,937			87,759	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				56,635				1,859	
C-4. Subtotal									89,618
D. Total Amortization									89,618

* 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 Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

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

Yes No

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

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

Description	Total				
1. Date Land Purchased	04/01/1999				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	04/01/99				
4. Date of Initial Licensure	04/01/99				
5. Total Licensed Bed Capacity	234				
6. Square Footage	66,285				
7. Acquisition Cost					
a. Land					
b. Building	11,495,942				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD fixed			
b. Date Mortgage Obtained	05/30/13			
c. Interest Rate for the Cost Year	319.00%			
d. Term of Mortgage (number of years)	24			
e. Amount of Principal Borrowed	6,664,200			
f. Principal balance outstanding as of 9/30/2017				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	sale of real estate			
h. Date of Refinancing	08/09/17			
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
Summit Hartford, LLC	25 Lorraine Street, Hartford, CT	08/09/17	15 years with 2-5 year extension	\$1,035,000 yr 1

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
Chelsea Place Care Center, LLC		2220-C	9/30/2017		26	37
Item			Total	CCNH	RHNS	NurseFac-Aids
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
Chelsea Place Care Center, LLC		2220-C		9/30/2017		27	37
Item				Total	CCNH	RHNS	NurseFac-Aids
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) INTEREST				\$ 56,509	56,509		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 56,509	56,509		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 12,599	12,599		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 179,908	179,908		
2. Fire and Extended Coverage				\$			
3. Other (Specify) Other insurance, crime				\$ 5,908	5,908		
14d. Total Insurance Expenditures (14a + b + c)				\$ 198,415	198,415		
15. Total All Expenditures (A-13 thru C-14)				\$ 21,701,018	21,701,018		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC			2220-C	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 1,394,267	1,394,267		
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.			Unallowable Advertising *	\$ 12,313	12,313		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 38,127	38,127		
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)				\$ 1,444,707	1,444,707		

* 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	NurseFac-Aids
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ 1,920		\$ -
16a		LATE FEES	\$ 1,946		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	\$ -		
		Provider User Fee for Medicare days	\$ 34,261		\$ -
Total Other A&G Adjustments			\$ 38,127	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC			2220-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 1,444,707	1,444,707		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 1,245	1,245		
29.			X-rays, etc	\$ 2,097	2,097		
30.			Laboratory	\$ 5,684	5,684		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 25	25		
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	\$			
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)			\$ 1,453,758	1,453,758		

*** 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.

Chelsea Place Care Center, LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J		24.98		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST-Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 25	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ -		
22	6D	water (for outpatient therapy see schedule)	\$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ -		
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 20,100,808	20,100,808				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 949,599	949,599				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 69,994	69,994				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 72,836	72,836				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (72,836)	(72,836)				
c. Prescription Drugs - Non-Medicare	\$ 9,063	9,063				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (9,063)	(9,063)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 626	626				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (626)	(626)				
3. a. Physical Therapy - Medicare	\$ 247,352	247,352				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (85,120)	(85,120)				
c. Physical Therapy - Non-Medicare	\$ 101,925	101,925				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (101,925)	(101,925)				
4. a. Speech Therapy - Medicare	\$ 31,769	31,769				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (10,316)	(10,316)				
c. Speech Therapy - Non-Medicare	\$ 28,830	28,830				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (28,830)	(28,830)				
5. a. Occupational Therapy - Medicare	\$ 228,969	228,969				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (85,712)	(85,712)				
c. Occupational Therapy - Non-Medicare	\$ 83,341	83,341				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (82,380)	(82,380)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (51,935)	(51,935)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 21,396,370	21,396,370				
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>)	\$ 7	7				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,293	2,293				
V. Total Other Revenue (1 thru 8)	\$ 2,301	2,301				
VI. Total All Revenue (III + V)	\$ 21,398,670	21,398,670				

* 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	Nurse/Fac-Aids
	Lab Medicare	\$ 17,691		
	Lab Medicare CA	\$ (17,691)		
	Oxygen Medicare	\$ 393		
	Oxygen Medicare CA	\$ (393)		
	Equipment rental	\$ 614		
	Equipment rental CA	\$ (614)		
	Pen Therapy	\$		
	Pen Therapy CA	\$		
	Therapy Beds Medicare	\$		
	Therapy Beds Medicare CA	\$		
	Radiology Medicare	\$ 4,227		
	Radiology Medicare CA	\$ (4,227)		
	IV Therapy	\$ 9,903		
	IV Therapy CA	\$ (9,903)		
	Medical Transportation	\$		
	Medical Transportation CA	\$		
	Glucose testing	\$		
	Glucose testing CA	\$		
	Outpatient therapy Medicare	\$		
	Total Other Resident Revenue - Medicare	\$	\$	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Fac-Aids
	Lab	611,42		
	Lab CA	(611,42)		
	Oxygen	\$ 8,754		\$
	Oxygen CA	\$ (8,754)		\$
	Equipment rental	\$ 5,247		
	Equipment rental CA	\$ (5,247)		
	Pen Therapy	\$		
	Pen Therapy CA	\$		
	Therapy Beds	\$		
	Therapy Beds CA	\$		
	Radiology	\$		
	Radiology CA	\$		
	Medical Transportation	\$		
	Medical Transportation CA	\$		
	Glucose Testing	\$		
	Glucose Testing CA	\$		
	IV therapy	\$ 41,433		\$
	IV therapy CA	\$ (41,433)		\$
	Flu shot revenue	\$ 2,699		
	Outpatient therapy	\$		
	prior period revenue	\$ (54,634)		
	rounding	\$		
	Total Other Resident Revenue	\$ (51,935)	\$	\$

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Nurse/Fac-Aids
	INTEREST INCOME		\$ 7		
	Total Interest Income		\$ 7	\$	\$

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Nurse/Fac-Aids
	MEALS	\$		
	TELEVISION INCOME	\$		
	CONCESSIONS / VENDING INCOME	\$ 1,668		
	RESIDENT LATE FEE REVENUE	\$		
	RESIDENT ATTORNEY FEE REVENUE	\$		
	TELEPHONE INCOME	\$		
	OTHER INCOME	\$ 625		
	OPTUM DIVIDENDS REVENUE	\$		
	Total Other Revenue	\$ 2,293	\$	\$

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(349,584)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	5,481,782
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	58,648
5. Prepaid Expenses			\$	1,410,336
a. Prepaid Insurance	1,307,765			
b. Prepaid Property Taxes	98,622			
c. Prepaid Expenses Other	3,949			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(2,719,625)
Due From (to) Related Parties	(579,780)			
Other Owners reserves	(2,139,845)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,881,557
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>664,817</u>		\$	567,751
	Accum. Depreciation <u>97,066</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>1,401,619</u>		\$	497,065
	Accum. Depreciation <u>904,555</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>43,932</u>		\$	2,207
	Accum. Depreciation <u>41,725</u>	Net		
6. Movable Equipment	*Historical Cost <u>680,763</u>		\$	134,491
	Accum. Depreciation <u>546,272</u>	Net		
7. Motor Vehicles	*Historical Cost <u>10,600</u>		\$	
	Accum. Depreciation <u>10,600</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,201,513

* 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
Chelsea Place Care Center, LLC	2220-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	5,083,070
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			\$	411,151
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	79,857
Patient Trust Funds				77,302
Long Term Deposit - primecare				2,555
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	491,008
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,574,078

* 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
Chelsea Place Care Center, LLC	2220-C	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,548,067
2. Notes Payable (<i>itemize</i>)			\$	1,234,232
Working Capital Line of Credit				1,234,232

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>)			\$	334,990
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
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>)			\$	1,937,255
Related Party Payables				909,499
Accrued Expenses				(30,741)
Accrued Resident User Fees				326,766
Accrued Workers Comp Expense				731,731
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	5,054,544

* 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 Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,054,544	
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>)					\$
Patient Trust Funds		77,302			77,302
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 77,302
C. Total All Liabilities (Lines A-13 + B-5)					\$ 5,131,846

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	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			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	743,580
6. Gain or Loss for Period			\$	(302,348)
7. Total Net Worth			\$	442,232
C. Total Reserves and Net Worth			\$	442,232
D. Total Liabilities, Reserves, and Net Worth			\$	5,574,078

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	21,398,670
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	21,701,018
D. Net Income or Deficit			\$	(302,348)
E. Balance			\$	(302,348)
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. <i>Balance at End of Period</i>			\$	(302,348)
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> NurseFac-Aids		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
iCare Management, LLC				
Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	