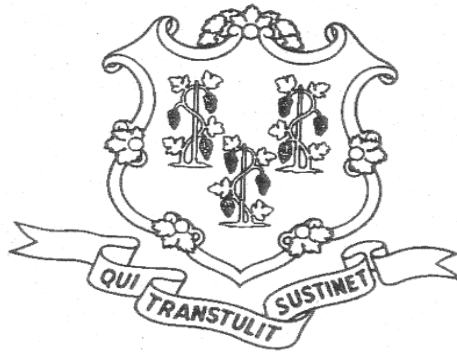


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	
Address (No. & Street, City, State, Zip Code) 111 Church Street, Middletown, CT 06457	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2097-C	RHNS	(Specify)	Medicare Provider 07-5381
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 75381	RHNS	ICF-IID
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**For Department Use Only**

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

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### General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cent	2097-C	9/30/2017	1	37

#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation [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) Jonah Kraus			Printed Name (Owner) Marvin Ostreicher		
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 111 Church Street, Middletown, CT 06457				
Report Prepared By Blum Shapiro & Co.		Phone Number (203) 944-2100	Date 2/1/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 860-347-7286		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H		Address (No. & Street, City, State, Zip) 111 Church Street, Middletown, CT 06457		
License Numbers:	CCNH 2097-C	RHNS (Specify)	Medicare Provider No. 07-5381	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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.				
<b>Administrator</b>				
Name of Administrator Jonah Kraus		Nursing Home Administrator's License No.:	002045	
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 Harbor Hill Care Center, Inc. d/b/a Water's Edge	License No. 2097-C	Report for Year Ended 9/30/2017	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	111 Church Street, Middletown, CT 06457	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	200	
Isak Keller	1200 NE Miami Garden, Miami, FL	Director	150	
M. Pollack	2441 Beachwood Blvd, Beachwood, NY	Director	100	
Doris Laufer	1402 59th Street, Brooklyn, NY 11219	President	50	
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	Director	56	
Names of Stockholders Owning at Least 10% of Shares				
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	200	
Isak Keller - Life Estate Trust	1200 NE Miami Garden, Miami, FL	Director	150	
M. Pollack - Life Estate Trust	2441 Beachwood Blvd, Beachwood, NY	Director	100	
Helen Ostreicher	1 Lakeside Drive, Lawrence, NY 11559		166	





**General Information and Questionnaire  
 Related Parties\***

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center	License No. 2097-C	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	%**				
See attachment.		<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.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire  
Related Parties\***

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	License No. 2097-C	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	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	952,881	941,303
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Radiology	20 5f	17,693	16,339
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	907,121	907,121
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	13,331	13,331
Middletown Realty	111 Church Street, Middletown, CT 06547	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9	480,000	480,000
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	631,063	631,063
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	2,176	2,176
20Sunrise	20 Sunrise Highway, Valley Stream NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	11,956	11,956
VK Newburyport, LLC	180 Low St, Newburyport MA 01950	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	297	297
Maple View Center for Health & Rehabilitation	856 Maple Street, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee: Social Services	13 B6	41,598	41,598
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs/OTC's/Supplies/Consult/Supplies/Fees	20/13 5a2,b,j/B3,12	375,763	336,103
Procure LTC Pharmacy of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs	20 5a2	6,316	5,649

\* Use additional sheets if necessary.

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

\*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire  
Related Parties\***

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	License No. 2097-C	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	%**				
Riverside Health Care Center, Inc.	745 Main St., East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	430,340	430,340
Cold Spring Hills Center for Nursing & Rehabilitation	378 Syosset-Woodbury Rd, Woodbury, NY 11797	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	82,557	82,557
Marlborough Health Care Center, Inc.	85 Stage Harbor Rd., Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31 A8	3,010	3,010
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts payable	33 A1	711,733	711,733
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	Due to Related	33 A12	87,091	87,091
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Due to Related	33 A12	9,621	9,621
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	29,330	29,330
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33 A12	149,563	149,563
Maple View Center for Health & Rehabilitation	856 Maple Street, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	21,012	21,012
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33 A12	229,194	229,194
Procare LTC Pharmacy of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33 A12	2,409	2,409

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge	License No. 2097-C	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. Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
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 type="radio"/> Yes <input checked="" type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for			2097-C	9/30/2017			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
Reliable - 2610 Nostrand Ave Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/05	60 months	5,346		5,346
Wescom Solutions	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	25,268		25,268
Leaf -1720A Crete Street, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/21/15	39 months	1,973		1,973
De Lage Landen Financial Svces, Inc.-1111 Old Eagle School Road Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/14/14	39 months	709		709
De Lage Landen Financial Svces, Inc.-1111 Old Eagle School Road Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	01/01/15	39 months	5,557		5,557
	<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"/>						
							<b>Total ***</b>	38,853

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes                       No

\* 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 Harbor Hill Care Center, Inc. d/b/a	License No. 2097-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 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
--	--

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, and year end tax services	\$	24,130
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 24,130

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, line 1 d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Goldman Gruder & Wood 2 Berchem & Moses, P.C. 3 Treasurer State of Connecticut 4 State Marshall 5	Telephone Number (203)-899-8900 (203)-783-1200
---	--

Address (*No. & Street, City, State, Zip Code*)  
 1 200 Connecticut Avenue, Norwalk, CT 06854  
 2 75 Broad Street Milford, CT 06460  
 3 Hartford, CT 06106  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	Collections - Disallowed	\$	2,183
2	Labor	\$	4,375
3	Conservator - Disallowed	\$	675
4	Conservator - Disallowed	\$	225
5		\$	
			Charge for Services Provided
			\$ 7,458

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

### Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Re			2097-C		9/30/2017				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	150	150			150	150			150	150			
B. On last day of THIS report period	150	150			150	150			150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	128	128			128	128			120	120			
B. As of midnight of THIS report period	125	125			120	120			125	125			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,580	5,580			4,493	4,493			1,087	1,087			
B. Medicaid (Conn.)	37,271	37,271			27,896	27,896			9,375	9,375			
C. Medicaid (other states)													
D. Private Pay	2,243	2,243			1,704	1,704			539	539			
E. State SSI for RCH													
F. Other (Specify) Managed Care	776	776			485	485			291	291			
G. Total Care Days During Period (3A thru F)	45,870	45,870			34,578	34,578			11,292	11,292			
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	12	12			3	3			9	9			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	45,882	45,882			34,581	34,581			11,301	11,301			

**Schedule of Resident Statistics (Cont'd)**

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge			License No. 2097-C			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	14		94			17							
Per Diem Rate													
a. One bed rm.	PPS		245.83			462/479							
b. Two bed rms.	PPS		245.83			445/462							
c. Three or more bed rms.	PPS												
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B						TOTAL	CCNH	RHNS	(Specify)				
B. Medicaid (Exclusive of Part B)						7,057	7,057						
1. Maintenance Treatments													
2. Restorative Treatments						947	947						
C. Other						15,582	15,582						
D. <b>Total Physical Therapy Treatments</b>						23,586	23,586						
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B						1,114	1,114						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments						176	176						
C. Other						1,357	1,357						
D. <b>Total Speech Therapy Treatments</b>						2,647	2,647						
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B						5,739	5,739						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments						988	988						
C. Other						16,194	16,194						
D. <b>Total Occupational Therapy Treatments</b>						22,921	22,921						



### Report of Expenditures - Salaries & Wages

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H	License No. 2097-C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	39,912	58				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	117,967	2,120				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	184,290	9,656				
5. Dietary Service						
a. Head Dietitian	47,734	1,325				
b. Food Service Supervisor	59,276	2,504				
c. Dietary Workers	474,422	29,400				
6. Housekeeping Service						
a. Head Housekeeper	28,993	976				
b. Other Housekeeping Workers	360,133	23,696				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	36,175	1,104				
b. Other Maintenance Workers	79,264	3,926				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	22,678	1,263				
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	189,296	4,008				
b. RN						
1. Direct Care	591,157	14,956				
2. Administrative**	242,874	6,309				
c. LPN						
1. Direct Care	1,289,065	46,349				
2. Administrative**						
d. Aides and Attendants	2,135,154	135,303				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	174,588	9,281				
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	147,223	5,893				
n. Marketing	35,096	1,040				
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,255,297	299,167				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Consulting Fees - Nursing	\$ 15,913	Disallowed				
Consulting Fees - Rehabilitation Therapy and Ancillary	\$ 28,262	Disallowed				
<b>Total</b>	\$ 44,175	Disallowed	\$ -	-	\$ -	-

**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	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Reh				2097-C	9/30/2017			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher. 184 Wilacre Ave, Lawrence, NY 11559	39,912			Same as employees	Supervises operations, deals with DNS & financial management	58	A1	See attached		
<b>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).</b>										

\* 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.

MARVIN J. OSTREICHER - OWNER  
 TIME STUDY  
 YEAR END SEPTEMBER 30, 2017

Name	Beds	Total w/ Bnft
Augusta	72	53.82
Belair	102	52.61
Bethel	161	76.49
Bloomfield	120	55.03
Brattleboro	80	58.96
Brentwood	78	36.58
Brewer	111	67.73
Bristol	132	64.40
Cambridge	160	45.65
Catskill	136	51.40
Cold Spring Hills	-	-
Colony	92	44.44
Country	111	43.24
Dover	112	61.98
Eastside	69	48.07
Eliot	114	68.33
Glen Falls	120	48.68
Hudson	-	-
Huntington	320	54.42
Kennebunk	78	55.63
Hebrew Home	257	60.77
Ludlowe	144	65.00
Maple View	120	59.26
Marlborough	120	60.47
Maywood	120	47.47
Milford	120	52.00
Newton Wellseley	110	54.42
Norway	70	53.51
Poughkeepsie	200	63.19
Regency	130	48.68
Reservoir	144	53.51
Riverside	345	50.19
Ross	135	-
Rutland	125	55.93
Sachem	111	59.56
Sands Point	180	67.42
Utica	117	54.42
Village Crest	95	48.38
Water's Edge	150	57.75
Westgate	104	52.00
Winship	72	51.10
Total	5,137	2,102.50
Vacation		
Sick		
Personal		
Holiday		
Total Hours		

**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	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & F				2097-C	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Andrew Krochko (10/1/16-10/14/16)	5,192			Same as employees	Management and supervision of a healthcare facility	80	A2			
Jonah Kraus (10/14/16-9/30/17) - Disallow Overlap	112,775			Same as employees	Management and supervision of a healthcare facility	2,040	A2			
<b>Section IV - Assistant Administrators</b>										

\*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.

**Annual Report of Long-Term Care Facility**

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Ce	2097-C	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	4,051	116				
2. Dentist	9,168	Disallowed				
3. Pharmacist	15,545	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	412,068	7,052				
b. Other						
6. Social Worker	41,598	860				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	114,100	887				
b. Utilization Review (Title 18 and 19 only) monthly meeting	100	1				
c. Resident Care**	25,618	Disallowed				
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	109,021	1,584				
b. Other						
10. Occupational Therapist						
a. Resident Care	404,610	7,305				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	44,175	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,180,054</b>	<b>17,805</b>				

\* 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 Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		License No. 2097-C		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			
Jane Querdo - 177 Lexington Rd, Glastonbury, CT 06033	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Gerident Solutions - PO Box 290539, Wethersfield CT, 06129	Dental Fees	<input type="radio"/>	<input checked="" type="radio"/>			
Procure LTC Pharmacy of CT - 111 Executive Blvd, Farmingdale NY, 11735	Consulting - Pharmacy / Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Therapy Solutions - 850 Silas Deane Hwy, Wethersfield, CT 16109	PT, OT, ST, Rehab Consulting Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Mapleview Manor - 856 Maple Street, Rocky Hill, CT 06067	Consulting - Social Services	<input checked="" type="radio"/>	<input type="radio"/>	Affiliated entity		
Larry Levine, MD - 80 David Rd, Durham, CT 06422	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
EKB LLC - 328 Commonwealth Avenue, New Britain, CT, 06043	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Starling Physicians - 1260 Silas Deane Highway Westersfield CT 06109	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Prakash Huded, MD - 78 Marlborough St, Portland, CT 06480	Medical Director, Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics - P.O. Box 484 Avon, CT 06001	ST	<input type="radio"/>	<input checked="" type="radio"/>			
Middlesex Multispecialty Group - 80 South Main Street 2nd & 3rd Floor Middleton CT 06457	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
Orthopedic Associates of Middleton - 512 Saybrook Road Suite 100 Middleton , CT 06457	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>			
JM Medical Consulting LLC - 43 Westmont, Avon .CT 06001	Resident Care	<input type="radio"/>	<input checked="" 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
Harbor Hill Care Center, Inc. d/b/a Water's Edge	2097-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 230,643	230,643		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 113,593	113,593		
4. Social Security (F.I.C.A.)	\$ 468,640	468,640		
5. Health Insurance	\$ 907,468	907,468		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 15,627	15,627		
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*	\$			
d. Accounting and Auditing	\$ 24,130	24,130		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 11,833	11,833		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 24,630	24,630		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 38,331	38,331		
2. Cellular Phones	\$ 2,478	2,478		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 9	9		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 847,147	847,147		
<b>Subtotal</b>	<b>\$ 2,684,529</b>	<b>2,684,529</b>		

\* 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**

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation Attachment Page 15  
9/30/2017

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
<b>Total</b>	\$ -	\$ -	\$ -

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**Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cent	2097-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,684,529	2,684,529		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,946	3,946			
3. Gifts to Staff and Residents	\$ 32,226	32,226			
4. Employee Travel	\$ 1,531	1,531			
5. Education Expenses Related to Seminars and Conventions	\$ 3,433	3,433			
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	\$ 38,337	38,337			
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	\$ 5,024	5,024			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 10,614	10,614			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 616	616			
9. Subscriptions	\$ 5,891	5,891			
10. Contributions*** See Attached Schedule	\$ (222)	(222)			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 633,369	633,369			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 135,611	135,611			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,554,905	3,554,905			

\* Do not include Subscriptions, which should go in item 9.

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Marketing - Disallowed	\$ 15,227		
Advertising Promotional - Administration - Disallowed	\$ 23,110		
<b>Total Other Advertising</b>	\$ 38,337	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 10,174		
CACHCF	\$ 350		
Sam's Club - Disallowed	\$ 90		
<b>Total Dues</b>	\$ 10,614	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Political Contributions-Administration - Disallowed	\$ (250)		
Donations - Disallowed	\$ 28		
<b>Total Contributions</b>	\$ (222)	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Consulting Fees - Fiscal operations	\$ 5,938		
Consulting Fees - Administration - Disallowed via management fee	\$ 12,123		
Bank Charges - Administration - Disallowed	\$ 27,796		
IT Services-Administration	\$ 43,140		
Purchased Services - Fiscal Operations	\$ 27,975		
Purchased Services - Security	\$ 3,969		
Licenses and Permits - Administration	\$ 480		
Background Check - Administration	\$ 8,016		
Miscellaneous Expense - Disallowed	\$ 6,174		
<b>Total Other Administrative and General</b>	\$ 135,611	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water	License No. 2097-C	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 #
National Healthcare Associates, Inc.	633,369	See attached	page 16, line M12

**\* 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
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		2097-C	9/30/2017		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 358,997	358,997			
2.	Non-Food Supplies	\$ 42,289	42,289			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Management Services**						
d. Other (Specify) _____						
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 401,286</b>	<b>401,286</b>			
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
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		2097-C	9/30/2017		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	1,847	1,847		
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 ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$	162,043	162,043		
c. Management Services**		\$				
d. Other ( <i>Specify</i> ) Diapers: \$68,386 Supplies: 1,176		\$	69,562	69,562		
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	233,452	233,452		
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
Harbor Hill Care Center, Inc. d/b/a Water's Edge		2097-C	9/30/2017		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	38,350	38,350		
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. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
<b>4E.</b>	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	38,350	38,350		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	322,440	322,440		
b.	Medicine Cabinet Drugs	\$	28,063	28,063		
c.	Medical and Therapeutic Supplies	\$	151,539	151,539		
d.	Ambulance/Limousine***	\$	9,344	9,344		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	43,567	43,567		
f.	X-rays and Related Radiological Procedures***	\$	20,461	20,461		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	21,155	21,155		
i.	Recreation	\$	36,495	36,495		
j.	Other (Specify)**** See Attached Schedule	\$	70,984	70,984		
<b>5K.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	704,048	704,048		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Flu Vaccine-Medical Services	\$ 5,400		
IV Thy Supplies- Rehabilitation Therapy and Ancillary	\$ 12,760		
Purchased Services - Nursing	\$ 2,979		
Rental Expense- Recreation Therapy	\$ 350		
Equipment Rental - Nursing	\$ 35,712		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 13,783		
<b>Total Other Resident Care</b>	\$ 70,984	\$ -	\$ -

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

Name of Facility			License No.		Report for Year Ended			Page of		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Reha			2097-C		9/30/2017			21	37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Med Apparel	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	37,824			19	3b
Unitex Textile Rental	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	124,219			19	3b
ADP	P.O. Box 842875, Boston MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	16,139			16	m13
MJ Daly	110 Mattatuck Heights Waterburuy, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	30,577			22	6a
Brothers Landscape	5 Chelsea Dr, Cromwell CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/Plowing	10,279			22	6f
Integrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Software	13,978			16	m13
Smartlinx	333 Thornall St. 4th Floor Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Time & Attendance	10,486			16	m13
		<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
Harbor Hill Care Center, Inc. d/b/a Water's Ed	2097-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 146,132	146,132				
b. Heat	\$ 77,408	77,408				
c. Light & Power	\$ 149,628	149,628				
d. Water	\$ 23,126	23,126				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 38,853	38,853				
f. Other ( <i>itemize</i> )	\$ 34,365	34,365				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 469,512</b>	<b>469,512</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 36,594	36,594				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 36,594</b>	<b>36,594</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 84,921	84,921				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 84,921</b>	<b>84,921</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 480,000	480,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 112,496	112,496				
c. Personal property taxes	\$ 13,582	13,582				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 727,593</b>	<b>727,593</b>				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Ground Services - Maintenance	\$ 12,237		
Pest Control - Maintenance	\$ 2,951		
Carting - Maintenance	\$ 18,173		
Short Term Lease - Pitney Bowes Mailing Machine	\$ 404		
IT Rentals	\$ 600		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 34,365</b>	<b>\$ -</b>	<b>\$ -</b>

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### Depreciation Schedule

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rel				License No. 2097-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		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		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										
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 1999 Plymouth Van				X		2	2002	12,747	12,747	12,747	SL	4 yrs	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period								708,766	708,766	564,193	SL	Various	33,748
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)								178,872	178,872		SL	Various	2,846
D-3. Subtotal													36,594
<b>E. Total Depreciation</b>													36,594

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation  
9/30/2017

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/30/2016	Digital Lift Scale	\$ 749	10	\$ 6
11/30/2016	Lid Assembly- pallet warmer	\$ 868	10	\$ 7
12/31/2016	Heavy Duty Vaccumm	\$ 1,852	8	\$ 19
1/31/2017	Mattress	\$ 2,334	5	\$ 39
1/31/2017	Nobles Speedshine Burnisher - Floor polisher	\$ 1,209	5	\$ 20
2/28/2017	Call System- Duall Bedside Stat	\$ 847	10	\$ 7
2/28/2017	Meridian Ice Machine dispenser	\$ 5,738	10	\$ 48
5/31/2017	Integrated Health System - Chromebooks, Servers, Software	\$ 149,563	5	\$ 2,493
8/31/2017	Desktop Mini PC	\$ 921	3	\$ 26
8/31/2017	Destop Mini PC	\$ 893	3	\$ 25
9/30/2017	18 Armchairs	\$ 2,986	15	\$ 17
9/30/2017	9 Tabletops with metal base	\$ 3,832	15	\$ 21
9/30/2017	21 14" HP Chromebooks	\$ 7,080	5	\$ 118
<b>Total additions for Movable Equipment</b>		\$ 178,872		\$ 2,846 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
11/30/2016	Water Alarm	\$ 2,467	10	\$ 21
3/31/2017	Tempered Mixing Water Valve	\$ 6,375	10	\$ 53
3/31/2017	Door Kick Plates	\$ 42,449	10	\$ 354
3/31/2017	Fulton Tank & Blowoff	\$ 9,144	10	\$ 76
9/30/2017	Dining Room Shades	\$ 938	5	\$ 16
9/30/2017	Kitchen Steam Kettle	\$ 5,843	15	\$ 195
9/30/2017	Cubicle Curtains	\$ 7,500	5	\$ 125
9/30/2017	Bathrooms	\$ 2,127	5	\$ 0
<b>Total additions for Leasehold Improvement</b>		\$ 76,843		\$ 840 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H			2097-C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period			Various	1,721,343	1,226,770	SL		84,081	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)			Various	76,843		SL		840	
C-4. Subtotal									84,921
<b>D. Total Amortization</b>									84,921

\* 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 Harbor Hill Care Center, Inc. d/b/a Wa	License No. 2097-C	Report for Year Ended 9/30/2017	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		150		
6. Square Footage		56,976		
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed	Fixed	
b. Date Mortgage Obtained		01/01/94	01/01/07	
c. Interest Rate for the Cost Year		8.81%	Prime +.25 basis	
d. Term of Mortgage (number of years)		15	5	
e. Amount of Principal Borrowed		2,825,000	3,890,000	
f. Principal balance outstanding as of 9/30/17		613,425	2,461,751	
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
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				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

**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
Harbor Hill Care Center, Inc. d/b/a W		2097-C	9/30/2017		26	37
Item			Total	CCNH	RHNS	(Specify)
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. <b>Total Building Interest Expense</b> (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
Harbor Hill Care Center, Inc. d/b/a		2097-C		9/30/2017		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other ( <i>Specify</i> )				\$	479	479	
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)				\$	479	479	
12. D. Other Interest Expense ( <i>Specify</i> )				\$	9,296	9,296	
Admin - \$1,707; Liabil. Ins. Fin. - \$894; Lease Int - \$6,695							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	9,775	9,775	
14. Insurance							
a. Insurance on Property (buildings only)				\$	18,962	18,962	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella ( <i>Blanket Coverage</i> )				\$	7,280	7,280	
2. Fire and Extended Coverage				\$			
3. Other ( <i>Specify</i> )				\$	39,000	39,000	
Liability Insurance							
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	65,242	65,242	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	13,639,514	13,639,514	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for He				2097-C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12M	Salaries not related to Resident Care	\$ 47,734	47,734		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 2,596	2,596		
<b>Page 13 - Professional Fees</b>							
5.	13	8c	Resident Care Physicians **	\$ 25,618	25,618		
6.	13	10a	Occupational Therapy	\$ 404,610	404,610		
7.			Other - See attached Schedule	\$ 68,888	68,888		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 7,458	7,458		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,038	1,038		
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	m3	Unallowable Advertising *	\$ 38,337	38,337		
19.			Income Tax / Corporate Business Tax	\$ 9	9		
20.	16	m10	Fund Raising / Contributions	\$ (222)	(222)		
21.	16 / 1	m12,	Unallowable Management Fees	\$ 317,698	317,698		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 80,870	80,870		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 994,634	994,634		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A2	Salary Administrator Overlap	\$ 2,596		
<b>Total Other Salaries Adjustment</b>			\$ 2,596	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 9,168		
13	B3	Pharmacy Fees	\$ 15,545		
13	B12	Consulting Fees - Nursing	\$ 15,913		
13	B12	Consulting Fees - Rehabilitation, Therapy & Ancillary	\$ 28,262		
<b>Total Other Fees Adjustments</b>			\$ 68,888	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Gifts to residents & staff	\$ 32,226		
15	1a4,3,5,7	Benefits not related to resident care	13,968		
16	M13	Bank Charges - Administration	\$ 27,796		
16	M13	Miscellaneous Expense	\$ 6,174		
16	m8a	Dues - Sams Club	\$ 90		
16	m8a	Dues - Chamber of Commerce	\$ 616		
<b>Total Other A&amp;G Adjustments</b>			\$ 80,870	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H				2097-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 994,634	994,634		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 322,440	322,440		
28.	20	5d	Ambulance/Limousine	\$ 9,344	9,344		
29.	20	5f	X-rays, etc	\$ 20,461	20,461		
30.	20	5h	Laboratory	\$ 21,155	21,155		
31.	20	5c	Medical Supplies	\$ 7,218	7,218		
32.	20	5e2	Oxygen (non emergency)	\$ 43,567	43,567		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 80,624	80,624		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,331	1,331		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 53,170	53,170		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
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	\$ 18,833	18,833		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,572,777	1,572,777		

\*\*\* 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.

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation  
9/30/2017

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Equipment Rental - Nursing	\$ 13,783		
20	5j	Equipment Rental - Rehab Therapy and Ancillary	\$ 35,712		
20	5a2/b	Procure LTC Pharmacy of CT (Disallowance of markups)	\$ 1,628		
20	5j	Flu Vaccine-Medical Services	\$ 5,400		
20	5j	IV Thy Supplies- Rehab Therapy and Ancillary	\$ 12,760		
20	5j	Purchased Services - Nursing	\$ 574		
20	5i	Cable TV Expense - Resident Rooms	\$ 10,767		
<b>Total Other Ancillary Costs</b>			\$ 80,624	\$ -	\$ -

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Mattress & TV Disallowed Depreciation	\$ 1,331		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 1,331	\$ -	\$ -

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6	Write off bathroom project	\$ 53,170		
<b>Total Other Property Adjustments</b>			\$ 53,170	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Other Income - (Vendor overpayment refund \$15,855, Misc refunds \$799)	\$ 16,654		
27	12D	Interest - Administration	\$ 1,076		
30	IV5	Interest Income	\$ 1,103		
<b>Total Other Adjustments</b>			\$ 18,833	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -



## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water'2097-C		9/30/2017		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 15,992,373	15,992,373			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,313,827)	(7,313,827)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,501,781	2,501,781			
b. Medicare Room and Board Contractual Allowance **	\$ 383,210	383,210			
4. a. Private-Pay Residents and Other	\$ 2,110,391	2,110,391			
b. Private-Pay Room and Board Contractual Allowance **	\$ (771,960)	(771,960)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 228,044	228,044			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (227,484)	(227,484)			
c. Prescription Drugs - Non-Medicare	\$ 57,403	57,403			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (57,279)	(57,279)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 728,030	728,030			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (525,912)	(525,912)			
c. Physical Therapy - Non-Medicare	\$ 105,917	105,917			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (105,807)	(105,807)			
4. a. Speech Therapy - Medicare	\$ 172,682	172,682			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (94,418)	(94,418)			
c. Speech Therapy - Non-Medicare	\$ 33,804	33,804			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (33,619)	(33,619)			
5. a. Occupational Therapy - Medicare	\$ 717,468	717,468			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (542,712)	(542,712)			
c. Occupational Therapy - Non-Medicare	\$ 124,255	124,255			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (114,634)	(114,634)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 5,365	5,365			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 1	1			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,373,072	13,373,072			
<b>IV. Other Revenue*</b>					
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> )	\$ 1,103	1,103			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 18,535	18,535			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 19,638	19,638			
<b>VI. Total All Revenue</b> (III +V)	\$ 13,392,710	13,392,710			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6a	Medicare Part A Contra - Other	\$ (63,265)		
30, line II6a	Medicare Part A Lab	\$ 35,045		
30, line II6a	Medicare Part A X-Ray	\$ 15,957		
30, line II6a	Medicare Part A IV Therapy	\$ 10,785		
30, line II6a	Medicare Part A Ambulance	\$ 1,477		
30, line II6a	Medicare Part A Settlement	\$ 9,314		
30, line II6a	Medicare Part B Flu/Pneumonia	\$ 2,319		
30, line II6a	Medicare Part B Prior period	\$ (6,449)		
30, line II6a	Managed Medicare Contra - Other	\$ (36,504)		
30, line II6a	Managed Medicare IV Therapy	\$ 13,255		
30, line II6a	Managed Medicare Lab	\$ 16,284		
30, line II6a	Managed Medicare X-Ray	\$ 5,274		
30, line II6a	Managed Medicare Ambulance	\$ 1,691		
30, line II6a	Managed Medicare Flu/Pneumonia	\$ 182		
<b>Total Other Resident Revenue - Medicare</b>		\$ 5,365	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6b	Medicare Contra Other	\$ (2,633)		
30, line II6b	Medicaid Lab	\$ 818		
30, line II6b	Medicaid Ambulance	\$ 1,542		
30, line II6b	Medicaid IV Therapy	\$ 274		
30, line II6b	Comm Ins Contra Other-Waters Edge	\$ (9,139)		
30, line II6b	Comm Ins Lab-Waters Edge	\$ 6,591		
30, line II6b	Comm Ins X-Ray-Waters Edge	\$ 2,548		
<b>Total Other Resident Revenue</b>		\$ 1	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, line IV5	Interest Income		\$ 1,103		
<b>Total Interest Income</b>			\$ 1,103	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Miscellaneous Other Income - (\$3,400 UHC, \$15,855 endor overbilling refund, \$799 misc other)	\$ 20,054		
30, line IV8	Prior Period Other Income (Expense)	\$ (1,519)		
<b>Total Other Revenue</b>		\$ 18,535	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Waterbury	2097-C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	612,262
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,234,911
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	41,690
5. Prepaid Expenses			\$	210,581
a. Taxes (personal property, real estate, corp)	137,921			
b. Management fees	63,901			
c. Other	8,759			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	565,149
Patient Funds	49,242			
Due from Related Party	515,907			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>3,664,593</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,798,186</u>		\$	486,495
	Accum. Depreciation <u>1,311,691</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>887,638</u>		\$	286,851
	Accum. Depreciation <u>600,787</u>	Net		
7. Motor Vehicles	*Historical Cost <u>12,747</u>		\$	
	Accum. Depreciation <u>12,747</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	2,445
Construction in Progress	2,445			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>775,791</b>

\* 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 Harbor Hill Care Center, Inc. d/b/a Water	License No. 2097-C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	4,440,384
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			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	
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> )			\$	17,000
Security Deposits			17,000	
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$</b>	<b>17,000</b>
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$</b>	<b>4,457,384</b>

\* 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

CSP-33 Rev. 6/95

## G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge		2097-C	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,431,189
2. Notes Payable ( <i>itemize</i> )				\$	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	7,821
Name of Lender	Purpose	Amount	Date Due		
M&T Bank	Equipment	7,821	Various		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	400,988
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> )				\$	1,001,964
Accrued Revenue Assessment		214,698	Patient Funds	49,242	
Accrued Accounting Fee		24,130	Due to Related Party	528,220	
Accrued Pension		15,627	Due to Third Party	57,315	
Accrued Expenses		112,732			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	2,841,962

\* 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 Harbor Hill Care Center, Inc. d/b/a Water's Edge		License No. 2097-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,841,962	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	230,212
Name of Lender		Purpose	Amount	Date Due	
M & T Bank		Equipment	32,728	Various	
M & T Bank		Equipment	197,484	Various	
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> )					\$
_____					
_____					
_____					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					\$ 230,212
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					\$ 3,072,174

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

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Wat	2097-C	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
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>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	1,212,446
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	419,568
6. Gain or Loss for Period			\$	(246,804)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	1,385,210
<b>C. Total Reserves and Net Worth</b>			\$	1,385,210
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,457,384

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water	2097-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	428,497
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	13,392,710
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	13,639,514
D. Net Income or Deficit			\$	(246,804)
E. Balance			\$	181,693
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> ) Tax Refund				
F-3. Total Additions			\$	9,071
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> )			\$	18,000
Purpose		Amount		
Commissioner of Revenue		18,000		
3. Total Deductions			\$	18,000
H. <b>Balance at End of Period</b>			\$	172,764
				09/30/17



### I. Preparer's/Reviewer's Certification

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's	License No. 2097-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 type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<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				
Blum Shapiro and Co.				
Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484			(203) 944-2100	