

# State of Connecticut



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

Name of Facility (as licensed) 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center	
Address (No. & Street, City, State, Zip Code) 162 South Britain Road, Southbury, CT 06488	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)                      (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2280	RHNS	(Specify)	Medicare Provider 07-5241
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Medicaid Provider Numbers:	CCNH 9431	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
162 South Britain Road Operating Company II, LLC	2280	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 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner, Authorized Rep)		Date
<i>Mary G Noonan</i>		<i>1/29/18</i>	<i>[Signature]</i>		<i>1/31/2018</i>
Printed Name (Administrator)			Printed Name (Owner) Authorized Rep		
Mary Noonan			Alberto Lugo		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	<i>NJ</i>	<i>1/31/18</i>	<i>Justine L. Cottrell</i>	<i>10/20/21</i>	
Address of Notary Public					
<i>173 Bridge Plaza North, Fort Lee, NJ 07024</i>					

(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 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 162 South Britain Road, Southbury, CT 06488				
Report Prepared By Richard Beckler		Phone Number 804-261-9357	Date 1/29/2018	
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 203-264-9600	Report for Year Ended 9/30/2017	Page 2	of 37
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Name of Facility (as shown on license) 162 South Britain Road Operating Company II, LLC of Fort L	Address (No. & Street, City, State, Zip) 162 South Britain Road, Southbury, CT 06488
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License Numbers: CCNH 2280	RHNS (Specify)	Medicare Provider No. 07-5241
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Type of Facility (Check appropriate box(es))		
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)

Type of Ownership (Check appropriate box)						
<input type="radio"/> Proprietorship	<input checked="" type="radio"/> LLC	<input type="radio"/> Partnership	<input type="radio"/> Profit Corp.	<input type="radio"/> Non-Profit Corp.	<input type="radio"/> Government	<input type="radio"/> Trust

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

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
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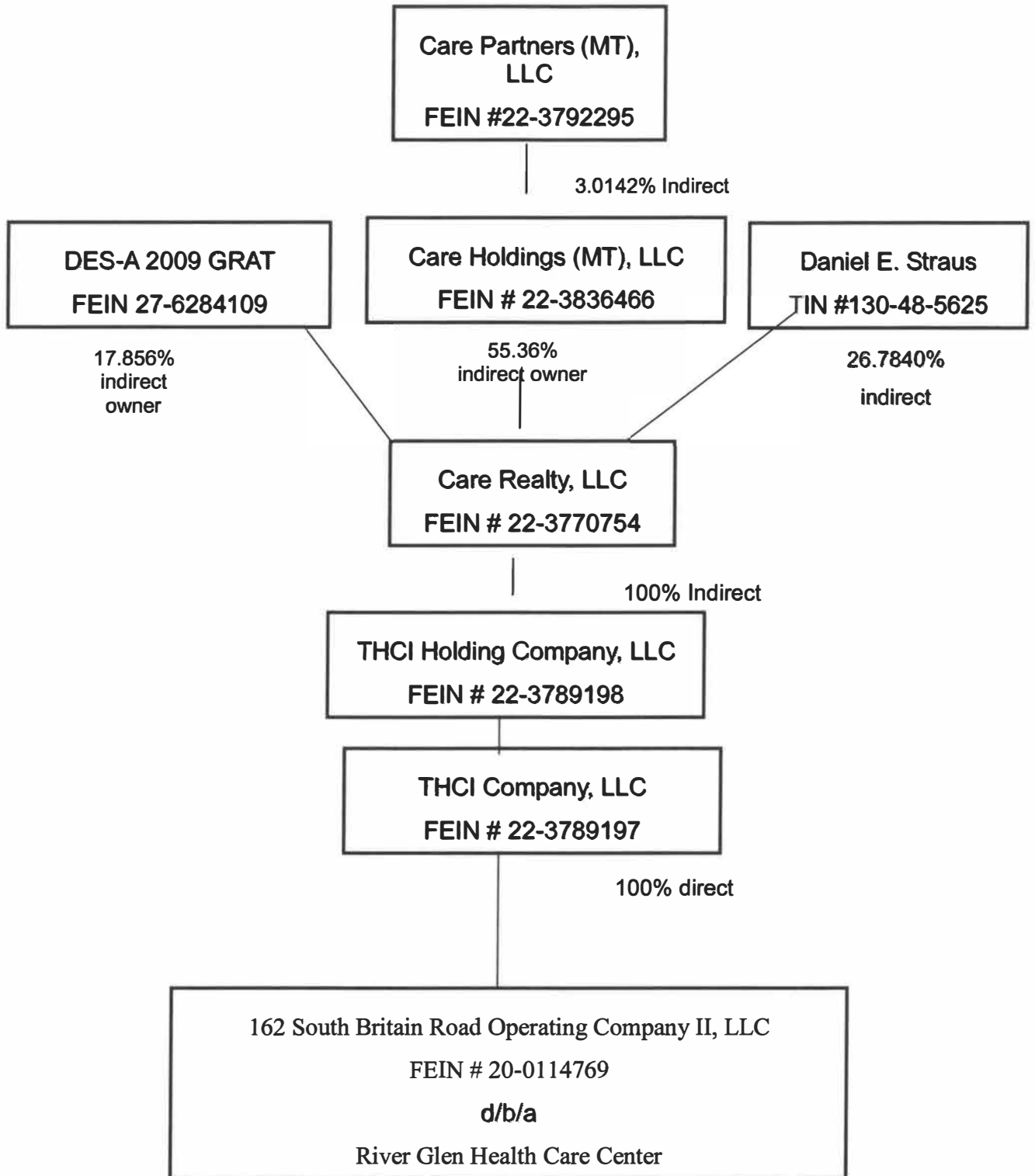
**Administrator**

Name of Administrator Mary Noonan	Nursing Home Administrator's License No.:	001033
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**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 162 South Britain Road Operating Company	License No. 2280	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		
N/A				
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				





### General Information and Questionnaire Related Parties\*

Name of Facility 162 South Britain Road Operating Company II, LLC of	License No. 2280	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	%**				
162 South Britain Road, LLC	162 South Britain Road, Southbury, CT 06488	<input type="radio"/>	<input checked="" type="radio"/>		Facility Real Estate Lease	Pg. 22 / Line 9	844,582	844,582
Care Group, LLC	57 Old Road to Nine Acre Corner, Concord, MA 01742	<input type="radio"/>	<input checked="" type="radio"/>		Management Services/Clinical Specialists	Pg. 16 / Line m12	1,049,778	1,049,778
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs	Pg 20 / Line 5a2	381,541	370,095
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Drugs Medicine Cabinet	Page 20 / Line 5b	3,761	3,648
Partners Healthcare CT	6 Thompson Road, East Windsor, CT 06088	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy - I Vs	Page 20 / Line 5j	4,851	4,447
HealthBridge & Related Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Common Pension, Health and Insurance Prg	Page 15 Line 1a5,6,7	623,651	623,651
		<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**  
**Basis for Allocation of Costs**

Name of Facility 162 South Britain Road Operating Company II,	License No. 2280	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 ( <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?       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.  
 Management Fee allocation to facilities on the basis of patient days. Services of related pharmacy invoices as per customary charges that were negotiated. Staff allocations to other facilities based on hours paid at employee wage rate.

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 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
162 South Britain Road Operating Company II, LLC of For			2280	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						
Xerox Corporation	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/15/13	and then on-going	4,449	4,449	
Mail Finance	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	08/02/12	and then on-going	1,503	1,503	
Konica Minolta	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/24/17	and then on-going	2,606	2,606	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<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"/>						
							<b>Total ***</b>	8,558

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

No

**Total \*\*\***

8,558

\* 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 162 South Britain Road Operating	License No. 2280	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 N/A 2 3 4	Address (No. & Street, City, State, Zip Code)
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Services Provided by This Firm (*describe fully*)

1 Change in prior year accounting fee accruals	\$ (18,108)
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ (18,108)

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

Yes     No    Page 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Cohen, Tauber, Spievack & Wagner, PC 2 Fisher & Phillips, LLP 3 Various Legal (Disallowed Pg 28) 4 5	Telephone Number
--	------------------

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

1 420 Lexington Ave, New York, NY 10170
2 1075 Peachtree Street NE, Atlanta, GA 303099
3
4
5

Services Provided by This Firm (*describe fully*)

1 Employee - Immigration VISA related	\$ 3,925
2 Employment related - advice	\$ 6,099
3 Disallowed - Page 28	\$ 19,060
4	\$
5	\$
	Charge for Services Provided
	\$ 29,083

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

Yes     No    Page 15, line 1e

### Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/I			2280		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	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	120	120			120	120			118	118			
B. As of midnight of THIS report period	116	116			118	118			116	116			
3. Total Number of Days Care Provided During Period													
A. Medicare	6,109	6,109			4,394	4,394			1,715	1,715			
B. Medicaid (Conn.)	24,234	24,234			18,388	18,388			5,846	5,846			
C. Medicaid (other states)													
D. Private Pay	7,357	7,357			5,529	5,529			1,828	1,828			
E. State SSI for RCH													
F. Other (Specify) Managed Care - Insurance	3,082	3,082			2,374	2,374			708	708			
G. Total Care Days During Period (3A thru F)	40,782	40,782			30,685	30,685			10,097	10,097			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	16	16			4	4			12	12			
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	40,798	40,798			30,689	30,689			10,109	10,109			

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

Name of Facility 162 South Britain Road Operating Company	License No. 2280	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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

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

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

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

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	23		62		18				
Per Diem Rate									
a. One bed rm.					502.00				
b. Two bed rms.	Various		214.71		441.00				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,905	1,905		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	6	6		
2. Restorative Treatments				
C. Other	7,851	7,851		
D. <b>Total Physical Therapy Treatments</b>	9,762	9,762		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	810	810		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	16	16		
2. Restorative Treatments				
C. Other	2,005	2,005		
D. <b>Total Speech Therapy Treatments</b>	2,831	2,831		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,244	1,244		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	52	52		
2. Restorative Treatments				
C. Other				
D. <b>Total Occupational Therapy Treatments</b>	1,296	1,296		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Company II, LLC of Fort	2280	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	179,865	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	451,432	17,380				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	535,459	29,320				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	300,895	18,849				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	95,283	5,027				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	162,711	10,414				
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	201,501	3,948				
b. RN						
1. Direct Care	1,017,829	28,806				
2. Administrative**	353,931	11,525				
c. LPN						
1. Direct Care	969,061	33,695				
2. Administrative**						
d. Aides and Attendants	1,432,452	94,043				
e. Physical Therapists	580,078	15,202				
f. Speech Therapists	110,306	2,860				
g. Occupational Therapists	369,735	9,989				
h. Recreation Workers	121,927	6,336				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
Respiratory Therapist	3,763	134				
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	135,947	5,687				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	75,344	3,813				
<b>A-13. Total Salary Expenditures</b>	<b>7,097,517</b>	<b>299,116</b>				

\* 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
Central Supply	\$ 52,324	2,239				
Medical Records	\$ 23,020	1,574				
<b>Total</b>	<b>\$ 75,344</b>	<b>3,813</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

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

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

**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		
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ			2280	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>										
N/A										
<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>										
N/A										

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

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

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

Name of Facility (as licensed)			License No.	Report for Year Ended			Page	of		
162 South Britain Road Operating Company II, LLC of Fort Lee, NJ			2280	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>										
Mary Noonan	179,865			Standard Employee Benefits	Administrator	2,086	A2			
<b>Section IV - Assistant Administrators</b>										
N/A										

\*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		
162 South Britain Road Operating Company II, LLC	2280	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						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,000	96				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)	500	5				
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	5,910	13				
b. Other						
10. Occupational Therapist						
a. Resident Care						
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						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>48,410</b>	<b>114</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 162 South Britain Road Operating Company II, LLC of		License No. 2280	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		
Western Connecticut Medical Group Inc	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Marianne Bette MD	Infection Control	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dennis Huebner, MD	Infection Control	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Swallowing Diagnostics, LLC	Dysphagia - Testing Service	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<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"/>		
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		<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
162 South Britain Road Operating Company II, I	2280	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ (10,583)	(10,583)			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 93,728	93,728			
4. Social Security (F.I.C.A.)	\$ 520,934	520,934			
5. Health Insurance	\$ 595,182	595,182			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,614	3,614			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 24,856	24,856			
8. Uniform Allowance	\$ 17,259	17,259			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 5,631	5,631			
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 174,348	174,348			
<b>d. Accounting and Auditing</b>	\$ (18,108)	(18,108)			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 29,083	29,083			
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 24,799	24,799			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 32,521	32,521			
2. Cellular Phones	\$ 2,880	2,880			
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>3. Resident Day User Fee</b>	\$ 677,810	677,810			
<b>Subtotal</b>	\$ 2,173,951	2,173,951			

\* 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**

162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River C Attachment Page 15  
9/30/2017

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
Employee Medical Expenses	\$ (120)		
Employee Training	\$ 2,609		
Tuition Reimbursement	\$ 1,292		
Other Benefits	\$ 1,849		
<b>Total</b>	<b>\$ 5,631</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Company II, LLC	2280	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,173,951	2,173,951		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,895	2,895			
3. Gifts to Staff and Residents	\$ 10,114	10,114			
4. Employee Travel	\$ 3,107	3,107			
5. Education Expenses Related to Seminars and Conventions	\$ 590	590			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 6,113	6,113			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 6,975	6,975			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 70,638	70,638			
4. Fund-Raising***	\$				
5. Medical Records	\$ 2,667	2,667			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 6,039	6,039			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 11,519	11,519			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,200	1,200			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 104,473	104,473			
12. Administrative Management Services**	\$ 1,049,778	1,049,778			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 121,200	121,200			
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 3,571,259</b>	<b>3,571,259</b>			

\* 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)
Travel - Meals	\$ -		
Travel - Other Corporate Expense	\$ 5,544		
Travel - Hotel	\$ 313		
Meeting Expense	\$ 256		
<b>Total Other Travel and Entertainment</b>	<b>\$ 6,113</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Corporate Expense	\$ 1,091		
Marketing Expense Corporate Expense	\$ 65,980		
Marketing Expense Meals	\$ 208		
Public Relations Corporate Expense	\$ 1,381		
Shows & Conferences Corporate Expense	\$ 1,978		
Sponsorships	\$ -		
<b>Total Other Advertising</b>	<b>\$ 70,638</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health Care Facilities, Inc	\$ 11,519		
<b>Total Dues</b>	<b>\$ 11,519</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Criminal Record Check Corporate Expense	\$ 12,828		
Compliance Expense Nursing Administration	\$ 9,807		
Other Professional Fees Corporate Expense	\$ 26,266		
Other Fees	\$ 3,501		
Bank Charges Corporate Expense	\$ 8,835		
Collection Fees Corporate Expense	\$ 31,390		
Off Site Storage Corporate Expense	\$ 4,322		
Professional Licenses Corporate Expense	\$ 731		
License & Permits Corporate Expense	\$ 3,381		
Consolidated Billing Nursing Administration	\$ 16,992		
Annual Report Fees	\$ 733		
Resident Replacement Items Corporate Expense	\$ 330		
Gift Shop Supplies Corporate Expense	\$ 4,302		
Discounts Taken Corporate Expense	\$ (2,217)		
<b>Total Other Administrative and General</b>	<b>\$ 121,200</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page of
162 South Britain Road Operating Compa	2280	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 #
Care Group LLC	708,765	Operational and financial management services	Page 16 / Line 12
Care Group LLC	341,013	Data processing allocation to facility for payroll, HR and employee benefit systems	Page 16 / Line 12

**\* 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
162 South Britain Road Operating Company II, LLC o		2280	9/30/2017		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 278,389	278,389			
2.	Non-Food Supplies	\$ 33,131	33,131			
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) _____ Dietary Supplies	\$ 182	182			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 311,701	311,701			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <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 checked="" type="radio"/> Yes <input type="radio"/> No					If yes, specify cost. \$86	
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)					Page 30- IV.1.	
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
162 South Britain Road Operating Company II, LLC of		2280	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. \$				
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> )	\$	16,132	16,132		
c. Management Services**	\$				
d. Other ( <i>Specify</i> ) Laundry Supplies	\$	8,475	8,475		
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	\$	24,606	24,606		
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
162 South Britain Road Operating Company II,		2280	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. \$	32,491	32,491		
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> )		\$			
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)		\$ 32,491	32,491		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Legend Drugs	\$	381,541	381,541		
b.	Medicine Cabinet Drugs	\$	44,270	44,270		
c.	Medical and Therapeutic Supplies	\$	128,920	128,920		
d.	Ambulance/Limousine***	\$	15,514	15,514		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	28,195	28,195		
f.	X-rays and Related Radiological Procedures***	\$	21,707	21,707		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$	13,922	13,922		
h.	Laboratory***	\$	41,563	41,563		
i.	Recreation	\$	33,305	33,305		
j.	Other (Specify)**** See Attached Schedule	\$	40,462	40,462		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 749,398	749,398		

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

\*\* Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
RN Agency	\$ 1,561		
LPN Agency	\$ 2,349		
C N A Agency	\$ 1,347		
Nursing Supplies Corporate Expense	\$ 1,102		
Patient Medical Fees Corporate Expense	\$ -		
IV Expense Corporate Expense	\$ 4,681		
DME (Durable Medical EQPT) Corporate Expense	\$ 5,938		
Equipment Rental - Other (Drugs & Supplies) Corporate Expense	\$ 725		
PT Supplies Corporate Expense	\$ 10,878		
OT Supplies Housekeeping	\$ 691		
ST Supplies Corporate Expense	\$ 79		
RT Supplies Corporate Expense	\$ 131		
PT/OT Equipment Rental Corporate Expense	\$ 10,980		
<b>Total Other Resident Care</b>	<b>\$ 40,462</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A			License No. 2280	Report for Year Ended 9/30/2017	Page of 21   37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
Saucier Mechanical Services	148 North St, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility repairs and maintenance	28,199				22	6f
CWPM, LLC	P.O. Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Sanitation Services	31,724				22	6f
Stone Construction Company, Inc	Southbury, CT 06488-0428	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Facility Maintenance	13,602				22	6f
PointClickCare Technologies Inc	Mississauga, ON L4W 0C4, Canada	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Billing and Accounting System/Service	18,943				16	m11
Campion Ambulance	Waterbury, CT 06706-1028	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Services - Ambulance Transport	13,638				20	5d
Smart Linx	333 Thornall St, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Time Clock and Staff Scheduling Software	13,100				16	m11
Kodiak Systems	South Suite 499, Pscataway, NJ 08854	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Network Support and Maint. Fees - ASP	38,191				16	m11
ACPL	4999 Aircenter Circle Ste 103, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Therapy Equipment Lease & Service	11,111				20	5j
		<input type="radio"/>	<input checked="" type="radio"/>	N/A							
		<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
162 South Britain Road Operating Company I	2280	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 108,341	108,341				
b. Heat	\$ 60,977	60,977				
c. Light & Power	\$ 116,169	116,169				
d. Water	\$ 25,228	25,228				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 8,558	8,558				
f. Other ( <i>itemize</i> )	\$ 97,699	97,699				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 416,972</b>	<b>416,972</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 73,623	73,623				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 73,623</b>	<b>73,623</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 140,067	140,067				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 140,067</b>	<b>140,067</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 844,582	844,582				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 116,173	116,173				
c. Personal property taxes	\$ 18,722	18,722				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,193,167</b>	<b>1,193,167</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**

Description	CCNH	RHNS	(Specify)
Minor Computer Equipment Corporate Expense	\$ 72		
Maintenance Outside Service Grounds - Other Maintenance	\$ 21,508		
Minor Equipment/Tools Other Equipment Maintenance	\$ 6,040		
Grounds Maintenance Rep and Maintenance Default Corporate Expense	\$ 13,201		
Snow Removal Rep and Maintenance Default Maintenance	\$ 10,396		
Pest Control Pest Control Corporate Expense	\$ 1,787		
Fire Alarm Service Building Maintenance	\$ 7,583		
Sanitation Corporate Expense	\$ 35,820		
Medical Waste Disposal Corporate Expense	\$ 1,293		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 97,699</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility 162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D		License No. 2280			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.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												
<b>E. Total Depreciation</b>												

73,623

73,623

162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center  
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>				
Various	See Attached List	\$ 62,673	Various	\$ 3,134
<b>Total additions for Movable Equipment</b>		<b>\$ 62,673</b>		<b>\$ 3,134 *</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ - **</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>				
Various	See Attached List	\$ 315,689	Various	\$ 13,705
<b>Total additions for Leasehold Improvement</b>		<b>\$ 315,689</b>		<b>\$ 13,705 *</b>
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ - **</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

vendor

	Date Acquired	life	Asset Base	9/30/2016		9/30/2017	
				Expense	Accum Deprec.	Expense	Accum Deprec.
<b>Major Moveable:</b>							
<b>Fully Depreciated Assets</b>			84,699		84,699		84,699
<b>Additions:With Remaining Life:</b>							
Furniture	1/1/1995	10	2,157	0	2,157	0	2,157
Dietary Equip - Toaster,Oven,Truck, Chart Sy:	4/8/1995	10	9,214	0	9,214	0	9,214
Food Waste Disposer	10/26/1995	10	991	0	991	0	991
Heat Booster for Water Heater	5/5/1997	10	2,521	0	2,521	0	2,521
Dryer	6/27/1997	10	3,110	0	3,110	0	3,110
Heated Dispenser	10/20/1997	10	1,304	0	1,304	0	1,304
Wheelchair Scale	2/6/1998	10	1,641	0	1,641	0	1,641
Dietary Equip - Mixer & Cart	5/15/1998	10	4,855	0	4,855	0	4,855
Beds / Primeaire	12/21/1998	15	2,910	0	2,910	0	2,910
IV Pumps	12/21/1998	10	5,050	0	5,050	0	5,050
Respiratory Equipment	12/21/1998	7	1,123	0	1,123	0	1,123
Rehab Equipment	12/21/1998	5	1,095	0	1,095	0	1,095
Orthotic Equipment	12/31/1998	7	10,520	0	10,520	0	10,520
ACP	12/23/1998	7	17,491	0	17,491	0	17,491
Ice Machine	2/17/1999	10	1,484	0	1,484	0	1,484
Mattresses	4/1/1999	5	8,196	0	8,196	0	8,196
Freezer Compressor	5/28/1999	10	1,591	0	1,591	0	1,591
Beds	1/1/2000	5	41,665	0	41,665	0	41,665
Patient Lift	3/15/2000	10	2,536	0	2,536	0	2,536
Oxygen Concentrators	6/1/2000	7	12,891	0	12,891	0	12,891
Punchcard Cart	12/13/2000	10	3,056	0	3,056	0	3,056
Range with Griddle	1/3/2001	10	3,201	0	3,201	0	3,201
Snow Blower	2/5/2001	10	1,695	0	1,695	0	1,695
Laundry Label System	7/30/2001	10	1,143	0	1,143	0	1,143
Punchcard Cart	7/26/2001	10	1,643	0	1,643	0	1,643
Computer Equipment - 1998	3/17/1998	5	11,863	0	11,863	0	11,863
				0	154,946	0	154,946
<b>Total Assets Not Fully Depreciated</b>			154,946	0	154,946	0	154,946
<b>Total Assets Per 2001 Cost Report</b>			239,645	0	239,645	0	239,645
<b>Asset Additions - 9/30/2002:</b>							
Work Table	12/23/2001	10	5,635	0	5,635	0	5,635
Freezer upgrade	8/9/2002	10	6,031	0	6,031	0	6,031
Wheel Chair Scale	9/2/2002	10	1,573	0	1,573	0	1,573
WAN Computer Software	1/1/2002	3	68,236	0	68,236	0	68,236
				0	81,475	0	81,475
<b>Total Assets Per 2002 Cost Report</b>			321,120	0	321,120	0	321,120
<b>Sun Health Care Additions CYE 9/30/2003</b>							
<b>Asset Additions : ( 10/1/02 - 7/31/03)</b>							
Range, Refrigerator & Microwave	1/1/2003	10	777	0	777	0	777
			777	0	777	0	777
<b>Asset Additions 8/1 - 9/30/2003:</b>							
Camera & Photosmart Printer	8/30/2003	7	462	0	462	0	462
			462	0	462	0	462

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

vendor	Date Acquired	life	Asset Base	9/30/2016		9/30/2017		
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.	
<b>Major Moveable:</b>								
<b>Total Assets Per 2003 Cost Report</b>			322,359	0	322,359	0	322,359	
<b>Asset Additions 9/30/2004:</b>								
Therapy Equipment - Therapeutic Technolog	4/30/2004	10	4,410	0	4,410	0	4,410	
Portable Wheelchair Scale - Direct Supply	4/30/2004	10	1,671	0	1,671	0	1,671	
Floor Buffers - Tennant Sales	6/30/2004	10	5,646	0	5,646	0	5,646	
Vacuum - Romax supply	7/31/2004	10	591	0	591	0	591	
Ice Maker - Direct Supply	7/31/2004	10	7,051	0	7,051	0	7,051	
Mixer - Direct Supply	7/31/2004	10	2,971	0	2,971	0	2,971	
Beds - NOA Medical	4/30/2004	10	13,934	0	13,934	0	13,934	
Extra Wide Wheelchair - Direct Supply	4/30/2004	10	892	0	892	0	892	
Head and Foot Boards for Beds	4/30/2004	10	970	0	970	0	970	
Furniture - The Zamoiski company	6/30/2004	10	8,850	0	8,850	0	8,850	
			46,986	0	46,986	0	46,986	
<b>Total Assets Per 2004 Cost Report</b>			369,345	0	369,345	0	369,345	
<b>Asset Additions 9/30/2005:</b>								
Refrigerator	11/3/2004	10	2,623	0	2,623	0	2,623	
Refrigerator Accessory	12/1/2004	10	(148)	(15)	(145)	(15)	(160)	
Air Condition Units	4/26/2005	10	4,360	0	4,360	0	4,360	
Air Condition Units	5/10/2005	10	1,480	0	1,480	0	1,480	
AC Unit	6/7/2005	10	1,801	0	1,801	0	1,801	
Bed	5/16/2005	10	1,175	0	1,175	0	1,175	
Heated Dish Dispenser	9/16/2005	10	1,623	0	1,623	0	1,623	
Floor Machine	9/19/2005	10	674	0	674	0	674	
AC Unit	9/16/2005	10	6,526	0	6,526	0	6,526	
AC Unit	7/8/2005	10	1,950	0	1,950	0	1,950	
Tables	9/26/2005	10	13,165	0	13,165	0	13,165	
<b>Total Asset Additions 2005</b>			35,229	(15)	35,232	(15)	35,217	
<b>Total Assets Per 2005 Cost Report</b>			404,574	(15)	404,577	(15)	404,562	
<b>Asset Additions 9/30/2006:</b>								
American Of Martinsville	CER/FF&E-TV Armoires, Overbed Tables	10/11/2005	15	89,838	5,989	65,380	5,989	71,369
Sammons Preston Rolyan	CER/EQM-Therapeutic Table	10/21/2005	10	4,189	34	4,189	0	4,189
Phoenix Textile Corporation	CER/FF&E-Chairs	10/28/2005	15	10,652	710	7,751	710	8,461
Phoenix Textile Corporation	CER/FF&E-Bedspreads	10/28/2005	10	4,257	34	4,257	0	4,257
NOA Medical Industries, Inc.	CER/FF&E-Bed	11/8/2005	10	1,235	17	1,235	0	1,235
Phoenix Textile Corporation	CER/FF&E-Chairs	11/22/2005	15	30,677	2,045	22,156	2,045	24,201
Space Tables, Inc.	CER/FF&E-Tables	11/28/2005	15	6,460	431	4,669	431	5,099
Durkan Patterned Carpet	CER/BLDG-Carpet	12/19/2005	10	14,743	370	14,743	0	14,743
Contract Picture Framers Inc.	CER/FF&E-BulletinBoards	12/22/2005	10	3,960	99	3,960	0	3,960
Direct Supply	CER/EQM-Optiflex 3CPM	1/2/2006	10	2,232	76	2,232	0	2,232
Romax Supply	CER/FF&E-Chairs	1/24/2006	15	745	50	533	50	582
Romax Supply	CER/FF&E-Clocks	1/26/2006	10	1,547	50	1,547	0	1,547
Contract Picture Framers Inc.	CER/FF&E-Artwork	2/8/2006	10	3,400	142	3,400	0	3,400
Hill-Rom	CER/FF&E-Bed	2/16/2006	10	2,544	109	2,544	0	2,544
American Of Martinsville	CER/FF&E-Chairs	3/16/2006	15	33,565	2,238	23,499	2,238	25,736
Arledge Electronics, Inc.	CER/EQF-TV's	3/17/2006	10	23,138	1,155	23,138	0	23,138
American Of Martinsville	CER/FF&E-SpaceTables	3/21/2006	15	2,203	147	1,543	147	1,690
American Of Martinsville	CER/FF&E-CabinetTablesArmoireHutch&Boo	3/21/2006	15	32,121	2,141	22,482	2,141	24,623
Direct Supply..	Colorada cycle w/bi-directiona	3/23/2006	10	947	46	947	0	947
Phoenix Textile Corporation	CER/FF&E-Chairs	3/28/2006	15	3,862	257	2,700	257	2,957
American Of Martinsville	CER/FF&E-Tables	3/31/2006	15	1,343	90	943	90	1,033

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

vendor	Date Acquired	life	Asset Base	9/30/2016		9/30/2017		
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.	
<b>Major Moveable:</b>								
Direct Supply...	4/12/2006	10	947	54	947	0	947	
Kodiak Computer Services	4/30/2006	10	787	44	787	0	787	
BKM Total Office	5/10/2006	15	9,902	660	6,820	660	7,480	
Phoenix Textile Corporation	5/10/2006	10	602	42	602	0	602	
Romax Supply	5/10/2006	15	1,789	119	1,231	119	1,350	
Direct Supply...	5/15/2006	10	706	45	706	0	706	
Contract Picture Framers Inc.	5/17/2006	10	1,900	127	1,900	0	1,900	
Alpha-Med, Inc. ...	5/18/2006	10	1,875	121	1,875	0	1,875	
Contract Picture Framers Inc.	6/9/2006	10	900	67	900	0	900	
Alpha-Med, Inc. ...	6/19/2006	10	1,875	138	1,875	0	1,875	
Gulf South Medical Supply	6/26/2006	10	4,039	303	4,039	0	4,039	
BKM Total Office	6/30/2006	15	1,738	116	1,189	116	1,305	
Direct Supply...	7/11/2006	10	1,827	151	1,827	0	1,827	
<b>Total Asset Additions 2006</b>			<b>302,545</b>	<b>18,214</b>	<b>238,545</b>	<b>14,993</b>	<b>253,538</b>	
<b>Total Assets Per 2006 Cost Report</b>			<b>707,119</b>	<b>18,199</b>	<b>643,122</b>	<b>14,978</b>	<b>658,100</b>	
<b>Asset Additions 9/30/2007:</b>								
U.S. Foodservice - Boston North. ...	8/14/2006	10	531	53	530	1	531	
Gulf South Medical Supply... silverchair	11/3/2006	10	2,126	213	2,111	15	2,126	
	12/8/2006	10	715	72	707	9	715	
Gulf South Medical Supply... Commtech Wireless	2/19/2007	10	3,095	310	2,995	101	3,095	
	3/28/2007	10	4,000	400	3,833	167	4,000	
Economy Restaurant & Bar Supply, In Alpha-Med, Inc. ...	3/29/2007	10	1,140	114	1,093	47	1,140	
	3/30/2007	10	1,094	109	1,046	48	1,094	
Economy Restaurant & Bar Supply, In Economy Restaurant & Bar Supply, In Gulf South Medical Supply	4/4/2007	10	5,423	542	5,150	273	5,423	
	5/1/2007	10	1,616	162	1,524	92	1,616	
	6/12/2007	10	4,045	405	3,779	267	4,045	
<b>Total Asset Additions 2007</b>			<b>23,785</b>	<b>2,379</b>	<b>22,767</b>	<b>1,019</b>	<b>23,785</b>	
<b>Total Assets Per 2007 Cost Report</b>			<b>730,904</b>	<b>20,578</b>	<b>665,889</b>	<b>15,997</b>	<b>681,885</b>	
<b>Asset Additions 9/30/2008:</b>								
Alpha-Med, Inc. ...	4/4/2008	10	1,075	108	916	108	1,024	
Alpha-Med, Inc. ...	4/4/2008	10	1,398	140	1,188	140	1,328	
Economy Restaurant & Bar Supply, In Gulf South	7/8/2008	10	1,117	112	922	112	1,033	
	7/31/2008	10	2,899	290	2,368	290	2,658	
Joems Healthcare Inc.	1/23/2008	10	150	15	130	15	145	
Joems Healthcare Inc.	1/23/2008	10	8,655	866	7,521	866	8,387	
Joems Healthcare Inc.	3/14/2008	10	6,396	640	5,469	640	6,108	
Joems Healthcare Inc.	3/25/2008	10	8,805	881	7,503	881	8,384	
NuStep, Inc.	10/29/2007	10	3,868	387	3,452	387	3,839	
	11/1/2007	10	1,715	172	1,531	172	1,703	
	12/1/2007	10	13,168	1,317	11,631	1,317	12,948	
	12/1/2007	10	1,870	187	1,652	187	1,839	
<b>Total Asset Additions 2008</b>			<b>51,116</b>	<b>5,112</b>	<b>44,284</b>	<b>5,112</b>	<b>49,395</b>	
<b>Total Assets Per 2008 Cost Report</b>			<b>782,020</b>	<b>25,689</b>	<b>710,172</b>	<b>21,108</b>	<b>731,281</b>	
<b>Asset Additions 9/30/2009:</b>								
Verathon, Inc	7/28/2009	10	3,350	335	2,512	335	2,847	
Daniels Equipment	9/25/2009	10	1,113	111	834	111	945	
Direct supply	7/6/2009	10	3,264	326	2,446	326	2,772	
Daniels Equipment	4/23/2009	10	3,800	380	2,850	380	3,230	
Commercial Solutions	3/4/2009	10	2,283	228	1,711	228	1,939	
Crest Healthcare Supply	10/31/2008	10	9,070	907	6,803	907	7,710	
Gulf South Medical Supply	7/6/2009	10	2,237	224	1,679	224	1,903	
Gulf South Medical Supply	7/7/2009	10	5,723	572	4,291	572	4,863	
Joems Healthcare	7/13/2009	10	1,803	180	1,351	180	1,531	
<b>Total Asset Additions 2009</b>			<b>32,643</b>	<b>3,264</b>	<b>24,477</b>	<b>3,264</b>	<b>27,741</b>	
<b>Total Assets Per 2009 Cost Report</b>			<b>814,663</b>	<b>28,953</b>	<b>734,650</b>	<b>24,372</b>	<b>759,022</b>	

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

vendor	Date Acquired	life	Asset Base	9/30/2016		9/30/2017		
				Expense	Accum Deprec.	Expense	Accum Deprec.	
<b>Major Moveable:</b>								
<b>Asset Additions 9/30/2010:</b>								
Verathon	10/1/2009	10	3,350	335	2,178	335	2,513	
NuStep	1/29/2010	10	3,876	388	2,522	388	2,910	
<b>Total Asset Additions 2010</b>			<b>7,226</b>	<b>723</b>	<b>4,700</b>	<b>723</b>	<b>5,423</b>	
<b>Total Assets Per 2010 Cost Report</b>			<b>821,889</b>	<b>29,676</b>	<b>739,350</b>	<b>25,095</b>	<b>764,445</b>	
<b>Asset Additions 9/30/2011:</b>								
Alpha-Med, Inc. . .	30-Aug-11	10	1,335	134	938	134	1,072	
<b>Total Asset Additions 2011</b>			<b>1,335</b>	<b>134</b>	<b>938</b>	<b>134</b>	<b>1,072</b>	
<b>Total Assets Per 2011 Cost Report</b>			<b>823,224</b>	<b>29,810</b>	<b>740,288</b>	<b>25,229</b>	<b>765,517</b>	
<b>Asset Additions 9/30/2012:</b>								
KONE Inc.	109614-Replace Coils/Relays on #2 Elevator	10/17/2011	10	3,625	363	1,450	363	1,813
KONE Inc.	110057-Replace Coils/Relays on #2 Elevator	11/16/2011	10	3,192	319	1,278	319	1,597
KONE Inc.	110060-EQF	11/16/2011	10	433	43	173	43	216
Culinary Depot	109871-Convection Oven - Vulcan Hart Model	11/21/2011	10	5,745	574	2,298	574	2,872
Joems Healthcare, Inc...	110981-6-Point Quick Fit Mesh Sling, Medium	1/1/2012	10	174	17	70	17	87
Culinary Depot	112776-Turner, 3-1/4" x 2-1/4" blade, mirror fir	1/1/2012	10	2	0	1	0	1
Joems Healthcare, Inc...	110976-Hoyer Presence Professional Patient	1/1/2012	10	5,536	554	2,215	554	2,768
Joems Healthcare, Inc...	110980-Deluxe Stand-Aid Sling, Medium	1/1/2012	10	145	15	58	15	73
Joems Healthcare, Inc...	110982-Hoyer Elevate Professional Patient Lil	1/1/2012	10	6,162	616	2,465	616	3,081
Joems Healthcare, Inc...	110973-6-Point Cradle	1/1/2012	10	279	28	112	28	140
Joems Healthcare, Inc...	110979-6-Point Full Back Padded Sling, Medi	1/1/2012	10	170	17	68	17	85
Joems Healthcare, Inc...	110983-Deluxe Stand-Aid Sling, Large	1/1/2012	10	145	15	58	15	73
Joems Healthcare, Inc...	110977-6-Point Quick Fit Padded Sling, Large	1/1/2012	10	166	17	66	17	83
Joems Healthcare, Inc...	110984-EQM	1/1/2012	10	932	93	373	93	466
Joems Healthcare, Inc...	110978-6-Point Quick Fit Mesh Sling, Large	1/1/2012	10	174	17	70	17	87
Saucier Mechanical Services	110651-Install Damper Motor	1/1/2012	10	1,529	153	612	153	764
Joems Healthcare, Inc...	111416-PrevaMatt Deluxe	1/10/2012	10	7,080	708	2,832	708	3,540
Joems Healthcare, Inc...	111420-EQM	1/10/2012	10	1,090	109	436	109	545
Beech Air	110664-Replace Dietary Duct	1/30/2012	10	2,600	260	1,040	260	1,300
Joems Healthcare, Inc...	111432-Easy Care Classic Bed Package	2/10/2012	10	10,780	1,078	4,312	1,078	5,390
Joems Healthcare, Inc...	111431-EQM	2/10/2012	10	1,817	182	727	182	908
KONE Inc.	112718-EQ-FX	2/14/2012	10	6,190	619	2,476	619	3,095
KONE Inc.	112717-EQ-FX	2/17/2012	10	9,528	953	3,811	953	4,764
Beech Air	111531-Replace Dietary Duct	3/19/2012	10	2,600	260	1,040	260	1,300
Saucier Mechanical Services	112302-Replace Boiler	4/30/2012	10	16,055	1,606	6,422	1,606	8,028
Saucier Mechanical Services	112705-Replace Condenser	5/30/2012	10	1,005	101	402	101	503
Saucier Mechanical Services	115104-Replace Boiler	5/31/2012	10	16,055	1,606	6,422	1,606	8,028
Culinary Depot	113246-FREIGHT	6/12/2012	10	28	3	11	3	14
Culinary Depot	113231-Beverage Server, push button,	6/12/2012	10	58	6	23	6	29
Culinary Depot	113230-Beverage Server, push button,	6/12/2012	10	58	6	23	6	29
Culinary Depot	113247-FREIGHT	6/14/2012	10	9	1	3	1	4
Culinary Depot	113232-Dishwashing Glove, 17", elbow	6/14/2012	10	69	7	28	7	35
Saucier Mechanical Services	112710-Replace Condenser	6/15/2012	10	1,225	123	490	123	613
National Safety Technologies	113334-freight	6/22/2012	10	20	2	8	2	10
National Safety Technologies	113302-Bed System Measure Device	6/22/2012	10	1,030	103	412	103	515
Saucier Mechanical Services	115103-Replace Boiler	6/27/2012	10	3,570	357	1,428	357	1,785
Edgerton Inc	112780-Replace 2e Split HVAC System	6/28/2012	10	5,687	569	2,275	569	2,844
Joems Healthcare, Inc...	113371-EQ-MOV	7/5/2012	10	3,520	352	1,408	352	1,760
Joems Healthcare, Inc...	113364-Easy Care Classic Bed Package	7/5/2012	10	55,440	5,544	22,175	5,544	27,719
Joems Healthcare, Inc...	113365-DermaFloat LAL Mattress Replaceme	7/11/2012	10	4,450	445	1,780	445	2,225
Joems Healthcare, Inc...	113372-Tax	7/11/2012	10	376	38	149	38	187
Culinary Depot	115125-Beverage Server, push button, 42 our	8/20/2012	10	58	6	23	6	29
Culinary Depot	115134-Beverage Server, push button, 42 our	8/28/2012	10	168	17	67	17	84
<b>Total Asset Additions 2012</b>			<b>178,976</b>	<b>17,898</b>	<b>71,590</b>	<b>17,898</b>	<b>89,487</b>	
<b>Total Assets Per 2012 Cost Report</b>			<b>1,002,200</b>	<b>47,708</b>	<b>811,877</b>	<b>43,127</b>	<b>855,004</b>	



River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

vendor	Date Acquired	life	Asset Base	9/30/2016		9/30/2017				
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.			
<b>Major Moveable:</b>										
<b>Adjustment (Accumulated Depreciation did not roll forward)</b>						<b>(467)</b>	<b>(467)</b>			
<b>Asset Additions 9/30/2013:</b>										
KONE Inc.	119371		Hydraulic Leak Down Test	9/26/2012	10	3,140	314	1,256	314	1,570
Culinary Depot	117296		Beverage Server, push button,	9/27/2012	10	58	6	23	6	29
Direct Supply...	119369		Digital Chair Scale	11/13/2012	10	2,042	204	816	204	1,021
Culinary Depot	120311		Adjustable height table, Joerns 48" round tabl	12/17/2012	7	789	113	451	113	564
Joems Healthcare, Inc...	122215		DermaFloat APM Mattress Replacement Syst	1/1/2013	10	4,564	456	1,825	456	2,282
Culinary Depot	124095		Turner, 3-1/4" x 2-1/4" blade,	1/28/2013	10	7	1	3	1	4
Culinary Depot	124094		Work table, stainless steel, g	1/28/2013	10	185	19	75	19	93
Culinary Depot	129449		Beverage Server, push button,	4/15/2013	10	19	2	8	2	10
Culinary Depot	129448		Beverage Server, push button,	4/15/2013	10	19	2	8	2	10
Culinary Depot	132439		Beverage Server, push button,	4/24/2013	10	58	6	23	6	29
Culinary Depot	132440		Beverage Server, push button,	4/24/2013	10	58	6	23	6	29
Culinary Depot	132441		Decanter, 1.5 liter, with lid,	4/24/2013	10	41	4	16	4	20
Commercial Solutions, Inc	132453		commercial solutions 26 inch healthcare tv	4/26/2013	7	1,136	162	649	162	811
Culinary Depot	145972		Water Softener System	4/30/2013	10	1,811	181	724	181	906
Culinary Depot	132485		Beverage Server, push button,	5/14/2013	10	58	6	23	6	29
Culinary Depot	133281		Door Closer, for walk-in (CCC	5/31/2013	10	150	15	60	15	75
Culinary Depot	133280		Walk-In Hardware, Spring -Assi	5/31/2013	10	200	20	80	20	100
Culinary Depot	137270		Ice Maker & Water Dispenser, 3	6/24/2013	10	2,990	299	1,196	299	1,495
Joems Healthcare, Inc...	146040		DermaFloat APM Mattress Replacement Syst	7/12/2013	10	4,556	456	1,823	456	2,278
Islandaire Inc.	145973		REPLACE PTAC UNITS	9/5/2013	10	3,765	377	1,507	377	1,883
Islandaire Inc.	145974		Freight	9/5/2013	10	185	19	75	19	93
Huntington Power Equipme	145986		REMOVE AND REPLACE BAD THERMOSTA	9/10/2013	10	1,180	118	472	118	590
<b>Total Asset Additions 2013</b>						<b>27,013</b>	<b>2,784</b>	<b>11,137</b>	<b>2,784</b>	<b>13,921</b>
<b>Total Assets Per 2013 Cost Report</b>						<b>1,029,213</b>	<b>50,492</b>	<b>822,547</b>	<b>45,911</b>	<b>868,458</b>
<b>Asset Additions 9/30/2014:</b>										
Joems Healthcare, Inc...	151149		joerns 4 drawer chest for resident rooms che	20-May-13	7	726	104	311	104	415
Joems Healthcare, Inc...	151145		joerns 3 drawer bedside cabinets to replace ol	3-Jun-13	7	1,102	157	472	157	629
Culinary Depot	165539		FREIGHT	24-Jun-13	10	135	14	41	14	55
Joems Healthcare, Inc...	222015		Need invoice copy for description	5-Mar-14	10	4,587	459	1,376	459	1,835
Culinary Depot	165534		FREIGHT	31-May-13	10	30	3	9	3	12
Huntington Power Equipme	165566		REMOVE AND REPLACE BAD THERMOSTA	30-Sep-13	10	1,247	125	374	125	499
MJ Daly Inc	151159		4-Ton Trane R-410A AHU and Condensing Ur	30-Sep-13	10	6,913	691	2,074	691	2,765
Simplex Grinnell LP	181083		Install Ansul kitchen Fire Protection system	23-Jan-14	10	4,993	499	1,498	499	1,997
TPC Associates Inc.	174172		tax	26-Feb-14	10	466	47	140	47	187
TPC Associates Inc.	174082		Wander Quard system	26-Feb-14	10	3,044	304	913	304	1,217
TPC Associates Inc.	174083		Cabling for Wander Quard system	26-Feb-14	10	798	80	240	80	319
TPC Associates Inc.	174084		Wander Quard System	26-Feb-14	10	7,345	735	2,204	735	2,939
TPC Associates Inc.	174197		Door Control Units for wander quard system	26-Feb-14	10	(300)	(30)	(90)	(30)	(120)
KONE Inc.	181104		Replaced Soft starter controls	20-Mar-14	10	5,849	585	1,755	585	2,340
TPC Associates Inc.	231035		Delayed Egress Maglocks	19-May-14	10	4,211	421	1,263	421	1,684
TPC Associates Inc.	231038		Keypad Alarm System	19-May-14	10	542	54	162	54	217
TPC Associates Inc.	231029		Access Keypad	19-May-14	10	2,106	211	632	211	843
TPC Associates Inc.	231037		Annunciator Panel	19-May-14	10	333	33	100	33	133
TPC Associates Inc.	231034		AR3TA0200 Wrist Tag	19-May-14	10	2,233	223	670	223	893
TPC Associates Inc.	231036		Power Supply W/Battery Back up	19-May-14	10	528	53	159	53	211
TPC Associates Inc.	231031		Door Release Button	19-May-14	10	81	8	24	8	32
TPC Associates Inc.	231030		W.P. Access keypass	19-May-14	10	138	14	42	14	55
TPC Associates Inc.	231032		Pocker Tag Tester	19-May-14	10	532	53	159	53	213
TPC Associates Inc.	231033		AR-3DU0100 Tag ID Display	19-May-14	10	649	65	195	65	260
Care One Management, LL	174126		Hardware Agent Clocks	6-Feb-14	5	1,578	316	947	316	1,263
<b>Total Asset Additions 2014</b>						<b>49,865</b>	<b>5,223</b>	<b>15,669</b>	<b>5,223</b>	<b>20,892</b>
<b>Total Assets Per 2014 Cost Report</b>						<b>1,079,079</b>	<b>55,715</b>	<b>838,217</b>	<b>51,134</b>	<b>889,350</b>

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

vendor	Date Acquired	life	Asset Base	9/30/2016		9/30/2017			
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.		
<b>Major Moveable:</b>									
<b>Asset Additions 9/30/2015:</b>									
McKesson Corporation.	259080	ECG CP150 N/INTERPRETIVE	14-Aug-14	10	2,900	290	580	290	870
McKesson Corporation.	259075	FREIGHT	14-Aug-14	10	11	1	2	1	3
McKesson Corporation.	259076	TAX	14-Aug-14	10	185	18	37	18	55
Joerns Healthcare, Inc...	291981	JOERNS 3 DERMA FLOAT APM BEDS	12-Jan-15	10	4,587	459	917	459	1,376
Commercial Solutions, li	308979	TELEVISIONS	31-May-15	10	7,695	770	1,539	770	2,309
Commercial Solutions, li	308978	TELEVISIONS	31-May-15	10	248	25	50	25	74
Commercial Solutions, li	307997	TV PIVOT MOUNTS	3-Jun-15	10	1,780	178	356	178	534
Commercial Solutions, li	307996	FREIGHT	3-Jun-15	10	129	13	26	13	39
Care One Management,	284086	Hardware Agent Clocks	6-Feb-14	5	1,075	215	430	215	645
SmartLinx Solutions, LLC	271022	smartlinx clocks	30-Sep-14	5	6,390	1,278	2,556	1,278	3,834
Sarcom	291968	TAX	4-Feb-15	5	769	154	308	154	462
Sarcom	291967	THIN CLIENTS	4-Feb-15	5	10,992	2,198	4,397	2,198	6,595
Sarcom	296978	TO CREDIT 11919164-00 (TAX)	4-Feb-15	5	(49)	(10)	(20)	(10)	(29)
Sarcom	296979	TO CREDIT 11919164-00 (THIN CLIENTS)	4-Feb-15	5	(698)	(140)	(279)	(140)	(419)
PCM Sales Inc	291972	TAX	25-Feb-15	5	41	8	16	8	25
PCM Sales Inc	291969	DEFENDER SERIES BLACK FOR IPAD MINI	25-Feb-15	5	585	117	234	117	351
PCM Sales Inc	291976	10 IPAD AND THE ABILITY TO STACK UP T	25-Feb-15	5	69	14	28	14	42
PCM Sales Inc	291975	10 IPAD AND THE ABILITY TO STACK UP T	25-Feb-15	5	19	4	7	4	11
PCM Sales Inc	291974	10 IPAD AND THE ABILITY TO STACK UP T	25-Feb-15	5	990	198	396	198	594
PCM Sales Inc	291973	10 IPAD AND THE ABILITY TO STACK UP T	25-Feb-15	5	266	53	107	53	160
PCM Sales Inc	291978	IPAD MINI WI-FI 16GB WHITE SILVER	18-Mar-15	5	257	51	103	51	154
PCM Sales Inc	291977	IPAD MINI WI-FI 16GB WHITE SILVER	18-Mar-15	5	3,675	735	1,470	735	2,205
PCM Sales Inc	287973	D10D 1.4GHZ 2GB/2FL THIN CLIENTS	19-Mar-15	5	8,586	1,717	3,434	1,717	5,151
<b>Total Asset Additions 2015</b>					<b>50,503</b>	<b>8,347</b>	<b>16,694</b>	<b>8,347</b>	<b>25,041</b>
<b>Total Assets Per 2015 Cost Report</b>					<b>1,129,581</b>	<b>64,062</b>	<b>854,911</b>	<b>59,481</b>	<b>914,392</b>
<b>Asset Additions 9/30/2016:</b>									
Joerns Healthcare, Inc...	345025	DERMAFLOAT APM MATTRESS SYSTEM	28-Oct-15	7	4,624	661	661	661	1,322
Joerns Healthcare, Inc...	345026	DERMAFLOAT APM MATTRESS SYSTEM	28-Oct-15	7	(1)	0	0	(1)	(1)
Akin House Inc	345017	CHAIRS AND DRAWERS	18-Nov-15	7	10,000	1,429	1,429	1,429	2,858
Commercial Solutions, li	360997	PIVOT TV MOUNTS	18-Feb-16	7	2,070	296	296	296	592
Commercial Solutions, li	360998	TAX	18-Feb-16	7	138	20	20	20	40
Akin House Inc	372162	CHAIRS	25-Feb-16	7	273	39	39	39	78
Commercial Solutions, li	385188	LG 28IN LED TV	24-Mar-16	7	11,952	1,707	1,707	1,707	3,414
Commercial Solutions, li	385189	PRICE VARIANCE	24-Mar-16	7	(987)	(141)	(141)	(141)	(282)
Akin House Inc	369990	DRAWERS	18-Apr-16	7	799	114	114	114	228
Akin House Inc	369991	DRAWERS	18-Apr-16	7	662	95	95	95	190
Akin House Inc	369992	DRAWERS	18-Apr-16	7	9,633	1,376	1,376	1,376	2,752
Akin House Inc	369993	DRAWERS	20-Apr-16	7	40	6	6	6	12
Akin House Inc	369994	DRAWERS	20-Apr-16	7	627	90	90	90	180
Culinary Depot	385178	REFRIGERATOR	29-Jun-16	10	3,966	397	397	397	794
Culinary Depot	385183	FREIGHT	29-Jun-16	10	310	31	31	31	62
Joerns Healthcare, Inc...	385179	TAX	6-Jul-16	10	37	4	4	4	8
Joerns Healthcare, Inc...	385180	LIFT GATE FEE	6-Jul-16	10	23	2	2	2	4
Joerns Healthcare, Inc...	385181	FREIGHT	6-Jul-16	10	72	7	7	7	14
Joerns Healthcare, Inc...	385182	BARIATRIC BED	6-Jul-16	10	494	49	49	49	98
Careworx Inc	371019	KIOSK TOUCH PANEL	20-Apr-16	5	22,151	4,430	4,430	4,430	8,860
Careworx Inc	371021	KIOSK TOUCH PANEL	20-Apr-16	5	1,304	261	261	261	522
Careworx Inc	371020	KIOSK TOUCH PANEL	20-Apr-16	5	680	136	136	136	272
<b>Total Asset Additions 2016</b>					<b>68,867</b>	<b>11,009</b>	<b>11,009</b>	<b>11,008</b>	<b>22,017</b>
<b>Total Assets Per 2016 Cost Report</b>					<b>1,198,448</b>	<b>75,071</b>	<b>865,920</b>	<b>70,489</b>	<b>936,409</b>

**River Glen Health Care Center  
Medicaid Asset Roll Forward of  
Sun HC 9/30/01 Asset Schedule**

vendor	Date Acquired	Asset life	Asset Base	9/30/2016		9/30/2017			
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.		
<b>Major Moveable: Asset Additions 9/30/2017:</b>									
Joems Healthcare, Inc...	400996	PREVAMATT ALLEVIATE FLAT BEDS	26-Jul-16	10	15,058		753	753	
Culinary Depot	400997	FREIGHT	21-Sep-16	10	248		12	12	
Culinary Depot	400998	MERIDIAN ICE MACHINE/DISPENSER	21-Sep-16	10	4,661		233	233	
Joems Healthcare, Inc...	400994	TAX	30-Sep-16	10	520		26	26	
Joems Healthcare, Inc...	400995	ARISE 1000EX BED SYSTEM	30-Sep-16	10	8,191		410	410	
TPC Associates Inc.	431717	Wander Guard	1-Jan-17	10	2,648		132	132	
Joems Healthcare, Inc...	431708	Freight	31-Mar-17	10	181		9	9	
Joems Healthcare, Inc...	431709	DermaFloat APM Bed System	31-Mar-17	10	4,185		209	209	
Joems Healthcare, Inc...	431710	Tax	31-Mar-17	10	277		14	14	
Culinary Depot	431705	Ice Cube Maker	10-Apr-17	10	3,155		158	158	
Culinary Depot	431706	Tax	10-Apr-17	10	194		10	10	
Culinary Depot	431707	Freight	10-Apr-17	10	230		12	12	
Direct Supply.. .	431704	Tax	14-Jun-17	10	195		10	10	
Direct Supply.. .	431713	Digital Lift Scale	14-Jun-17	10	6,534		327	327	
Direct Supply.. .	431715	Freight	14-Jun-17	10	19		1	1	
Direct Supply.. .	431719	Price Variance	14-Jun-17	10	(3,481)		(174)	(174)	
Direct Supply.. .	440575	Tax	3-Jul-17	10	609		30	30	
Direct Supply.. .	440580	Connex Spot Vital Monitor	3-Jul-17	10	1,212		61	61	
Direct Supply.. .	440571	Connex Spot Vital Monitor	3-Jul-17	10	7,122		356	356	
Direct Supply.. .	440573	Connex Spot Vital Monitor	3-Jul-17	10	1,143		57	57	
Direct Supply.. .	440574	Freight	3-Jul-17	10	112		6	6	
Direct Supply.. .	440583	Price Variance - Islandaire EZ PTAC 15k BTU	8-Aug-17	10	(11,852)		(593)	(593)	
Direct Supply.. .	440568	Islandaire EZ PTAC 15k BTU	8-Aug-17	10	14,597		730	730	
Direct Supply.. .	440570	Tax	8-Aug-17	10	174		9	9	
Direct Supply.. .	440576	Connex Spot Vital Monitor	8-Aug-17	10	762		38	38	
Direct Supply.. .	440577	Connex Spot Vital Monitor	8-Aug-17	10	808		40	40	
Direct Supply.. .	440578	Tax	8-Aug-17	10	49		2	2	
Direct Supply.. .	440581	Freight	8-Aug-17	10	10		1	1	
Direct Supply.. .	440582	Tax	8-Aug-17	10	52		3	3	
Direct Supply.. .	440567	Freight	8-Aug-17	10	10		0	0	
Direct Supply.. .	440579	Connex Spot Vital Monitor	10-Aug-17	10	4,748		237	237	
Direct Supply.. .	440584	Price Variance - Freight	10-Aug-17	10	(82)		(4)	(4)	
Direct Supply.. .	440585	Price Variance - Tax	10-Aug-17	10	(105)		(5)	(5)	
Direct Supply.. .	440569	Tax	10-Aug-17	10	406		20	20	
Direct Supply.. .	440572	Freight	10-Aug-17	10	82		4	4	
<b>Total Asset Additions 2017</b>					<b>62,673</b>	<b>0</b>	<b>0</b>	<b>3,134</b>	<b>3,134</b>
<b>Total Assets Per 2017 Cost Report</b>					<b>1,261,121</b>	<b>75,071</b>	<b>865,920</b>	<b>73,623</b>	<b>939,543</b>

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
162 South Britain Road Operating Company II, LLC of Fort			2280		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	Var	Var		2,852,249	1,577,077	S/L	Var	126,362	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var		315,689		S/L	Var	13,705	
C-4. Subtotal									140,067
<b>D. Total Amortization</b>									140,067

\* 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.

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

Vendor	Date Acquired	Asset life	Asset Base	9/30/2016		9/30/2017	
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.
<b>Leasehold Improvements</b>							
<b>Bldg &amp; Bldg Improv., Non-Moveable &amp; Leasehold Improv:</b>							
<b>Fully Depreciated Assets</b>							
<b>Bldg &amp; Bldg Improvements</b>			0				
<b>Non-Moveable Equipment</b>			46,207		46,207		46,207
<b>Leasehold Improvements</b>			6,007		6,007		6,007
<b>Additions with Remaining Life:</b>							
Storage Tank	1/31/1995	20	15,876	0	15,876	0	15,876
Convert from propane to nat gas	11/19/1995	10	1,590	0	1,590	0	1,590
Cap Abandoned wells per code	3/15/1995	20	3,503	0	3,503	0	3,503
Contractor Fees - Improvements	1/1/1995	20	57,527	0	57,527	0	57,527
Elevator Upgrade	4/27/1995	20	2,650	0	2,650	0	2,650
Install new AC unit	7/21/1995	10	83,740	0	83,740	0	83,740
Cabinet Latches	11/28/1995	10	916	0	916	0	916
Skylight roof	4/10/1997	20	668	33	645	23	668
Door Alarms	7/1/1997	10	1,501	0	1,501	0	1,501
Parking Lot repave	11/10/1998	10	25,461	0	25,461	0	25,461
Hot Water Tank	6/23/1998	10	4,982	0	4,982	0	4,982
Electrical Outlets	5/21/1998	20	1,760	88	1,628	88	1,716
Sec Alarm Pad	11/9/1998	10	3,542	0	3,542	0	3,542
Fire Dampers / Ductwork	3/26/1999	10	5,607	0	5,607	0	5,607
Contractor Fees - Improvements	4/1/1999	15	177,930	0	177,930	0	177,930
HVAC /Ductwork	3/30/2000	15	5,428	0	5,428	0	5,428
Thur Wall AC units	6/6/2000	10	9,750	0	9,750	0	9,750
Door Alarms	7/18/2000	10	7,072	0	7,072	0	7,072
Wallpaper	12/5/2000	5	1,108	0	1,108	0	1,108
Wallpaper	12/8/2000	5	1,500	0	1,500	0	1,500
Vinly Floor	12/15/2000	10	1,800	0	1,800	0	1,800
Wallpaper	1/1/2001	5	1,139	0	1,139	0	1,139
Datadrop Staff Dev / Speech	2/23/2001	10	1,073	0	1,073	0	1,073
Partitions	4/3/2001	15	1,316	40	1,316	0	1,316
Septic System Upgrade	7/11/2001	15	1,907	63	1,907	0	1,907
Telephone Upgrade	7/12/2001	10	2,597	0	2,597	0	2,597
Generator upgrade	2/22/2001	5	1,590	0	1,590	0	1,590
Install Valve ( Non-Mov. Equipment)	9/1/1994	15	31,800	0	31,800	0	31,800
Pump Tank ( Bldg Improvement)	7/1/1994	20	4,917	0	4,917	0	4,917
<b>Total Assets Not Fully Depreciated</b>			460,250	224	460,095	111	460,206
<b>Total Assets Per 2001 Cost Report</b>			512,464	<b>224</b>	<b>512,309</b>	<b>111</b>	<b>512,420</b>
<b>Asset Additions - 9/30/2002:</b>							
Sewer Line Upgrade	8/1/2001	25	3,728	149	2,162	149	2,311
Wander Guard Upgrade	8/23/2001	10	1,523	0	1,523	0	1,523
Walk-in Freezer upgrade	9/25/2001	10	2,014	0	2,014	0	2,014
Elevator Upgrade	5/30/2002	20	4,995	250	3,625	250	3,875
AC Units	6/17/2002	5	2,011	0	2,011	0	2,011
AC Compressor	7/3/2002	10	3,180	0	3,180	0	3,180
5 Ton AC Upgrade	7/26/2002	5	17,509	0	17,509	0	17,509
				<b>399</b>	<b>32,024</b>	<b>399</b>	<b>32,423</b>

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

Vendor	Date Acquired	Asset life	Asset Base	9/30/2016		9/30/2017		
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.	
<b>Leasehold Improvements</b>								
<b>Total Assets Per 2002 Cost Report</b>			524,724	623	544,333	510	544,843	
<b>Sun Health Care Additions C/YE 9/30/2003</b>								
<b>Asset Additions : ( 10/1/02 - 7/31/03)</b>								
	3/14/2003	15	1,703	114	1,624	79	1,703	
	12/13/2002	15	896	60	819	60	879	
	12/16/2002	15	580	39	533	39	572	
	12/18/2002	15	1,825	122	1,667	122	1,789	
	10/19/2002	15	3,467	231	3,292	175	3,467	
<b>Asset Additions 8/1 - 9/30/2003:</b>								
	8/31/2003	25	6,000	240	3,160	240	3,400	
				806	11,095	715	11,810	
<b>Total Assets Per 2003 Cost Report</b>			539,195	1,429	555,428	1,225	556,653	
<b>Asset Additions 9/30/2004:</b>								
	4/30/2004	25	4,772	191	2,387	191	2,578	
Waterbury Glass	6/30/2004	25	4,028	161	1,956	161	2,117	
	4/30/2004	25	11,667	467	5,836	467	6,303	
Contractor Products	6/30/2004	25	16,690	668	6,238	668	6,906	
	9/30/2004	25	1,235	49	592	49	641	
	9/30/2004	25	23,333	933	11,275	933	12,208	
Allied Construction	9/30/2004	25	12,562	502	6,067	502	6,569	
Rucon Custom	4/30/2004	15	1,882	0	1,882	0	1,882	
	4/30/2004	15	1,373	0	1,373	0	1,373	
LeClaire Heating	4/30/2004	15	5,936	0	5,936	0	5,936	
LeClaire Heating	6/30/2004	15	3,742	0	3,742	0	3,742	
LeClaire Heating	7/31/2004	15	10,603	0	10,603	0	10,603	
LeClaire Heating	7/31/2004	15	975	0	975	0	975	
Grainger	4/30/2004	15	1,148	0	1,148	0	1,148	
<b>Total Assets Per 2004 Cost Report</b>			99,946	2,971	60,010	2,971	62,981	
				639,141	4,400	615,438	4,196	619,634
<b>Asset Additions 9/30/2005:</b>								
	9/28/2004	15	4,956	330	3,960	330	4,290	
	10/27/2004	15	3,593	240	2,880	240	3,120	
	11/24/2004	15	4,260	284	3,384	284	3,668	
	2/15/2005	15	1,004	67	782	67	849	
	4/16/2005	15	1,040	69	794	69	863	
	6/9/2005	15	2,120	141	1,598	141	1,739	
	5/31/2005	25	223	9	103	9	112	
	5/31/2005	25	119	5	57	5	62	
	8/29/2005	15	2,250	150	1,675	150	1,825	
	6/30/2005	25	510	20	230	20	250	
	7/31/2005	25	128	5	56	5	61	
	8/31/2005	15	1,749	117	1,306	117	1,423	
	9/30/2005	15	3,864	258	2,859	258	3,117	
<b>Total Asset Additions 2005</b>			25,816	1,695	19,684	1,695	21,379	
<b>Total Assets Per 2005 Cost Report</b>			664,957	6,095	635,122	5,891	641,013	

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
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Vendor	Date Acquired	Asset life	Asset Base	9/30/2016		9/30/2017		
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.	
<b>Leasehold Improvements</b>								
<b>Asset Additions 9/30/2006:</b>								
LeClaire Heating & Air Conditioning	7/8/2005	15	1,950	130	1,430	130	1,560	
Rigo Industries Inc.	10/12/2005	15	15,578	1,039	11,342	1,039	12,381	
Phoenix Textile Corporation	10/19/2005	15	16,316	1,088	11,877	1,088	12,965	
Rigo Industries Inc.	10/20/2005	15	3,371	225	2,456	225	2,681	
Phoenix Textile Corporation	10/28/2005	15	8,475	565	6,168	565	6,733	
Phoenix Textile Corporation	10/31/2005	15	9,140	609	6,649	609	7,258	
Painting & Wallcovering Services LLC.	10/31/2005	15	16,588	1,106	12,074	1,106	13,180	
Painting & Wallcovering Services LLC.	11/17/2005	15	41,880	2,792	30,247	2,792	33,039	
OSS/KROY Product Center	12/6/2005	15	9,238	616	6,622	616	7,238	
Stone Construction Co., Inc.	12/27/2005	15	580	39	419	39	458	
Painting & Wallcovering Services LLC.	12/28/2005	15	31,407	2,094	22,510	2,094	24,604	
Painting & Wallcovering Services LLC.	12/28/2005	15	4,869	325	3,493	325	3,818	
OSS/KROY Product Center	12/30/2005	15	1,083	72	774	72	846	
Durkan Patterned Carpet	1/4/2006	15	75,518	5,035	53,706	5,035	58,741	
TPC Associates	1/6/2006	15	4,500	300	3,200	300	3,500	
Connecticut Signcraft Inc.	1/18/2006	15	1,061	71	757	71	828	
Rigo Industries Inc.	1/19/2006	15	3,639	243	2,592	243	2,835	
Rigo Industries Inc.	2/2/2006	15	4,807	320	3,387	320	3,707	
LeClaire Heating & Air Conditioning	2/6/2006	15	61,000	4,067	43,042	4,067	47,109	
Shalom Sahar	3/15/2006	15	1,484	99	1,039	99	1,138	
Connecticut Signcraft Inc.	3/26/2006	15	1,061	71	745	71	816	
D & L Flooring	3/26/2006	15	37,410	2,494	26,187	2,494	28,681	
Islandaire Inc.	3/30/2006	15	2,180	145	1,523	145	1,668	
Rigo Industries Inc.	4/4/2006	15	656	44	458	44	502	
Rigo Industries Inc.	4/4/2006	15	2,170	145	1,510	145	1,655	
D & L Flooring	4/17/2006	15	24,604	1,640	17,083	1,640	18,723	
LeClaire Heating & Air Conditioning	4/28/2006	15	2,300	153	1,594	153	1,747	
OSS/KROY Product Center	5/2/2006	15	1,412	94	971	94	1,065	
Phoenix Textile Corporation	5/5/2006	15	7,442	496	5,125	496	5,621	
Phoenix Textile Corporation	5/20/2006	15	2,954	197	2,036	197	2,233	
Stone Construction Co., Inc.	5/30/2006	15	3,392	226	2,335	226	2,561	
Painting & Wallcovering Services LLC.	7/25/2006	15	2,300	153	1,556	153	1,709	
Painting & Wallcovering Services LLC.	7/25/2006	15	31,409	2,094	21,289	2,094	23,383	
Fire Protection	4/13/2005	25	1,269	51	561	51	612	
Fire Protection	7/28/2005	25	6,614	265	2,915	265	3,180	
CAG Electrical	8/30/2005	25	1,469	59	649	59	708	
TectonArchitects	8/31/2005	25	64	3	33	3	36	
TectonArchitects	8/31/2005	25	183	7	77	7	84	
Stone Construction Co., Inc.	9/26/2005	25	2,226	89	979	89	1,068	
Stone Construction Co., Inc.	9/30/2005	25	3,864	155	1,705	155	1,860	
Contractor Products, Inc.	10/3/2005	25	1,382	55	601	55	656	
Legnos and Cramer, Inc.	10/3/2005	25	1,653	66	721	66	787	
Phoenix Textile Corporation	10/13/2005	25	18,917	757	8,264	757	9,021	
Contractor Products, Inc.	10/20/2005	25	1,657	66	721	66	787	
Stone Construction Co., Inc.	10/26/2005	25	14,617	585	6,386	585	6,971	
TectonArchitects	10/31/2005	25	152	6	66	6	72	
Contractor Products, Inc.	11/1/2005	25	946	38	412	38	450	
Legnos And Cramer, Inc.	11/3/2005	25	1,955	78	845	78	923	
Allied Electrical Contractors LLC	11/6/2005	25	7,000	280	3,033	280	3,313	
Allied Electrical Contractors LLC	11/6/2005	25	13,224	529	5,731	529	6,260	
Waterbury Glass & Mirror, Inc	11/21/2005	25	10,350	414	4,485	414	4,899	
CAG Electrical	11/29/2005	25	8,000	320	3,467	320	3,787	
CAG Electrical Company, Inc.	11/29/2005	25	2,000	80	867	80	947	
TectonArchitects	11/30/2005	25	309	12	130	12	142	
Legnos and Cramer, Inc.	12/5/2005	25	1,867	75	806	75	881	
Allied Electrical Contractors LLC	12/17/2005	25	7,934	317	3,408	317	3,725	
Conn Acoustics, Inc.	12/23/2005	25	17,028	681	7,321	681	8,002	
Allied Electrical Contractors LLC	12/27/2005	25	1,413	57	612	57	669	
Allied Electrical Contractors LLC	12/27/2005	25	5,289	212	2,279	212	2,491	
Allied Electrical Contractors LLC	12/27/2005	25	2,544	102	1,096	102	1,198	
Allied Electrical Contractors LLC	12/27/2005	25	2,534	101	1,086	101	1,187	
Tru-Fit Frame & Door Corporation	1/3/2006	25	5,200	208	2,219	208	2,427	
Frank Talarico & Son Inc.	1/11/2006	25	3,148	126	1,344	126	1,470	
Allied Electrical Contractors	1/16/2006	25	1,018	41	437	41	478	
Allied Electrical Contractors	1/16/2006	25	2,756	110	1,173	110	1,283	
Allied Electrical Contractors	1/16/2006	25	1,802	72	768	72	840	
Tru-Fit Frame & Door Corporation	1/23/2006	25	2,250	90	960	90	1,050	
TectonArchitects	1/31/2006	25	293	12	128	12	140	
LeClaire Heating & Air Conditioning	2/9/2006	25	3,500	140	1,482	140	1,622	
Isabella Lapinski	2/28/2006	25	325	13	138	13	151	
TectonArchitects	2/28/2006	25	105	4	42	4	46	
TectonArchitects	2/28/2006	25	121	5	53	5	58	
Legnos and Cramer, Inc.	3/1/2006	25	260	10	105	10	115	
Isabella Lapinski	3/31/2006	25	894	36	378	36	414	
Electrical Energy Systems Corporation	4/3/2006	25	88,350	3,534	36,813	3,534	40,347	
Allied Electrical Contractors	4/10/2006	25	1,261	50	521	50	571	
Tru-Fit Frame & Door Corporation	4/12/2006	25	8,620	345	3,594	345	3,939	
Allied Electrical Contractors	4/21/2006	25	1,817	73	760	73	833	

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Vendor	Date Acquired	Asset life	Asset Base	9/30/2016		9/30/2017		
				9/30/2016 Accum Expense	9/30/2016 Accum Deprec.	9/30/2017 Accum Expense	9/30/2017 Accum Deprec.	
<b>Leasehold Improvements</b>								
Electrical Energy Systems Corporation	4/25/2006	25	99,845	3,994	41,604	3,994	45,598	
General Welding Co., Inc.	4/26/2006	25	2,851	114	1,188	114	1,302	
Isabella Lapinski	4/30/2006	25	715	29	302	29	331	
General Welding Co., Inc.	5/8/2006	25	3,445	138	1,426	138	1,564	
Woodbury Landscaping	5/16/2006	25	5,766	231	2,387	231	2,618	
Phonextra	5/16/2006	25	34,893	1,396	14,425	1,396	15,821	
BKM Total Office	5/17/2006	25	6,320	253	2,614	253	2,867	
Isabella Lapinski	5/31/2006	25	4,974	199	2,056	199	2,255	
DesignPoint, Inc.	7/17/2006	25	417	17	173	17	190	
Painting & Wallcovering Services LLC.	7/25/2006	25	22,200	888	9,028	888	9,916	
Phonextra	7/31/2006	25	34,893	1,396	14,193	1,396	15,589	
DesignPoint, Inc.	8/15/2006	25	316	13	131	13	144	
Phonextra	8/29/2006	25	69,785	2,791	28,143	2,791	30,934	
LeClaire Heating & Air Conditioning	9/12/2006	25	1,500	60	600	60	660	
DesignPoint, Inc.	9/26/2006	25	51	2	20	2	22	
<b>Total Asset Additions 2006</b>			<b>977,925</b>	<b>50,637</b>	<b>534,651</b>	<b>50,637</b>	<b>585,288</b>	
<b>Total Assets Per 2006 Cost Report</b>			<b>1,642,882</b>	<b>56,732</b>	<b>1,169,773</b>	<b>56,528</b>	<b>1,226,300</b>	
<b>Asset Additions 9/30/2007:</b>								
Contract Picture Framers Inc.	12/22/2005	15	3,960	264	2,640	264	2,904	
Stone Construction Co., Inc.	5/30/2006	15	4,081	272	2,720	272	2,992	
Painting & Wallcovering Services LLC.	7/25/2006	15	17,071	1,138	11,380	1,138	12,518	
Painting & Wallcovering Services LLC.	7/25/2006	15	2,500	167	1,670	167	1,837	
Healthcare Services Group, Inc.	11/1/2006	15	55,537	3,702	36,403	3,702	40,105	
Legnos and Cramer, Inc.	7/6/2006	25	1,038	42	420	42	462	
Verizon Network Integration Corp	9/10/2006	25	5,794	232	2,320	232	2,552	
LeClaire Heating & Air Conditioning	9/12/2006	25	1,500	60	600	60	660	
DesignPoint, Inc.	9/26/2006	25	51	2	20	2	22	
DesignPoint, Inc.	10/23/2006	25	205	8	80	8	88	
Harris Communications	12/15/2006	25	2,583	103	1,004	103	1,107	
DesignPoint, Inc.	1/10/2007	25	88	4	38	4	42	
DesignPoint, Inc.	1/17/2007	25	191	8	77	8	85	
Frank Talarico & Son Inc.	1/18/2007	25	2,351	94	909	94	1,003	
DesignPoint, Inc.	2/15/2007	25	136	5	48	5	53	
DesignPoint, Inc.	3/27/2007	25	65	3	28	3	31	
DesignPoint, Inc.	5/11/2007	25	296	12	112	12	124	
Tru-Fit Frame & Door Corporation	5/25/2007	25	3,740	150	1,400	150	1,550	
Allied Electrical Contractors	6/13/2007	25	15,480	619	5,726	619	6,345	
DesignPoint, Inc.	6/19/2007	25	132	5	46	5	51	
McQuay International	7/3/2007	25	12,592	504	4,620	504	5,124	
Allied Electrical Contractors	7/17/2007	25	13,770	551	5,051	551	5,602	
McQuay International	8/15/2007	25	34,813	1,393	12,769	1,393	14,162	
C & R Restoration, LLC	9/6/2007	25	7,485	299	2,716	299	3,015	
C & R Restoration, LLC	9/25/2007	25	8,645	346	3,143	346	3,489	
<b>Total Asset Additions 2007</b>			<b>194,104</b>	<b>9,983</b>	<b>95,940</b>	<b>9,983</b>	<b>105,923</b>	
<b>Total Assets Per 2007 Cost Report</b>			<b>1,836,986</b>	<b>66,715</b>	<b>1,265,713</b>	<b>66,511</b>	<b>1,332,223</b>	
<b>Asset Additions 9/30/2008:</b>								
Allied Electrical Contractors	7/4/2007	25	3,000	120	1,109	120	1,229	
Allied Electrical Contractors	8/27/2007	25	2,231	89	810	89	899	
Allied Electrical Contractors	4/4/2008	25	3,250	130	1,104	130	1,234	
D & B Engineering of New Jersey, Inc.	6/26/2008	25	1,475	59	488	59	547	
Islandaire Inc.	4/30/2008	25	14,372	575	4,841	575	5,416	
LeClaire Heating & Air Conditioning	9/19/2007	25	1,696	68	614	68	682	
LeClaire Heating & Air Conditioning	6/12/2007	25	3,852	154	1,433	154	1,587	
LeClaire Heating & Air Conditioning	7/1/2008	25	2,700	108	891	108	999	
LeClaire Heating & Air Conditioning	7/24/2008	25	2,350	94	770	94	864	
Saucier Mechanical Services	6/26/2008	25	1,830	73	603	73	676	
Swift Electrical Supply Company	2/12/2008	25	1,557	62	535	62	597	
Swift Electrical Supply Company	5/9/2008	25	106	4	34	4	38	
Swift Electrical Supply Company	5/15/2008	25	219	9	75	9	84	
Swift Electrical Supply Company	8/1/2008	25	792	32	261	32	293	
Tecton Architects Inc	2/28/2007	25	11	0	1	0	1	
Economy Restaurant & Bar Supply, Inc.	7/17/2008	15	2,111	141	1,157	141	1,298	
Economy Restaurant & Bar Supply, Inc.	5/15/2008	15	300	20	168	20	188	
Economy Restaurant & Bar Supply, Inc.	5/15/2008	15	15,079	1,005	8,420	1,005	9,425	
45839-CONST-Div15	12/1/2007	25	8,177	327	2,888	327	3,215	
46396-CONST-Div16	12/1/2007	25	17,333	693	6,121	693	6,814	
46401-CONST-Div04	12/1/2007	25	5,695	228	2,014	228	2,242	
46414-CONST-Div04	12/1/2007	25	4,000	160	1,413	160	1,573	
46437-CONST-Div02	12/1/2007	25	8,500	340	3,003	340	3,343	
46460-CONST-Div16	12/1/2007	25	345	14	123	14	137	
46515-CONST-Div08	12/1/2007	25	3,450	138	1,219	138	1,357	
46565-CONST-Div15	12/1/2007	25	12,424	497	4,390	497	4,887	
46571-FF&E-Simplex	12/1/2007	25	67,084	2,683	23,699	2,683	26,382	
46623-CER/EQM-Bla	12/1/2007	25	7,284	291	2,571	291	2,862	
<b>Total Asset Additions 2008</b>			<b>191,223</b>	<b>8,114</b>	<b>70,755</b>	<b>8,114</b>	<b>78,869</b>	
<b>Total Assets Per 2008 Cost Report</b>			<b>2,028,209</b>	<b>74,829</b>	<b>1,336,468</b>	<b>74,625</b>	<b>1,411,092</b>	



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Vendor	Date Acquired	Asset life	Asset Base	9/30/2016		9/30/2017		
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.	
<b>Leasehold Improvements</b>								
<b>Asset Additions 9/30/2009:</b>								
Rauland-Borg Corp	10/31/2008	15	29,103	1,940	14,550	1,940	16,490	
Rauland-Borg Corp	2/28/2009	15	1,899	127	952	127	1,079	
Rauland-Borg Corp	11/30/2008	15	2,182	145	1,088	145	1,233	
Rauland-Borg Corp	11/30/2008	15	25,028	1,669	12,517	1,669	14,186	
Rauland-Borg Corp	11/30/2008	15	29	2	15	2	17	
Door Control Inc	2/28/2009	15	18,187	1,212	9,090	1,212	10,302	
Simplex Grinnell	12/22/2008	15	5,288	353	2,647	353	3,000	
Tyssen Krupp Elevator	4/9/2009	15	2,542	169	1,268	169	1,437	
D & B Engineering	5/18/2009	15	5,475	365	2,738	365	3,103	
LaClaire Heating & Air	5/28/2009	15	4,650	310	2,325	310	2,635	
Simplex Grinnell	4/9/2009	15	5,288	353	2,647	353	3,000	
Tyssen Krupp Elevator	8/13/2009	15	3,301	220	1,650	220	1,870	
Tru-Fit Frame & Door	10/31/2008	15	326	22	165	22	187	
Stone Construction	10/31/2008	15	5,830	389	2,917	389	3,306	
Ridgewood Corp	10/31/2008	15	214	14	105	14	119	
Isabella Lapinski	2/28/2009	15	4,093	273	2,047	273	2,320	
Day Electrical Corp	3/31/2009	25	17,100	684	5,130	684	5,814	
Automated Access Systems	3/31/2009	25	15,605	624	4,680	624	5,304	
LaClaire Heating & Air	3/3/2009	15	1,740	116	870	116	986	
Shalom Sahar	3/26/2009	15	8,235	549	4,118	549	4,667	
Fire Protection Testing	7/22/2009	15	37,670	2,511	18,833	2,511	21,344	
<b>Total Asset Additions 2009</b>			<b>193,785</b>	<b>12,047</b>	<b>90,352</b>	<b>12,047</b>	<b>102,399</b>	
<b>Total Assets Per 2009 Cost Report</b>			<b>2,221,994</b>	<b>86,876</b>	<b>1,426,820</b>	<b>86,672</b>	<b>1,513,491</b>	
<b>Asset Additions 9/30/2010:</b>								
Rauland-Borg Corp	12/31/2009	15	258	17	111	17	128	
TykssenKrupp Elevator	12/31/2009	15	3,301	220	1,430	220	1,650	
Daniels Equipment	12/31/2009	15	1,113	74	481	74	555	
TykssenKrupp Elevator	10/26/2009	15	1,106	74	481	74	555	
LeClaire Heating & Cooling	1/7/2010	15	4,452	297	1,930	297	2,227	
TykssenKrupp Elevator	1/4/2010	15	1,980	132	858	132	990	
TykssenKrupp Elevator	2/2/2010	15	1,977	132	858	132	990	
Rauland-Borg Corp	12/31/2009	15	8,968	598	3,887	598	4,485	
Rauland-Borg Corp	12/31/2009	15	1,514	101	656	101	757	
Rauland-Borg Corp	12/31/2009	15	300	20	130	20	150	
Rauland-Borg Corp	12/31/2009	15	11,581	772	5,018	772	5,790	
Automated Access Systems	12/31/2009	15	160	11	71	11	82	
Automated Access Systems	12/31/2009	15	1,170	78	507	78	585	
Fire Protection Alarms	11/18/2009	15	1,204	80	520	80	600	
Dymar	4/16/2010	15	831	55	358	55	413	
Dymar	6/14/2010	15	2,400	160	1,040	160	1,200	
Dymar	5/14/2010	15	3,997	266	1,729	266	1,995	
Dymar	7/15/2010	15	9,962	664	4,316	664	4,980	
Dymar	8/14/2010	15	6,028	402	2,613	402	3,015	
Dymar	7/14/2010	15	2,446	163	1,060	163	1,223	
Soilttesting	4/26/2010	15	2,399	160	1,040	160	1,200	
Dymar	9/14/2010	15	1,450	97	630	97	727	
<b>Total Asset Additions 2010</b>			<b>68,597</b>	<b>4,573</b>	<b>29,724</b>	<b>4,573</b>	<b>34,297</b>	
<b>Total Assets Per 2010 Cost Report</b>			<b>2,290,591</b>	<b>91,449</b>	<b>1,456,544</b>	<b>91,245</b>	<b>1,547,788</b>	

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

Vendor	Date Acquired	Asset life	Asset Base	9/30/2016		9/30/2017		
				9/30/2016 Expense	Accum Deprec.	9/30/2017 Expense	Accum Deprec.	
<b>Leasehold Improvements</b>								
<b>Asset Additions 9/30/2011</b>								
DYMAR	10/15/2010	15	439	29	132	29	161	
DYMAR	11/19/2010	15	6,716	448	2,016	448	2,464	
Stellar Private Cable Systems Inc	1/1/2011	10	4,814	481	2,166	481	2,647	
Saucier Mechanical Services	1/1/2011	10	1,915	192	864	192	1,056	
Saucier Mechanical Services	1/1/2011	10	1,915	192	864	192	1,056	
ThyssenKrupp Elevator Corp	1/3/2011	10	3,415	342	1,539	342	1,881	
Perfectemp, Inc.	1/13/2011	10	4,882	488	2,196	488	2,684	
H.I. Stone & Son, Inc.	1/15/2011	15	9,362	624	2,808	624	3,432	
Stellar Private Cable Systems Inc	2/1/2011	10	4,814	481	2,166	481	2,647	
Stellar Private Cable Systems Inc	2/1/2011	10	4,814	481	2,166	481	2,647	
Stellar Private Cable Systems Inc	2/1/2011	10	(4,814)	(481)	(2,166)	(481)	(2,647)	
H.I. Stone & Son, Inc.	2/15/2011	15	5,052	337	1,515	337	1,852	
H.I. Stone & Son, Inc.	2/15/2011	15	84,200	5,613	25,260	5,613	30,873	
H.I. Stone & Son, Inc.	2/15/2011	15	638	43	192	43	235	
Stellar Private Cable Systems Inc	3/1/2011	10	4,814	481	2,166	481	2,647	
GCS SERVICE INC	3/15/2011	10	1,070	107	480	107	587	
Stellar Private Cable Systems Inc	4/1/2011	10	4,814	481	2,166	481	2,647	
Stellar Private Cable Systems Inc	5/1/2011	10	4,814	481	2,166	481	2,647	
ThyssenKrupp Elevator Corp.	5/16/2011	10	1,869	187	840	187	1,027	
Green Acres of Woodbury	5/20/2011	10	2,550	255	1,149	255	1,404	
McQuay International	5/23/2011	10	7,051	705	3,174	705	3,879	
McQuay International	5/23/2011	10	423	42	189	42	231	
Stellar Private Cable Systems Inc	6/1/2011	10	4,814	481	2,166	481	2,647	
Home Pro Remodeling	6/20/2011	25	94,050	3,762	16,929	3,762	20,691	
McQuay International	6/30/2011	10	1,240	124	558	124	682	
McQuay International	6/30/2011	10	20,668	2,067	9,300	2,067	11,367	
Alpha-Med, Inc...	8/30/2011	10	45	5	21	5	26	
<b>Total Asset Additions 2011</b>			<b>276,384</b>	<b>18,448</b>	<b>83,022</b>	<b>18,448</b>	<b>101,470</b>	
<b>Total Assets Per 2011 Cost Report</b>			<b>2,566,975</b>	<b>109,897</b>	<b>1,539,566</b>	<b>109,693</b>	<b>1,649,258</b>	
<b>Asset Additions 9/30/2012</b>								
Shalom Sahar	7/8/2012	25	4,254	170	595	170	765	
McDonald Construction, Inc	5/10/2012	15	3,934	262	917	262	1,179	
<b>Total Asset Additions 2012</b>			<b>8,188</b>	<b>432</b>	<b>1,512</b>	<b>432</b>	<b>1,944</b>	
<b>Total Assets Per 2012 Cost Report</b>			<b>2,575,163</b>	<b>110,329</b>	<b>1,541,078</b>	<b>110,125</b>	<b>1,651,202</b>	
Adjustment (Accumulated Depreciation did not roll forward)						9,005	9,005	
<b>Asset Additions 9/30/2013</b>								
Shalom Sahar	117232	25	984	39	118	39	157	
Shalom Sahar	117233	25	1,117	45	134	45	179	
DYMAR	110100	25	1,076	43	130	43	173	
Shalom Sahar	132499	15	1,206	80	240	80	320	
<b>Total Asset Additions 2013</b>			<b>4,383</b>	<b>207</b>	<b>622</b>	<b>207</b>	<b>829</b>	
<b>Total Assets Per 2013 Cost Report</b>			<b>2,579,546</b>	<b>110,536</b>	<b>1,550,705</b>	<b>110,332</b>	<b>1,661,036</b>	
<b>Asset Additions 9/30/2014</b>								
Northeast Commercial Grease Traps	1-Jan-14	15	26,988	1,799	4,498	1,799	6,297	
Galaxy Discount Carpet	174145	15	6,913	461	1,152	461	1,613	
Galaxy Discount Carpet	246046	15	6,413	428	1,070	428	1,498	
Galaxy Discount Carpet	246045	15	500	33	83	33	116	
<b>Total Asset Additions 2014</b>			<b>40,814</b>	<b>2,721</b>	<b>6,803</b>	<b>2,721</b>	<b>9,524</b>	
<b>Total Assets Per 2014 Cost Report</b>			<b>2,620,360</b>	<b>113,257</b>	<b>1,557,508</b>	<b>113,053</b>	<b>1,670,560</b>	

River Glen Health Care Center  
 Medicaid Asset Roll Forward of  
 Sun HC 9/30/01 Asset Schedule

Vendor	Date Acquired	Asset life	Base	9/30/2016		9/30/2017			
				Expense	Accum Deprec.	Expense	Accum Deprec.		
<b>Leasehold Improvements</b>									
<b>Asset Additions 9/30/2015</b>									
High Point Solutions Inc	285035	WIRELESS LAN/CABLE INSTALLATION/SETUP	31-Mar-15	25	106,107	4,244	8,488	4,244	12,732
High Point Solutions Inc	285036	WIRELESS LAN/CABLE INSTALLATION/SETUP	31-Mar-15	25	275	11	22	11	33
High Point Solutions Inc	285037	WIRELESS LAN/CABLE INSTALLATION/SETUP	31-Mar-15	25	(3,985)	(159)	(318)	(159)	(477)
Shalom Sahar	291980	FLOORING RENOVATION 1ST & 2ND FL	7-Apr-15	15	20,432	1,362	2,724	1,362	4,086
Shalom Sahar	291979	TAX	7-Apr-15	15	451	30	60	30	90
Saucier Mechanical Services	256083	Two AO smith mod:T-350	30-Oct-14	10	11,725	1,173	2,346	1,173	3,519
Eastern Water Solutions Inc.	276985	Install New Pump #2	1-Jan-15	10	3,767	377	754	377	1,131
Saucier Mechanical Services	276978	Two AO smith Water Storage Tanks	1-Jan-15	10	11,725	1,173	2,346	1,173	3,519
Saucier Mechanical Services	280964	SAUCIER MECH 3 WAY BYPASS VALVE FOR DIETAR	28-Feb-15	10	2,590	259	518	259	777
Automatic Door Doctor, LLC	317021	NEW DAY ROOM DOOR	5-May-15	25	3,505	140	280	140	420
<b>Total Asset Additions 2015</b>					<b>156,592</b>	<b>8,610</b>	<b>17,220</b>	<b>8,610</b>	<b>25,830</b>
<b>Total Assets Per 2015 Cost Report</b>					<b>2,776,952</b>	<b>121,867</b>	<b>1,574,728</b>	<b>121,663</b>	<b>1,696,390</b>
<b>Asset Additions 9/30/2016</b>									
Beech Air	345004	INSTALL NEW DUCTWORK	18-Nov-15	25	4,479	90	90	179	269
LITNETWORKING	372161	KIOSK	14-Apr-16	25	7,550	151	151	302	453
Carpetworks	336985	ROOM 207 & 217 VINYL PLANK FLOORING	17-Nov-15	15	(2,308)	(77)	(77)	(154)	(231)
Carpetworks	336984	TAX	17-Nov-15	15	130	4	4	9	13
Carpetworks	336983	ROOM 207 & 217 VINYL PLANK FLOORING	17-Nov-15	15	4,355	145	145	290	435
Carpetworks	336987	2ND FLOOR HALLWAY VINYL FLOORING	18-Nov-15	15	7,500	250	250	500	750
Carpetworks	336986	1ST FLOOR HALLWAY VINYL FLOORING	18-Nov-15	15	7,500	250	250	500	750
Carpetworks	385184	CARPET REMOVAL - VINYL PLANK FLOORING	7-Jan-16	15	6,713	224	224	448	672
Carpetworks	385185	CARPET REMOVAL - VINYL PLANK FLOORING	7-Jan-16	15	6,713	224	224	448	672
Carpetworks	385186	15 ROOMS CARPET REMOVAL - NEW VINYL FLOOR	15-Jun-16	15	16,332	544	544	1,089	1,633
Carpetworks	385187	15 ROOMS CARPET REMOVAL - NEW VINYL FLOOR	15-Jun-16	15	16,332	544	544	1,089	1,633
<b>Total Asset Additions 2016</b>					<b>75,297</b>	<b>2,349</b>	<b>2,349</b>	<b>4,700</b>	<b>7,049</b>
<b>Total Assets Per 2016 Cost Report</b>					<b>2,852,249</b>	<b>124,216</b>	<b>1,577,077</b>	<b>126,363</b>	<b>1,703,439</b>
<b>Asset Additions 9/30/2017</b>									
Stone Construction Co., Inc.	401003	PARKING SPACES ADDITION	25-Jul-16	15	8,708			290	290
Stone Construction Co., Inc.	401002	PARKING SPACES ADDITION	25-Jul-16	15	553			18	18
Stone Construction Co., Inc.	401004	PARKING SPACES ADDITION	25-Jul-16	15	15,021			501	501
CarpetWorks, LLC	401000	VINYL PLANK FLOORING	18-Oct-16	15	50,085			1,670	1,670
CarpetWorks, LLC	401001	VINYL PLANK FLOORING	18-Oct-16	15	50,085			1,670	1,670
CarpetWorks, LLC	431720	ROOM 207 & 217 VINYL PLANK FLOORING	3-Feb-17	15	381			13	13
Independent Elevator Co., LLC	400989	ELEVATOR INSTALLATION	27-Dec-16	10	85,100			4,255	4,255
Independent Elevator Co., LLC	400987	ELEVATOR INSTALLATION AND TESTING	27-Dec-16	10	5,266			263	263
Independent Elevator Co., LLC	400988	ELEVATOR INSTALLATION AND TESTING	27-Dec-16	10	5,260			263	263
Independent Elevator Co., LLC	431716	ELEVATOR INSTALLATION	1-Jan-17	10	68,080			3,404	3,404
Electrical Power Solutions, LLC	431714	Elevator Work	1-Jan-17	10	9,800			490	490
Simplex Grinnell LP	431721	Elevator Work	1-Jan-17	10	7,575			379	379
B&D Controlled Air Corporation	431711	Trane Condenser	24-May-17	10	3,910			196	196
B&D Controlled Air Corporation	431712	Trane Condenser	24-May-17	10	5,865			293	293
<b>Total Asset Additions 2017</b>					<b>315,689</b>	<b>0</b>	<b>0</b>	<b>13,705</b>	<b>13,705</b>
<b>Total Assets Per 2017 Cost Report</b>					<b>3,167,938</b>	<b>124,216</b>	<b>1,577,077</b>	<b>140,068</b>	<b>1,717,144</b>

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

Name of Facility 162 South Britain Road Operating Cor	License No. 2280	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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	120			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

**Part B - Owner and Related Parties**

1st Mortgage    2nd Mortgage    3rd Mortgage    4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	06/29/10			
c. Interest Rate for the Cost Year	5.00%			
d. Term of Mortgage (number of years)	27			
e. Amount of Principal Borrowed	8,697,341			
f. Principal balance outstanding as of <u>9/30/17</u>	7,453,843			
<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				

**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

**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
162 South Britain Road Operating Co		2280	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
162 South Britain Road Operating		2280		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 (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 7,761	7,761		
b. Insurance on Automobiles				\$ 2,118	2,118		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 108,781	108,781		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 118,659	118,659		
15. Total All Expenditures (A-13 thru C-14)				\$ 13,564,179	13,564,179		

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
162 South Britain Road Operating Company II, LLC of Fort Le			2280	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.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 369,735	369,735		
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 174,348	174,348		
10.	15	1d/e	Accounting & Legal	\$ 19,060	19,060		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,440	1,440		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 10,114	10,114		
15.	15	1a9	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 2,609	2,609		
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.		16m3	Unallowable Advertising *	\$ 70,638	70,638		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.		16m1	Unallowable Management Fees	\$ 714,976	714,976		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 77,093	77,093		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 4,356	4,356		
<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>				<b>\$ 1,444,370</b>	<b>1,444,370</b>		

\* 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.

**River Glen Health Care Center  
Cell Phone Disallowance  
September 30, 2017**

<b>Total Bed Capacity</b>	<b>120</b>
<b># of allowable Cell Phones</b>	<b>4</b>

<b>Allowable Cell Phone expense (per Cell Phone) Per Year</b>	<b>360</b>
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<b>Page 15 Line 1h2</b>	<b><u>Amount</u></b>	
<b>Cell Phone Expense (Trial Balance)</b>	<b>2,880</b>	Acct # 63050
<b>Allowable Cell Phone Expense</b>	<b>1,440</b>	
<b>Cell Phone Disallowance</b>	<b><u><u>1,440</u></u></b>	



**River Glen Health Care Center  
Management Fee Disallowance  
September 30, 2017**

<b>Allowance PPD amount for FYE 9/30/16</b>	<b>\$</b>	<b>6.70</b>	<b>Prior year report</b>
<b>CPI Index</b>		<u><b>2.1%</b></u>	
<b>Allowance PPD amount for FYE 9/30/17</b>	<b>\$</b>	<b>6.84</b>	
<b>Days reported on 9/30/17 Cost Report</b>		<b>40,798</b>	<b>See page 8</b>
<b>9/30/17 - Actual Cost</b>		<b>994,063</b>	
<b>Allowance</b>		<u><b>279,087</b></u>	
<b>9/30/17 Management Fee Disallowance</b>		<u><u><b>714,976</b></u></u>	

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Other Employee Benefits	\$ 5,631		
16	L7	Travel - Other	\$ 5,544		
16	L7	Meeting Expense	\$ 256		
16	L7	Travel - Hotel & Meals Exp	\$ 313		
16	m13	Bank Charge Fees	\$ 8,835		
16	m13	Collecton Fees	\$ 31,390		
16	m13	Consolidated Billing	\$ 16,992		
16	m13	Resident Replacement	\$ 330		
16	m13	Gift Shop Expense	\$ 4,302		
16	m13	Other Fees - Corprate Expense	\$ 3,501		
<b>Total Other A&amp;G Adjustments</b>			\$ 77,093	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
162 South Britain Road Operating Company II, LLC of Fort			2280	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,444,370	1,444,370		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 381,541	381,541		
28.	20	5d	Ambulance/Limousine	\$ 15,514	15,514		
29.	20	5f	X-rays, etc	\$ 21,707	21,707		
30.	20	5h	Laboratory	\$ 41,563	41,563		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 28,195	28,195		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 35,519	35,519		
<b>Page 22 - Maintenance and Property</b>							
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	\$			
<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	\$ 10,399	10,399		
<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>			\$ 1,978,808	1,978,808		

\*\*\* 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.

**River Glen Health Care Center  
OT Equipment Rental Disallowance  
September 30, 2017**

**PT/OT Equipment Rental**

<b>Actual Expense - Trail Balance</b>	<b>10,980</b>	<b>Acct # 69045</b>
<b>Percent of OT (Based on treatments)</b>		
<b>PT Treatments</b>	<b>9,762</b>	
<b>OT Treatments</b>	<b>8,382</b>	
	<b>46.20%</b>	
<b>Total OT Equipment Disallowed</b>	<b>5,072</b>	

**River Glen Health Care Center  
Cable TV Disallowance  
September 30, 2017**

<b>Cable TV Expense</b>	<b>22,606</b>	Acct # 64210
<b>Allowable Cable Expense</b>	<b>3,600</b>	
<b>Cable Expense Disallowed</b>	<u><u><b>19,006</b></u></u>	

162 South Britain Road Operating Company II, LLC of Fort Lee, NJ D/B/A River Glen Health Care Center  
 9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Cable TV In Excess (see attached)	\$ 19,006		
20	5j	DME (Durable Medical Equpt)	\$ 5,938		
20	5j	IV Expense	\$ 4,681		
20	5j	RT Supplies	\$ 131		
20	5j	OT Supplies	\$ 691		
20	5j	OT Equipment Rental (See Attached)	\$ 5,072		
<b>Total Other Ancillary Costs</b>			<b>\$ 35,519</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Other Revenue	\$ 10,231		
30	IV5	Interest Revenue	\$ 169		
<b>Total Other Adjustments</b>			<b>\$ 10,399</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
162 South Britain Road Operating Comp	2280	9/30/2017		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents (CT only)	\$ 10,836,707	10,836,707			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,722,803)	(5,722,803)			
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$ 3,718,307	3,718,307			
b. Medicare Room and Board Contractual Allowance **	\$ 273,265	273,265			
4. a. Private-Pay Residents and Other	\$ 5,418,012	5,418,012			
b. Private-Pay Room and Board Contractual Allowance **	\$ (863,046)	(863,046)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 235,000	235,000			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 121,962	121,962			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
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	\$ 1,488,115	1,488,115			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 605,073	605,073			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 364,545	364,545			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 152,253	152,253			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 1,309,597	1,309,597			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 511,798	511,798			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$ (3,037,472)	(3,037,472)			
b. Other (Specify) - Non-Medicare	\$ (1,246,329)	(1,246,329)			
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 14,164,984	14,164,984			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 86	86			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$ 169	169			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$ 10,231	10,231			
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 10,485	10,485			
<b>VI. Total All Revenue (III +V)</b>	\$ 14,175,469	14,175,469			

\* 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)
	Lab Medicare A	\$ 74,474		
	IV Therapy Medicare A	\$ 9,552		
	X-Ray Medicare A	\$ 38,833		
	Ancillary Contractual Adjustment Medicare A	\$ (3,160,331)		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ (3,037,472)</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab Managed Care	\$ 35,430		
	Lab Medicaid	\$ 190		
	IV Therapy Medicaid	\$ 17		
	IV Therapy Managed Care	\$ 4,356		
	X-Ray Managed Care	\$ 13,885		
	Ancillary Contractual Adjustment Managed Care	\$ (1,277,117)		
	Ancillary Contractual Adjustment Medicaid	\$ (23,089)		
	<b>Total Other Resident Revenue</b>	<b>\$ (1,246,329)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 169		
	<b>Total Interest Income</b>		<b>\$ 169</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Revenue	\$ 10,231		
	<b>Total Other Revenue</b>	<b>\$ 10,231</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Com	2280	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	90,317
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	636,240
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	32,087
a. Prepaid GL-PL	11,071			
b. Prepaid Other Insurance & Property Tax	7,133			
c. Prepaid Maintenance Contracts				
d. Prepaid Expense - Other	13,884			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	40,281
Resident PNA Funds	40,281			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	798,925
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>3,167,938</u>		\$	1,450,794
	Accum. Depreciation <u>1,717,144</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,261,121</u>		\$	321,578
	Accum. Depreciation <u>939,543</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	1,772,372

\* 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
162 South Britain Road Operating Com	2280	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	2,571,297
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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>D. Investment and Other Assets</b>				
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> )				
\$				
23,000				
Deposit for Utilities				
23,000				
\$				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				
\$				
23,000				
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				
\$				
2,594,297				

\* 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
162 South Britain Road Operating Company I		2280	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	290,102
2. Notes Payable ( <i>itemize</i> )				\$	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	91,929
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> )				\$	754,673
Accrued Legal - Employee Benefit		(17) Accrued 401K Employer	10,553		
Accrued Accounting		1,000 Accrued Provider Tax Pa	165,301		
Accrued Pharmacy		9,957 Accrued Sales & Use tax	14,861		
Accrued Workers Comp Insurance		215,148			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,136,703

\* 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 162 South Britain Road Operating Compan	License No. 2280	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				1,136,703
<b>Liabilities (cont'd)</b>				
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> )				\$ (13,377,131)
Name and Address of Lender	Amount	Loan Date		
Due to/from Affiliates	(13,377,131)			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
_____				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (13,377,131)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ (12,240,428)

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

Name of Facility	License No.	Report for Year Ended	Page	of
162 South Britain Road Operating Co	2280	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			\$	1,772,372
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			\$	1,772,372
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	12,237,373
6. Gain or Loss for Period			\$	824,980
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	13,062,353
<b>C. Total Reserves and Net Worth</b>			\$	14,834,725
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,594,297

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
162 South Britain Road Operating Comp	2280	9/30/2017	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	12,237,373		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	14,175,469		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	13,350,489		
D. Net Income or Deficit			\$	824,980		
E. Balance			\$	13,062,353		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
Total Expenditures (page 27)		\$ 13,564,179				
(Less F/S vs C/R Depreciation		(213,690)				
Total		13,350,489				
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. <b>Balance at End of Period</b>		09/30/17	\$	13,062,353		

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

Name of Facility 162 South Britain Road Operating		License No. 2280	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 Region Controller		Date Signed 1/29/2018	
Printed Name of Preparer Richard Beckler					
Address 10571 Telegraph Road, Suite 203, Glen Allen, VA 23059				Phone Number 804-261-9357	



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Reported as