

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) 1145 Poquonnock Road Operations LLC ,d/b/a Groton center	
Address (No. & Street, City, State, Zip Code) 1145 Poquonnock Road, Groton, CT 06340	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2374	RHNS	(Specify)	Medicare Provider 07-5270
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Medicaid Provider Numbers:	CCNH 000020355	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
1145 Poquonnock Road Operations LLC ,d/b/a Groton	2374	9/30/2018	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 1145 Poquonnock Road Operations LLC ,d/b/a Groton center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Diane Thomas			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 1145 Poquonock Road, Groton, CT 06340				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/21/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 3,904,442	3,433,874		470,568
5. All other wages paid	\$ 603,584	392,491		211,093
6. <b>Total Wages Paid</b>	\$ 4,508,026	3,826,365		681,661
7. Total salaries paid	\$ 348,357	286,434		61,923
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$ 4,856,383	4,112,799		743,584

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility	Report for Year Ended	Page	of
860-446-9960	9/30/2018	2	37

Name of Facility (as shown on license)	Address (No. & Street, City, State, Zip)
1145 Poquonnock Road Operations LLC ,d/b/a Groton center	1145 Poquonnock Road, Groton, CT 06340

License Numbers:	CCNH 2374	RHNS (Specify)	Medicare Provider No. 07-5270
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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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<b>Administrator</b>		
Name of Administrator Diane Thomas	Nursing Home Administrator's License No.:	1616

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 1145 Poquonnock Road Operations LLC ,d/b	License No. 2374	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation 1145 Poquonnock Road Operations LLC ,d/b/a Groton center	Business Address 101 East State Street, Kennett Square, PA 19348	State(s) in Which Incorporated PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
See Attached				





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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton c	License No. 2374	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	608,481	608,481
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	510,058	510,058
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	62,764	62,764
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	91%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	40%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	67,097	67,097
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	299,527	299,527
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Pg 17 and Pg26-12a1	56,173	56,173
		<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 1145 Poquonnock Road Operations LLC ,d/b/a	License No. 2374	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain fully why such allocation was not made.				

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

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center			License No. 2374		Report for Year Ended 9/30/2018		Page of 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						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input type="radio"/> No
<b>Total ***</b>								

\* 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 1145 Poquonnock Road Operations	License No. 2374	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

Is the accounting basis for this period the same as for the previous period?     Yes     No    If "No," explain.

**Independent Accounting Firm**

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
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Services Provided by This Firm (*describe fully*)

1 Year end financial audit	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 State of Connecticut - Court of Probate 2 3 Bloom & Witkin 4 5	Telephone Number  617-456-0500
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Address ( <i>No. &amp; Street, City, State, Zip Code</i> ) 1 45 Fort Hill Road Groton, CT 06340 2 3 175 Federal Street Boston, MA 02110 4 5
--

Services Provided by This Firm (*describe fully*)

1 Conservatorship & Marshall fees	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

### Schedule of Resident Statistics

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		License No. 2374			Report for Year Ended 9/30/2018				Page 8		of 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	243	162		81	243	162		81	243	162		81
B. On last day of THIS report period	243	162		81	243	162		81	243	162		81
2. Number of Residents												
A. As of midnight of PREVIOUS report period	176	115		61	176	115		61	171	116		55
B. As of midnight of THIS report period	178	115		63	171	116		55	178	115		63
3. Total Number of Days Care Provided During Period												
A. Medicare	3,173	3,173			2,305	2,305			868	868		
B. Medicaid (Conn.)	34,703	34,703			25,644	25,644			9,059	9,059		
C. Medicaid (other states)												
D. Private Pay	7,919	3,213		4,706	6,016	2,467		3,549	1,903	746		1,157
E. State SSI for RCH	16,729			16,729	12,482			12,482	4,247			4,247
F. Other (Specify)	1,519	1,519			1,036	1,036			483	483		
G. Total Care Days During Period (3A thru F)	64,043	42,608		21,435	47,483	31,452		16,031	16,560	11,156		5,404
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	64,043	42,608		21,435	47,483	31,452		16,031	16,560	11,156		5,404

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b			License No. 2374			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID				
No. of Residents	7		98		10			63					
Per Diem Rate													
a. One bed rm.							122.00						
b. Two bed rms.	503.15		206.79		342.45		115.00	94.00					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,551	2,551			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									795	795			
C. Other									9,756	9,756			
D. <b>Total Physical Therapy Treatments</b>									13,102	13,102			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									304	304			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									49	49			
C. Other									860	860			
D. <b>Total Speech Therapy Treatments</b>									1,213	1,213			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,015	2,015			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									638	638			
C. Other									8,559	8,559			
D. <b>Total Occupational Therapy Treatments</b>									11,212	11,212			

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
1145 Poquonnock Road Operations LLC ,d/b/a Groton center	2374	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(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)	88,061	1,398			43,374	688
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	37,661	1,199			18,549	591
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	151,108	6,629			74,426	3,265
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	29,107	1,026			22,869	807
b. Other Maintenance Workers	31,530	1,850			24,773	1,453
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	160,712	3,608				
b. RN						
1. Direct Care	708,507	18,769			40,550	1,040
2. Administrative**	125,993	3,365				
c. LPN						
1. Direct Care	981,953	32,052				
2. Administrative**						
d. Aides and Attendants	1,557,421	92,554			400,466	24,273
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	85,626	4,529			42,174	2,230
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	95,121	3,612			46,850	1,779
n. Marketing						
o. Other (Specify) See Attached Schedule	60,000	3,098			29,552	1,526
<b>A-13. Total Salary Expenditures</b>	<b>4,112,799</b>	<b>173,688</b>			<b>743,584</b>	<b>37,653</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 A1 - Salary Information for Operators/Owners; Administrators,  
Assistant Administrators and Other Related Parties\***

Name of Facility				License No.	Report for Year Ended			Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	9/30/2018			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>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

**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	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	9/30/2018			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>										
Diane Thomas	88,061		43,373		Management of Center	2,086	2			
<b>Section IV - Assistant Administrators</b>										
Terelak, Monique Arents	37,661		18,549		Management of Center	1,790	3			

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
1145 Poquonnock Road Operations LLC ,d/b/a Gro	2374	9/30/2018	13	37		
	Total Cost and Hours					
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	15,313	105				
3. Pharmacist	12,817	262				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	467,371	6,402				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	122,124	646				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	31,926	409				
b. Other						
10. Occupational Therapist						
a. Resident Care	76,439	1,047				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	6	0				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	37,198					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>763,194</b>	<b>8,872</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.



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a C	2374	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 224,655	190,957			33,698
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 64,160	54,536			9,624
4. Social Security (F.I.C.A.)	\$ 358,058	304,349			53,709
5. Health Insurance	\$ 469,336	398,936			70,400
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 106,248	71,186			35,062
d. Accounting and Auditing	\$				
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 21,705	14,542			7,163
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 34,102	22,848			11,254
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 38,512	25,803			12,709
2. Cellular Phones	\$ 106	71			35
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 637	427			210
3. Resident Day User Fee	\$ 803,868	803,868			
<b>Subtotal</b>	\$ 2,121,387	1,887,523			233,864

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Grotor	2374	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,121,387	1,887,523		233,864	
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 198	133		65	
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,196	801		395	
5. Education Expenses Related to Seminars and Conventions	\$ 565	379		186	
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 19,617	13,143		6,473	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,036	2,034		1,002	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 12,067	8,085		3,982	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 100	67		33	
10. Contributions*** See Attached Schedule	\$ 2,128	2,128			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 1,708	1,144		564	
12. Administrative Management Services**	\$ 516,697	346,187		170,510	
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 26,912	18,031		8,881	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,705,610	2,279,655		425,956	

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

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2018	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	608,481	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	56,173	Capital Interest	pg 26 12-A-1

**\* In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton		License No. 2374	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 271,236	181,728		89,508
2.	Non-Food Supplies	\$ 44,112	29,555		14,557
3.	Other (Specify) _____ Contra Meal Exp T& E/Education Expense	\$ (395)	(265)		(130)
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 823,053	551,446		271,607
c. Other (Specify) _____		\$			
<b>2D. Total Dietary Expenditures (2a + b + c)</b>		\$ 1,138,006	762,464		375,542
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 type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton c		License No. 2374	Report for Year Ended 9/30/2018	Page 19	of 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. \$ 8,040	5,387		2,653
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. \$ 13,348	8,943		4,405
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 246,278	165,006		81,272
c. Other (Specify)		\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		<b>\$ 267,666</b>	<b>179,336</b>		<b>88,330</b>
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.

\*\*\* 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
1145 Poquonnock Road Operations LLC ,d/b/a		2374	9/30/2018		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. \$	26,184	14,663		11,521
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. \$	371,836	208,228		163,608
c.	Other ( <i>Specify</i> ) T&E-Mileage/Parking/Tolls	\$				
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)	\$	398,020	222,891		175,129
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	200,691	200,691		
b.	Medicine Cabinet Drugs	\$	31,826	31,826		
c.	Medical and Therapeutic Supplies	\$	120,611	120,611		
d.	Ambulance/Limousine***	\$	12,366	12,366		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	18,571	18,571		
f.	X-rays and Related Radiological Procedures***	\$	6,648	6,648		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	16,474	16,474		
i.	Recreation	\$	52,820	29,579		23,241
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	112,873	63,209		49,664
5M.	<b>Total Resident Care Expenditures</b> (5a - 5l)	\$	572,880	499,975		72,905

\* 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.



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

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center			License No. 2374		Report for Year Ended 9/30/2018			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
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	165,006		81,272	19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	208,228		163,608	20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	547,535		269,681	18	2b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<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
1145 Poquonnock Road Operations LLC ,d/b/	2374	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 215,595	120,733			94,862	
b. Heat	\$ 41,102	23,017			18,085	
c. Light & Power	\$ 288,273	161,433			126,840	
d. Water	\$ 72,318	40,498			31,820	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$					
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 617,288</b>	<b>345,681</b>			<b>271,607</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 209	117			92	
b. Building & Building Improvements	\$ 931,485	521,632			409,853	
c. Non-Movable Equipment	\$ 22,440	12,566			9,874	
d. Movable Equipment	\$ 89,507	50,124			39,383	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 1,043,641</b>	<b>584,439</b>			<b>459,202</b>	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 2,095,327	1,173,383			921,944	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 263,300	147,448			115,852	
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 3,402,268</b>	<b>1,905,270</b>			<b>1,496,998</b>	

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





### Depreciation Schedule

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center				License No. 2374			Report for Year Ended 9/30/2018			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				4,185		4,185	1,151	S/L	Various	209			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											209		
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period				16,823,893		16,823,893	5,142,980	S/L	Various	924,404			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				136,841		136,841				7,081			
B-4. Subtotal											931,485		
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period				237,460		237,460	152,877	S/L	Various	22,440			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal											22,440		
		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						979,132		979,132	569,629	S/L	Various	87,611	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						35,022		35,022				1,896	
D-3. Subtotal													89,507
<b>E. Total Depreciation</b>													1,043,641



<b>Total additions for Building Improvements</b>		\$ 136,841		\$ 7,081 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

## Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/30/2017	Maxi Rest Bariatric Bed, 3-Func,	2,847.22	10.00	237.27
11/30/2017	Panacea Original Foam Mattress, Bar	444.75	3.00	123.54
12/31/2017	Namco 110 Pint Portable Dehumidifi	870.04	10.00	65.25
1/31/2018	Invacare Perfecto2 V 5-Liter Oxygen	2,922.37	7.00	278.32
1/31/2018	Speed Queen 7.0 Cu. Ft. Electric Ligh	614.69	7.00	58.54
2/28/2018	3 WHEELCHAIR,EXCEL,REM DES	465.00	10.00	27.13
3/31/2018	6 Thru-Wall Air Conditioner, Cool O	2,896.85	7.00	206.92
4/30/2018	41 Maxwell Thomas, Kensington Din	12,608.82	10.00	525.37
4/30/2018	Bariatric Trapeze, 850lb Capacity	1,069.94	10.00	44.58
4/30/2018	DermaFloat LAL 36i Mattress	1,063.69	3.00	147.73
5/31/2018	(24) Overbed Tables	1,960.58	10.00	65.35
6/30/2018	Blader Scanner Replacement Probe	1,922.60	7.00	68.66
7/31/2018	(2) Excel Wheelchairs	561.48	10.00	9.36
8/31/2018	Master Bilt 3 Section Full Door Refri	4,586.91	10.00	38.22

<b>Total additions for Movable Equipment</b>		\$ 35,022		\$ 1,896 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

(0.01) - -  
 - - -

\*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>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

- - -  
 - - -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374		9/30/2018			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									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility 1145 Poquonnock Road Operations LI	License No. 2374	Report for Year Ended 9/30/2018	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	243				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Well Tower /Healthcare REIT, Inc	Building and Equipment	04/01/11	20	2,095,327	
Address: One Seagate Suite 1500					
Toledo, OH 43603-1475					

**Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.**

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

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations I	2374	9/30/2018	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$ 56,173	31,457		24,716
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				
5. CHEFA Interest Expense				
B. CHEFA Loan Information				
1. Original Loan Amount				
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>	<b>\$ 56,173</b>	<b>31,457</b>		<b>24,716</b>

*(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
1145 Poquonnock Road Operation		2374		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				56,173	31,457		24,716
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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 56,173	31,457		24,716
14. Insurance							
a. Insurance on Property (buildings only)				\$ 33,117	18,546		14,571
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 266,410	149,190		117,220
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 299,527	167,736		131,791
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 15,077,016	11,270,458		3,806,558

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton center			2374	9/30/2018	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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 23,512	15,753		7,759
<b>Page 13 - Professional Fees</b>							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 612,363	612,363		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 106,248	71,186		35,062
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 19,617	13,143		6,473
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,128	2,128		
21.			Unallowable Management Fees	\$ (91,784)	(61,495)		(30,289)
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 35,078	29,793		5,285
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 707,161	682,871		24,290

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0	15752.83767	0 7758.860347
0	0	Assistant Administrator's salary disa	0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
<b>Total Other Salaries Adjustment</b>			\$ 15,753	\$ -	\$ 7,759

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	107,259.41	0 0
13	5	Rehabilitation Services	3195620020	360,111.31	0 0
13	9	Speech Therapist	3170620020	31,926.37	0 0
13	10	Occupational Therapist	3105620020	76,439.12	0 0
13	12	Other	3010620020	440.00	0 0
13	12	Other	3015620020	-	0 0
13	12	Respiratory Purchased Servies	3155620020	36,186.48	0 0
				0	0
				0	0
				0	0
				0	0
				0	0
<b>Total Other Fees Adjustments</b>			\$ 612,363	\$ -	\$ -
			\$ -		

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	1020630310	Chamber of Commerc	0	0 0
16	m-13	1020630120	Collection Fees	942.8307	0 464.3793
16	m-13	1020660990	Estimated Accrual	-857.5799	0 -422.3901
16	m-13	7010800030	Non-recurring charges	0	0 0
16	m-13	1020640080	Penalty and Fines	0	0 0
16	m-12		0	0	0 0
15	1-a-1	adj workers comp	0	29707.95966	0 5242.581116
0	0		0	0	0 0
0	0		0	0	0 0
0	0		0	0	0 0
<b>Total Other A&amp;G Adjustments</b>			\$ 29,793	\$ -	\$ 5,285
			0	0	0

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

Name of Facility				License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton cente				2374	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 707,161	682,871		24,290
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 200,691	200,691		
28.	20	5-d	Ambulance/Limousine	\$ 12,366	12,366		
29.	20	5-f	X-rays, etc	\$ 6,648	6,648		
30.	20	5-h	Laboratory	\$ 16,474	16,474		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 18,571	18,571		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 26,088	26,088		
<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.			Other - Indirect	\$ 41,779	23,396		18,383
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 253,109	141,741		111,368
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,282,887	1,128,846		154,041

\*\*\* 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.

1145 Poquonnock Road Operations LLC ,d/b/a Groton center  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	789.66	3010610300	-
20	5-j	Respiratory Supplies	12,994.83	3155630530	-
20	5-j	Respiratory Rental	12,303.89	3155660080	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
<b>Total Other Ancillary Costs</b>			<b>\$ 26,088</b>	<b>\$ -</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)
27.00	14,c1	General liability Insurance Adjust	141,741.03	-	111,367.95
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
<b>Total Other Adjustments</b>			\$ 141,741	\$ -	\$ 111,368
			\$ 141,741	\$ -	\$ 111,368

Schedule of Unallowable Building Interest

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

Schedule of Other Misc - Indirect

Page Ref	Line Ref	Description	CCNH	RHNS	i
20.00	5-i	Cable TV	23,396.10	3005660130	18,382.65
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
<b>Total Other Misc - Indirect</b>			\$ 23,396	\$ -	\$ 18,383

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC , 2374		9/30/2018			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 11,533,576	9,226,861		2,306,715		
b. Medicaid Room and Board Contractual Allowance **	\$ (4,466,613)	(3,573,290)		(893,323)		
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,631,060	1,631,060				
b. Medicare Room and Board Contractual Allowance **	\$ (430,118)	(430,118)				
4. a. Private-Pay Residents and Other	\$ 4,001,473	2,841,046		1,160,427		
b. Private-Pay Room and Board Contractual Allowance **	\$ (422,041)	(299,649)		(122,392)		
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 142,796	142,796				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (37,656)	(37,656)				
c. Prescription Drugs - Non-Medicare	\$ 72,811	48,783		24,028		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (11,972)	(8,021)		(3,951)		
2. a. Medical Supplies - Medicare	\$ 63	63				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (16)	(16)				
c. Medical Supplies - Non-Medicare	\$ 99	66		33		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (38)	(25)		(13)		
3. a. Physical Therapy - Medicare	\$ 493,015	493,015				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (130,010)	(130,010)				
c. Physical Therapy - Non-Medicare	\$ 202,351	135,575		66,776		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (33,357)	(22,349)		(11,008)		
4. a. Speech Therapy - Medicare	\$ 114,805	114,805				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (30,274)	(30,274)				
c. Speech Therapy - Non-Medicare	\$ 43,118	28,889		14,229		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (5,831)	(3,907)		(1,924)		
5. a. Occupational Therapy - Medicare	\$ 460,083	460,083				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (121,326)	(121,326)				
c. Occupational Therapy - Non-Medicare	\$ 175,201	117,385		57,816		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (28,881)	(19,350)		(9,531)		
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 40,592	27,197		13,395		
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 163,524	109,561		53,963		
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,356,434	10,701,194		2,655,240		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 542	542				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 1,688	1,688				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 2,230	2,230				
<b>VI. Total All Revenue</b> (III +V)	\$ 13,358,664	10,703,424		2,655,240		

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare	X-Ray	3,218.46	-	1,585.21
II-6-a	Medicare	Laboratory	6,588.26	-	3,244.97
II-6-a	Medicare	Respiratory Therapy & Supplie	19,337.98	-	9,524.67
II-6-a	Medicare	Nursing Treatment Supplies	-	-	-
II-6-a	Medicare	Audiology	-	-	-
II-6-a	Medicare	Incontinency	-	-	-
II-6-a	Medicare	Oxygen & Supplies	-	-	-
II-6-a	Medicare	Physician Visit	-	-	-
II-6-a	Medicare	Ambulance	-	-	-
II-6-a	Medicare	Flu Shot	7,792.68	-	3,838.18
II-6-a	Contractuals-Medicare	X-Ray	(848.72)	-	(418.03)
II-6-a	Contractuals-Medicare	Laboratory	(1,737.35)	-	(855.71)
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	(5,099.51)	-	(2,511.70)
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	-	-
II-6-a	Contractuals-Medicare	Audiology	-	-	-
II-6-a	Contractuals-Medicare	Incontinency	-	-	-
II-6-a	Contractuals-Medicare	Oxygen & Supplies	-	-	-
II-6-a	Contractuals-Medicare	Physician Visit	-	-	-
II-6-a	Contractuals-Medicare	Ambulance	-	-	-
II-6-a	Contractuals-Medicare	Flu Shot	(2,054.96)	-	(1,012.15)
0	0	0	-	-	-
<b>Total Other Resident Revenue - Medicare</b>			\$ 27,197	\$ -	\$ 13,395
			\$ -		\$ -

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

**Related Exp**

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	0	0	0
II-6-b	Medicaid	Laboratory	259.4039	0	127.7661
II-6-b	Medicaid	Respiratory Therapy & Supplie	7373.8592	0	3631.9008
II-6-b	Medicaid	Nursing Treatment Supplies	0	0	0
II-6-b	Medicaid	Audiology	-	0	0
II-6-b	Medicaid	Incontinency	-	0	0
II-6-b	Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Medicaid	Physician Visit	-	0	0
II-6-b	Medicaid	Ambulance	-	0	0
II-6-b	Medicaid	Flu Shot	-	0	0
II-6-b	Contractuals-Medicaid	X-Ray	-	0	0
II-6-b	Contractuals-Medicaid	Laboratory	(100.46)	0	-49.48002798
II-6-b	Contractuals-Medicaid	Respiratory Therapy & Supplie	(2,855.68)	0	-1406.527656
II-6-b	Contractuals-Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals-Medicaid	Audiology	-	0	0
II-6-b	Contractuals-Medicaid	Incontinency	-	0	0
II-6-b	Contractuals-Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Contractuals-Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals-Medicaid	Ambulance	-	0	0



II-6-b	Contractuals-Medicaid	Flu Shot	-	0	0
II-6-b	Private,insurance, other	X-Ray	2,041.60	0	1005.5661
II-6-b	Private,insurance, other	Laboratory	2,893.40	0	1425.1083
II-6-b	Private,insurance, other	Respiratory Therapy & Supplie	11,015.46	0	5425.5267
II-6-b	Private,insurance, other	Nursing Treatment Supplies	-	0	0
II-6-b	Private,insurance, other	Audiology	-	0	0
II-6-b	Private,insurance, other	Incontinency	-	0	0
II-6-b	Private,insurance, other	Oxygen & Supplies	-	0	0
II-6-b	Private,insurance, other	Physician Visit	-	0	0
II-6-b	Private,insurance, other	Ambulance	-	0	0
II-6-b	Private,insurance, other	Flu Shot	-	0	0
II-6-b	Private,insurance, other	Capitation Contracts	101,299.98	0	49894.02
II-6-b	Contractuals-Non-Medicaid	X-Ray	(215.33)	0	-106.05826
II-6-b	Contractuals-Non-Medicaid	Laboratory	(305.17)	0	-150.3078779
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	(1,161.81)	0	-572.236794
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	0	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	0	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	-	0	0
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	0	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	-	0	0
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(10,684.23)	-	(5,262.38)
	0	0	0	0	0
<b>Total Other Resident Revenue</b>			\$ 109,561	\$ -	\$ 53,963
			\$ -	\$ -	

## Interest Income

### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest on Overdue Accts	Interest	541.95	0	0
0	0	0	0	0	0
0	0	0	0	0	0
<b>Total Interest Income</b>			\$ 542	\$ -	\$ -
			\$ -		

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	SALON RENT	1,075.23	-	-
IV-8	Medical Supplies	25.88	-	-
IV-8	RehabCare Settlement Adm	7.04	-	-
IV-8	Rehab Screen	580.00	-	-
IV-8	0	0	-	-
IV-8	0	0	-	-
IV-8	0	0	-	-
0	0	0	-	-
0	0	0	-	-
0	0	0	-	-
0	0	0	-	-
0	0	0	-	-
<b>Total Other Revenue</b>		\$ 1,688	\$ -	\$ -
		\$ 0		

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	4,790
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,221,083
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(114,080)
4. Inventories			\$	43,684
5. Prepaid Expenses			\$	106,794
a. Prepaid Expenses				
b. Prepaid Property Tax	86,799			
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	19,995			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,262,271
B. Fixed Assets				
1. Land			\$	1,750,000
2. Land Improvements	*Historical Cost	4,185	\$	2,825
	Accum. Depreciation	1,360		Net
3. Buildings	*Historical Cost	16,960,734	\$	10,886,269
	Accum. Depreciation	6,074,465		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	237,460	\$	62,143
	Accum. Depreciation	175,317		Net
6. Movable Equipment	*Historical Cost	1,014,154	\$	355,018
	Accum. Depreciation	659,136		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
PPE CIP				
_____				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	13,056,255

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

(Carry Total forward to next page )

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$ 14,318,526	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost _____	Accum. Depreciation _____	Net	
3. Buildings			\$	
	*Historical Cost _____	Accum. Depreciation _____	Net	
4. Non-Movable Equipment			\$	
	*Historical Cost _____	Accum. Depreciation _____	Net	
5. Movable Equipment			\$	
	*Historical Cost _____	Accum. Depreciation _____	Net	
6. Motor Vehicles			\$	
	*Historical Cost _____	Accum. Depreciation _____	Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost _____	Accum. Depreciation _____	Net	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$ (1,224,965)	
O L/T A Suspense				
I/C Due to/Due From Owned			(1,224,965)	
I/C Due to/Due From Multicare				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ (1,224,965)	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 13,093,562	

\* 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 1145 Poquonnock Road Operations LLC ,d		License No. 2374	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,067,551	
<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> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
LT Debt-Financing Obligation		26,461,593		26,461,593	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 26,461,593	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 27,529,144	

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

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations L	2374	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(4,490,840)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(8,226,395)
6. Gain or Loss for Period			\$	(1,718,349)
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(14,435,584)
<b>C. Total Reserves and Net Worth</b>			\$	(14,435,584)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	13,093,560

### H. Changes in Total Net Worth

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(12,717,233)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	13,358,665
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	15,077,016
D. Net Income or Deficit			\$	(1,718,351)
E. Balance			\$	(14,435,584)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(14,435,584)

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

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Thomas Farnan Title -Sr. Director of Reimbursement				
Address Address		Phone Number		
200 Brickstone Square, Andover, MA 01810		978-247-5029		