

February 11, 2019

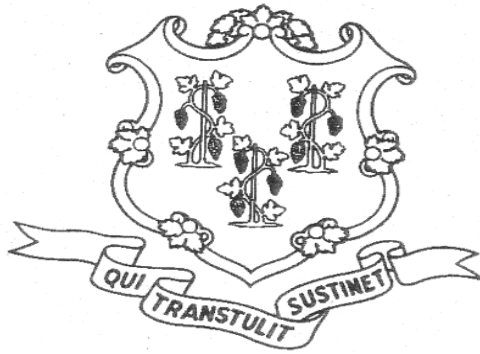
Mr. Chris LaVigne, Director
Office of Reimbursement and CON
Department of Social Services
55 Farmington Ave
Hartford, CT 06105

Dear Chris:

Enclosed please find the 2018 Medicaid Cost Report for Marlborough Health Care Center, Inc.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Marlborough Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 85 Stage Harbor Road, Marlborough, CT 06447	
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 200RH	RHNS	(Specify)	Medicare Provider 07-5384
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 75064	RHNS	ICF-IID
----------------------------	---------------	------	---------

For Department Use Only

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) Marlborough Health Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2018	Page 1	of 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 Marlborough Health Care Center, Inc. [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) Robert Guastella			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Marlborough Health Care Center, Inc.	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 85 Stage Harbor Road, Marlborough, CT 06447				
Report Prepared By Blum, Shapiro & Company, P.C.	Phone Number 203-944-2100	Date 2/11/2019		
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-295-9531		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Marlborough Health Care Center, Inc.		Address (No. & Street, City, State, Zip) 85 Stage Harbor Road, Marlborough, CT 06447		
License Numbers:	CCNH 200RH	RHNS	(Specify)	Medicare Provider No. 07-5384
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Thomas Harris		Nursing Home Administrator's License No.:	000723	
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 Marlborough Health Care Center, Inc.	License No. 200RH	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	Business Address	State(s) in Which Incorporated		
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	President	50	
Marvin Ostreicher	181 Wildacre Avenue, Lawrence, NY 11559	Secretary	50	
Names of Stockholders Owning at Least 10% of Shares				
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	President	50	
Marvin Ostreicher	181 Wildacre Avenue, Lawrence, NY 11559	Secretary	50	

**General Information and Questionnaire
 Related Parties***

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2018	Page 4	of 37
--	----------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See attachment		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire
Related Parties***

Name of Facility Marlborough Health Care Center, Inc.		License No. 200RH		Report for Year Ended 9/30/2018		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," provide the following information:	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Preferred Therapy Solutions	850 Silas Deane Highway Wethersfield CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	43%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	552,633	541,584
National Health Care Associates - Aetna	850 Silas Deane Highway Wethersfield CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	573,346	573,346
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Radiology	20 5f	19,213	17,944
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	419,877	419,877
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consulting Fees	16 m13	21,582	21,582
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Interest Expense	27 12d	2,700	2,700
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent & Other Expenses	16 m12	1,740	1,740
20Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent & Other Expenses	16 m12	15,581	15,581
Cambridge Manor of Fairfield, LLC	2428 Easton Turnpike, Fairfield, CT 06824	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Bank Fees	16 m13	4,082	4,082
Water's Edge Center for Health and Rehabilitation	11 Church Street, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Reimbursement for Fiscal Operations	16 m13	352	352
Millborough Realty	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Lease of Facility	22 9	210,000	210,000
Procure LTC Pharmacy of CT	1492 Highland Ave., Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs/OTC's/Supplies/Consult/Fees	20/13 5a2,b,j/b3,12	351,032	327,241

* Use additional sheets if necessary.

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

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

**General Information and Questionnaire
Related Parties***

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2018	Page 4	of 37
--	----------------------	------------------------------------	-----------	----------

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		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	81,224	81,224
The Reservoir Center for Health and Rehabilitation	400 Bolton St, Marlborough, MA 01752	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31	A8	25,566	25,566
National Health Care Associates - Aetna	850 Silas Deane Highway Wethersfield CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts payable	33	A1	1,263,177	1,263,177
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33/34	A12B4	99,612	99,612
Preferred Therapy Solutions	850 Silas Deane Highway Wethersfield CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	Due to Related	33	A12	310,551	310,551
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Due to Related	33	A12	7,366	7,366
Cambridge Manor of Fairfield, LLC	2428 Easton Turnpike, Fairfield, CT 06824	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	2,507	2,507
Harbor Hill Care Center, Inc.	11 Church Street, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	25,206	25,206
Riverside Health Care Center, Inc.	745 Main St., East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	59,785	59,785
Regency House of Wallingford, Inc.	1 East Main Street, Wallingford, CT 06492	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	15,230	15,230
Procare LTC Pharmacy of CT	1492 Highland Ave., Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33	A12	489,715	489,715
Procare LTC Pharmacy of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33	A12	6,477	6,477
The Pines at Poughkeepsie Poughkeepsie	100 Franklin Street, Poughkeepsie, NY 12601	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33	A12	1,077	1,077

* Use additional sheets if necessary.

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

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	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. Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Marlborough Health Care Center, Inc.			License No. 200RH	Report for Year Ended 9/30/2018			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Reliable Health Systems - Nostrand Avenue, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	Ongoing	2,930	2,930	
Wescom Solutions - P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	Ongoing	Ongoing	28,173	28,173	
De Lage Landen - P.O. Box 41602, Philadelphia, PA 19101-1602-4798105	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/15	39 months	1,533	894	
De Lage Landen - P.O. Box 41602, Philadelphia, PA 19101-1602-47497579	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/01/14	39 months	709	414	
Leaf - P.O. Box 742647, Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/01/16	39 months	2,497	2,362	
Leaf - P.O. Box 742647, Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/18	39 months	3,596	1,798	
Jaguar Land Rover - 1568 West Chester Pike, West Chester, PA 19382	<input type="radio"/>	<input checked="" type="radio"/>	Car	06/01/17	36 months	9,204	9,204	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							45,775	

* 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.



LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Marlborough Healthcare
Telephone No: 8602959531

Billing Address: 85 STAGE HARBOR RD, MARLBOROUGH, CT 06447
Equipment Location (if other than Billing Address): 85 Stage Harbor Road, Marlborough, CT 06447

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)

Table with columns: Unit Quantity, Description of Equipment Leased, Make and Type, Model Number, Serial Number. Includes sub-table for END OF LEASE PURCHASE OPTION with rows for Fair market value, 10% of Equipment cost, and \$1.00, plus taxes.

**If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

TERMS AND CONDITIONS

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:
1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of equipment.
4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the Equipment acceptable to us, naming us loss payee and additional insured. If you do not

provide us with proof of such insurance, we may secure insurance on the Equipment to cover our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of such insurance and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment. If we pay any taxes, (including property tax), fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Lease Payments, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Lease for you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.
11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties. This Lease may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Lease is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Lease that it was executed or transmitted to us by electronic means. You will use the Equipment only for business purposes and not for personal, family or household use.

ACCEPTED BY LESSEE: Marlborough Healthcare
Lessee Authorized Signature: [Signature]
Print Name: MICHAEL BOLAN
Title: PROHIBING
E-Mail Address:
Date: 4/23/18
Tax ID Number:

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X
Accepted by: LEAF Capital Funding, LLC By: [Signature]
Print Name:
Title:
E-Mail Address:
Date:



**SCHEDULE A TO LEASE AGREEMENT
(EQUIPMENT DESCRIPTION)**

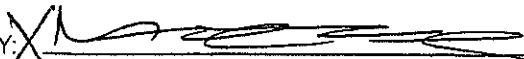
Lease Application No.: 448974

Location: 85 STAGE HARBOR RD, MARLBOROUGH, CT 06447
Toshiba E-Studio 4508A

Location: 85 Stage Harbor Road, Marlborough, CT 06447
Toshiba E-Studio 477SL

LESSEE: Marlborough Healthcare

LEAF CAPITAL FUNDING, LLC

BY: 

BY: _____

PRINT NAME: Michael Bokor

PRINT NAME: _____

TITLE: Purchasing

TITLE: _____

DATE: 4/23/18

DATE: _____

General Information and Questionnaire
Accounting Basis

Name of Facility Marlborough Health Care Center, In	License No. 200RH	Report for Year Ended 9/30/2018	Page 7	of 37
--	----------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
---	--

Services Provided by This Firm (*describe fully*)

1 Review, preparation of Medicare and Medicaid cost reports, and year end tax services.	\$ 27,140
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 27,140

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 See Attachment 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 See Attachment	\$ 14,473
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 14,473

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

General Information and Questionnaire
Accounting Basis

Name of Facility Marlborough Heath Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2018	Page 7	of 37
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Goldman, Gruder & Wood		(203) 899-8900	
2	Rogin Nassau, LLC		(860) 278-7480	
3	The Waldis Law Firm		(315) 445-1700	
4	Murtha Cullina		(860) 240-6000	
5	Marlborough Probate Court			
6	Jackson Lewis		(631) 247-0404	
Address (No. & Street, City, State, Zip Code)				
1	200 Connecticut Avenue Norwalk, CT. 06854			
2	185 Asylum Street- 22ND Floor Hartford CT 06103-3460			
3	6312 Fly Road, East Syracuse, NY 13057			
4	PO Box 150435, Hartford CT 06115			
5				
6	58 South Service Rd Suite 250, Melville NY 11747			
Services Provided by This Firm (<i>describe fully</i>)				
1	Collections - Disallow		\$	8,673
2	Reorganization/Refinance - Disallow		\$	2,814
3	Reorganization/Refinance - Disallow		\$	1,125
4	IDR - Disallow		\$	450
5	Probate - Disallow		\$	277
6	Labor - Disallow		\$	1,134
			Charge for Services Provided	
			\$	14,473
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15 line 1e				

Schedule of Resident Statistics

Name of Facility Marlborough Health Care Center, Inc.		License No. 200RH			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	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	96	96			96	96			96	96		
B. As of midnight of THIS report period	94	94			96	96			94	94		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,097	4,097			2,917	2,917			1,180	1,180		
B. Medicaid (Conn.)	27,964	27,964			20,654	20,654			7,310	7,310		
C. Medicaid (other states)												
D. Private Pay	2,717	2,717			2,277	2,277			440	440		
E. State SSI for RCH												
F. Other (Specify) Managed Care	404	404			334	334			70	70		
G. Total Care Days During Period (3A thru F)	35,182	35,182			26,182	26,182			9,000	9,000		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	35,182	35,182			26,182	26,182			9,000	9,000		

Schedule of Resident Statistics (Cont'd)

Name of Facility Marlborough Health Care Center, Inc.			License No. 200RH			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? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	9	81				4							
Per Diem Rate													
a. One bed rm.	PPS		219.18			480.00							
b. Two bed rms.	PPS		219.18			430/460							
c. Three or more bed rms.	PPS					395.00							
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,254	2,254			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									665	665			
C. Other									9,989	9,989			
D. Total Physical Therapy Treatments									12,908	12,908			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									472	472			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									80	80			
C. Other									906	906			
D. Total Speech Therapy Treatments									1,458	1,458			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,621	2,621			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									485	485			
C. Other									9,977	9,977			
D. Total Occupational Therapy Treatments									13,083	13,083			

Report of Expenditures - Salaries & Wages

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	25,954	50				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	126,344	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	111,189	5,887				
5. Dietary Service						
a. Head Dietitian	26,508	739				
b. Food Service Supervisor	60,576	2,080				
c. Dietary Workers	303,568	19,201				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	234,721	15,524				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,333	2,056				
b. Other Maintenance Workers	39,440	2,283				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	26,248	1,356				
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	172,810	3,720				
b. RN						
1. Direct Care	573,570	15,791				
2. Administrative**	143,878	3,651				
c. LPN						
1. Direct Care	857,687	29,317				
2. Administrative**						
d. Aides and Attendants	1,458,233	89,679				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	94,175	4,821				
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	118,666	4,972				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	4,440,900	203,207				

* 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
Marlborough Health Care Center, Inc.				200RH	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)							
Section I - Operators/Owners										
Marvin J. Ostreicher - 184 Wildacre Avenue, Lawrence, NY 11559	25,954			Same as employees	Supervises operations, deals with DNS & financial management	50	a1	See attached		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

MARVIN J. OSTREICHER- OWNER
 TIME STUDY
 YEAR END SEPTEMBER 30, 2018

	BEDS	Total w/ Bnft
Augusta	72	45.19
Belair	102	50.90
Bethel	161	57.21
Bloomfield	120	53.32
Brattleboro	80	47.05
Brentwood	78	45.83
Brewer	111	53.11
Bristol	132	52.61
Cambridge	160	60.60
Catskill	136	55.04
Colony	92	51.58
Country	111	56.86
Dover	112	53.47
Eastside	69	46.37
Eliot	114	53.93
Glen Falls	120	53.32
Huntington	320	72.22
Kennebunk	78	50.58
Hebrew Home	257	75.23
Ludlowe	144	57.39
Maple View	120	52.32
Marlborough	120	50.32
Maywood	120	57.57
Milford	120	51.07
Newton Wellseley	110	51.76
Norway	70	46.23
Poughkeepsie	200	59.88
Regency	130	50.89
Reservoir	144	65.64
Riverside	345	74.64
Rutland	125	51.36
Sachem	111	49.36
Sands Point	180	61.74
Utica	117	46.00
Village Crest	95	51.40
Water's Edge	150	57.53
Westgate	104	49.61
Winship	72	45.44
Total	5,002	2,064.62
Vacation		
Sick		
Personal		
Holiday		
Total		

**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	
Marlborough Health Care Center, Inc.				200RH	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)							
Section III - Administrators***										
Thomas Harris	126,344			Same as employees	Supervises operations, deals with DNS & financial management	2,080	a2			
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Marlborough Health Care Center, Inc.	200RH	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	1,706	49				
2. Dentist	6,668	Disallowed				
3. Pharmacist	10,712	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	240,696	4,822				
b. Other						
6. Social Worker	24,017	816				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	82,800	256				
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	50,961	999				
b. Other						
10. Occupational Therapist						
a. Resident Care	249,902	5,032				
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	17,352	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	684,814	11,974				

* 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 Marlborough Health Care Center, Inc.		License No. 200RH		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Jane Querido - 177 Lexington Road, Glastonbury, CT 06033	Consulting Fees - Dietary	<input type="radio"/>	<input checked="" type="radio"/>			
Gerident Solutions - P.O. Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Procare LTC of Connecticut - 111 Executive Boulevard, Farmingdale, NY 11735	Pharmaceutical, Consulting Fees - Nursing, Therapy & Ancillary	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Therapy Solutions - 850 Silas Deane Highway, Wethersfield, CT, 06109	PT, OT, ST, and Consultation Fees - Therapy & Ancillary	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Riverside Health Care - 745 Main Street, East Hartford, CT 06108	Social Worker	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Dr. Thomas Larson - 78 East Wharf Road, Madison, CT 06443	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Middlesex Cardiology - 420 Saybrook Road, Middletown, CT 06457-4700	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Starling Physicians - 2110 Sillas Deane Highway, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
MassTex Imaging LLC - 3 Electronics Avenue, Suite # 201, Danvers, MA 01923-1099	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" 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
Marlborough Health Care Center, Inc.	200RH	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 269,963	269,963			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 59,854	59,854			
4. Social Security (F.I.C.A.)	\$ 330,772	330,772			
5. Health Insurance	\$ 573,346	573,346			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 10,562	10,562			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 27,140	27,140			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 14,473	14,473			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 17,149	17,149			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 50,919	50,919			
2. Cellular Phones	\$ 1,663	1,663			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 698	698			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 653,407	653,407			
Subtotal	\$ 2,009,946	2,009,946			

* 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**

Marlborough Health Care Center, Inc.
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Marlborough Health Care Center, Inc.	200RH	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,009,946	2,009,946		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	8,870	8,870		
4. Employee Travel	\$	1,502	1,502		
5. Education Expenses Related to Seminars and Conventions	\$	1,950	1,950		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	28,547	28,547		
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	\$	3,120	3,120		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	9,199	9,199		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	8,513	8,513		
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>)	\$				
12. Administrative Management Services**	\$	437,199	437,199		
13. Other (<i>Specify</i>) See Attached Schedule	\$	134,026	134,026		
C-14 Total Administrative & General Expenditures	\$	2,642,872	2,642,872		

* 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotional Administration - Disallowed	\$ 9,701		
Advertising Promotional Marketing - Disallowed	\$ 18,846		
Total Other Advertising	\$ 28,547	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,889		
ACHCA	\$ 310		
Total Dues	\$ 9,199	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees - Administration	\$ 21,582		
IT Services - Administration	\$ 32,755		
Purchased Services - Administration	\$ 365		
Purchased Services - Fiscal Operations	\$ 23,553		
Licenses and Permits - Administration	\$ 2,153		
Penalties - Administration	\$ 9,770		
Bank Charges - Administration	\$ 16,910		
Background Check - Administration	\$ 4,929		
Crime Insurance - Administration	\$ 1,157		
Miscellaneous Expenses - Administration	\$ 11,229		
Prior Period Expense	\$ 9,623		
Total Other Administrative and General	\$ 134,026	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.	200RH	9/30/2018	17	37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
National Healthcare Associates, Inc.	437,199	See attached	Page 16, line M12	

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

Start Date: 10/1/2017
 End Date: 9/30/2018

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	
Beds	90	132	160	144	120	90	120	95	130	345	150	
Bed %	1.78%	2.60%	3.16%	2.84%	2.37%	1.78%	2.37%	1.87%	2.56%	6.80%	2.96%	
300001-0000-00-000-0	TROY Shared Cost	(1,943.94)	(2,742.10)	(3,324.01)	(2,991.65)	(2,493.45)	(1,943.94)	(2,493.45)	(1,973.65)	(2,700.62)	(7,167.87)	(3,116.89)
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt. - - -	(1.81)	(2.65)	(3.21)	(2.89)	(2.41)	(1.81)	(2.41)	(1.91)	(2.61)	(6.92)	(3.01)
400000-0000-00-000-0	Salary-National Healthcare Management - - -	264,999.02	364,469.85	441,813.25	397,631.70	331,394.61	264,999.02	331,394.61	262,318.45	358,952.32	952,686.82	414,240.51
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Oper -	17,230.93	23,620.40	28,632.84	25,769.50	21,476.78	17,230.93	21,476.78	17,000.17	23,262.74	61,741.11	26,845.71
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Oper -	122.65	176.14	213.50	192.18	160.15	122.65	160.15	126.74	173.47	460.40	200.17
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Oper -	925.43	1,370.82	1,661.73	1,495.53	1,246.47	925.43	1,246.47	986.69	1,350.09	3,583.22	1,558.05
401201-0000-00-000-0	SUI - NY-National Healthcare Management - - -	99.64	109.61	132.86	119.58	99.64	99.64	78.87	107.94	107.94	286.49	124.56
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - - -	513.04	687.23	833.06	749.74	624.88	513.04	624.88	494.61	676.82	1,796.39	781.06
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op -	23,804.70	32,374.53	39,244.43	35,320.56	29,437.89	23,804.70	29,437.89	23,300.86	31,884.16	84,625.87	36,798.26
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op -	(77.84)	168.85	204.88	184.32	153.83	(77.84)	153.83	121.79	166.50	441.80	192.22
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op -	(2.29)	(2.52)	(3.05)	(2.75)	(2.29)	(2.29)	(2.29)	(1.81)	(2.48)	(6.58)	(2.86)
401700-0000-04-000-0	Pension-National Healthcare Management-Fiscal Op -	3,611.35	5,295.00	6,418.82	5,776.89	4,815.09	3,611.35	4,815.09	3,811.31	5,215.02	13,841.42	6,018.90
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op -	765.51	962.82	1,166.99	1,050.39	875.37	765.51	875.37	692.88	948.16	2,516.49	1,094.20
402000-0000-04-000-0	Holiday Expense-National Healthcare -Fiscal Op -	1,470.14	1,623.17	1,967.41	1,770.81	1,475.56	1,470.14	1,475.56	1,167.93	1,598.36	4,242.47	1,844.61
410000-0000-04-000-0	Supplies-National Healthcare Management-Fiscal Op -	1,113.16	1,446.66	1,753.81	1,578.28	1,315.29	1,113.16	1,315.29	1,041.26	1,424.67	3,781.51	1,644.29
410000-0000-08-000-0	Supplies-National Healthcare Management-Maintenan -	0.20	0.30	0.36	0.32	0.27	0.20	0.27	0.21	0.29	0.78	0.34
410000-0000-09-000-0	Supplies-National Healthcare Management-Housekeep -	18.93	26.69	32.38	29.13	24.28	18.93	24.28	19.20	26.30	69.81	30.35
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Oper -	20.06	27.04	32.78	29.51	24.59	20.06	24.59	19.45	26.63	70.67	30.73
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op -	3,349.05	4,263.06	5,167.60	4,650.98	3,876.11	3,349.05	3,876.11	3,068.01	4,198.32	11,143.22	4,845.38
432000-0000-03-000-0	Accounting Fees-National Healthcare -Administr -	323.10	465.10	563.72	507.39	422.91	323.10	422.91	334.74	458.02	1,215.68	528.65
433000-0000-03-000-0	Legal Fees-National Healthcare Manag-Administr -	24,519.09	33,704.09	40,856.21	36,771.08	30,647.18	24,519.09	30,647.18	24,257.98	33,193.69	88,101.52	38,309.69
433100-0000-03-000-0	Legal Fees - Labor-National Healthca-Administr -	(20.11)	(29.49)	(35.75)	(32.18)	(26.82)	(20.11)	(26.82)	(21.23)	(29.05)	(77.09)	(33.52)
433300-0000-03-000-0	Legal Fees - Non-reimbursa-National -Administr -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
440000-0000-03-000-0	Purch Services-National Healthcare M-Administr -	8,110.46	10,634.36	12,890.41	11,601.74	9,669.40	8,110.46	9,669.40	7,653.29	10,473.00	27,796.95	12,086.98
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan -	3,689.99	4,657.05	5,645.05	5,080.76	4,234.32	3,689.99	4,234.32	3,351.62	4,586.36	12,172.96	5,293.01
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep -	550.95	707.55	857.74	771.99	643.33	550.95	643.33	509.19	696.80	1,849.61	804.26
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security -	3.49	3.83	4.65	4.18	3.49	3.49	3.49	2.76	3.78	10.03	4.36
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance -	18.23	25.09	30.45	27.37	22.84	18.23	22.84	18.05	24.71	65.63	28.57
441000-0000-03-000-0	Computer Expense-National Healthcare-Administr -	9,602.89	13,073.52	15,847.76	14,263.11	11,887.53	9,602.89	11,887.53	9,409.41	12,875.56	34,173.29	14,859.73
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op -	2,319.41	3,138.88	3,804.96	3,424.55	2,854.12	2,319.41	2,854.12	2,259.02	3,091.35	8,204.98	3,567.68
461000-0000-03-000-0	Telephone-National Healthcare Management-Administr -	2,817.94	3,819.97	4,630.55	4,167.56	3,473.48	2,817.94	3,473.48	2,749.31	3,762.17	9,985.33	4,341.96
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administr -	1,536.11	2,072.18	2,511.95	2,260.77	1,884.24	1,536.11	1,884.24	1,491.39	2,040.77	5,416.67	2,355.34
462000-0000-25-000-0	Electric-National Healthcare Management-Property -	1,837.33	2,467.33	2,990.89	2,691.80	2,243.49	1,837.33	2,243.49	1,775.81	2,429.96	6,449.47	2,804.43
463000-0000-25-000-0	Gas-National Healthcare Management-Property -	305.79	428.06	518.92	467.02	389.27	305.79	389.27	308.12	421.60	1,118.98	486.59
466000-0000-25-000-0	Water-National Healthcare Management-Property -	132.24	179.75	217.90	196.11	163.47	132.24	163.47	129.35	177.04	469.89	204.33
471000-0000-25-000-0	Rent-National Healthcare Management-Property -	14,794.21	19,905.81	24,129.69	21,717.14	18,100.00	14,794.21	18,100.00	14,326.56	19,604.14	52,032.82	22,625.55
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Op -	820.78	1,099.95	1,333.33	1,199.88	1,000.03	820.78	1,000.03	791.68	1,083.24	2,875.08	1,250.08
473000-0000-25-000-0	Real Estate Taxes-National Healthcare-Fiscal Op -	(716.91)	(780.76)	(946.34)	(851.77)	(709.74)	(716.91)	(709.74)	(561.77)	(768.82)	(2,040.66)	(887.27)
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op -	582.08	940.32	1,139.91	1,025.95	855.15	582.08	855.15	676.88	926.15	2,458.10	1,068.92
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op -	8,998.22	12,011.33	14,559.99	13,104.26	10,921.61	8,998.22	10,921.61	8,644.68	11,829.25	31,396.88	13,652.33
491000-0000-03-000-0	Dues and Subscriptions-National Hea-Administr -	392.70	526.60	638.32	574.53	478.78	392.70	478.78	379.01	518.58	1,376.35	598.50
500000-0000-03-000-0	Licenses and Permits-National Health-Administr -	123.38	176.67	214.25	192.80	160.69	123.38	160.69	127.18	174.03	461.97	200.86
501000-0000-03-000-0	Advertising Employment-National Hea-Administr -	5,150.47	6,788.98	8,229.43	7,406.65	6,172.94	5,150.47	6,172.94	4,886.01	6,685.99	17,745.85	7,716.36
501100-0000-03-000-0	Advertising Promotional-National Hea-Administr -	6,954.58	8,856.77	10,735.89	9,662.06	8,051.97	6,954.58	8,051.97	6,373.80	8,722.33	23,149.01	10,064.86
503000-0000-03-000-0	Interest-National Healthcare Management-Administr -	895.38	1,098.38	1,331.31	1,198.33	998.60	895.38	998.60	790.44	1,081.65	2,871.00	1,248.33
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration -	757.75	1,056.89	1,281.21	1,153.05	961.02	757.75	961.02	760.70	1,040.90	2,762.72	1,201.37
504000-0000-03-000-0	Postage-National Healthcare Management-Administr -	939.48	1,285.69	1,558.48	1,402.60	1,168.99	939.48	1,168.99	925.33	1,266.22	3,360.57	1,461.38
509000-0000-03-000-0	Seminars-National Healthcare Management-Administr -	592.62	822.89	997.58	897.78	748.24	592.62	748.24	592.26	810.47	2,151.03	935.31
510000-0000-03-000-0	Liability Insurance-National Healthca-Administr -	1,518.24	2,077.00	2,517.78	2,266.01	1,888.66	1,518.24	1,888.66	1,494.90	2,045.59	5,429.23	2,360.84
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administr -	996.03	1,333.80	1,616.83	1,455.12	1,212.80	996.03	1,212.80	959.97	1,313.58	3,486.44	1,516.05
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administr -	(442.70)	(430.00)	(521.18)	(469.13)	(390.86)	(442.70)	(390.86)	(309.32)	(423.38)	(1,123.82)	(488.58)
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administr -	947.46	1,166.02	1,413.38	1,272.10	1,060.18	947.46	1,060.18	839.13	1,148.33	3,047.81	1,325.23
517000-0000-03-000-0	Wor' kmans Comp Insurance-National	278.49	306.35	371.32	334.21	278.49	278.49	278.49	220.42	301.67	800.70	348.15
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administr -	530.80	907.18	1,099.76	989.67	825.02	530.80	825.02	653.07	893.56	2,371.43	1,031.20
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Administr -	2,720.79	3,695.41	4,479.70	4,031.69	3,360.32	2,720.79	3,360.32	2,659.89	3,639.77	9,659.84	4,200.42
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administr -	5,832.23	7,907.91	9,585.93	8,627.39	7,190.06	5,832.23	7,190.06	5,691.44	7,788.04	20,670.14	8,987.55
522000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administr -	4,712.59	6,429.75	7,794.21	7,014.86	5,846.35	4,712.59	5,846.35	4,627.67	6,332.36	16,806.94	7,307.98
541000-0000-03-000-0	Misc. Expense-Nat. Mgmt.-Administration -	777.96	1,039.12	1,259.58	1,133.63	944.89	777.96	944.89	747.81	1,023.30	2,716.08	1,181.08
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp -	1,780.05	2,037.60	2,469.82	2,223.01	1,852.43	1,780.05	1,852.43	1,466.23	2,006.59	5,325.83	2,315.68
541001-0000-03-000-0	Political Contributions-Nat. Mgmt.-Administrat -	118.95	130.85	158.60	142.75	118.95	118.95	118.95	94.15	128.85	342.00	148.70
542000-0000-31-000-0	Corporate Tax - State-National Health-Misc. Exp -	609.38	928.50	1,125.59	1,013.04	844.18	609.38	844.18	668.29	914.48	2,426.93	1,055.17
544000-0000-25-000-0	Sales Tax - Conn.-National Healthcare-Fiscal Op -		5,023.32	6,089.14	5,480.29				3,615.61	4,947.70	13,1	

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

Name of Facility Marlborough Health Care Center, Inc.		License No. 200RH	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	\$ 246,584	246,584		
2.	Non-Food Supplies	\$ 32,169	32,169		
3.	Other (Specify) _____ Equipment Rental - Dietary	\$ 2,126	2,126		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 280,879	280,879		
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 Marlborough Health Care Center, Inc.		License No. 200RH	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. \$				
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>)		\$	136,734	136,734		
c. Other (<i>Specify</i>) Supplies \$352; Diapers \$33,324		\$	33,676	33,676		
3D. Total Laundry Expenditures (3a + b + c)		\$	170,410	170,410		
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
Marlborough Health Care Center, Inc.		200RH	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. \$	24,330	24,330		
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.	Other (<i>Specify</i>)		\$			
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 24,330	24,330		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	323,768	323,768		
b.	Medicine Cabinet Drugs	\$	13,229	13,229		
c.	Medical and Therapeutic Supplies	\$	79,973	79,973		
d.	Ambulance/Limousine***	\$	24,464	24,464		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	9,213	9,213		
f.	X-rays and Related Radiological Procedures***	\$	19,886	19,886		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	29,696	29,696		
i.	Recreation	\$	29,266	29,266		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	52,961	52,961		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 582,456	582,456		

* 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)
Flu Vaccine - Medical Services	\$ 4,320		
Purchased Services - Nursing	\$ 4,126		
Equipment Rental - Nursing	\$ 14,779		
Equipment Rental - Rehabilitation Therapy & Ancillary	\$ 11,334		
Equipment Rental - Respiratory	\$ 18,402		
Total Other Resident Care	\$ 52,961	\$ -	\$ -

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

Name of Facility Marlborough Health Care Center, Inc.			License No. 200RH		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
Aqua Compliance	290 Buckley Road, Salem, CT 06420	<input type="radio"/>	<input checked="" type="radio"/>		Cesspool Maintenance	42,143			22	6a
MJ Daly LLC	110 Mattatuck Heights, Waterbury, CT, 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	26,252			22	6a
Junga Electric LLC	19 Candlewood Road, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Electrical Maintenance	13,887			22	6a
Hartford Sprinkler Company Inc.	4 Britton Drive, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Fire Sprinklers System	11,927			22	6a
Med-Apparel Service Inc.	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	24,973			19	3b
Unitex Textile Rental	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	111,761			19	3b
All Waste, Inc.	143 Murphy Road, Hartford, CT 06114	<input type="radio"/>	<input checked="" type="radio"/>		Garbage Pickup	29,813			22	6f
ADP	P.O. Box 842875, Boston, MA	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	15,109			16	m13
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" 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
Marlborough Health Care Center, Inc.	200RH	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 153,995	153,995				
b. Heat	\$ 56,142	56,142				
c. Light & Power	\$ 140,011	140,011				
d. Water	\$					
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 45,775	45,775				
f. Other (<i>itemize</i>)	\$ 119,729	119,729				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 515,652	515,652				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 154	154				
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 42,769	42,769				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 42,923	42,923				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 88,876	88,876				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 88,876	88,876				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 210,000	210,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 99,737	99,737				
c. Personal property taxes	\$ 12,719	12,719				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 454,255	454,255				

* 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)
Purchased Services - Security	\$ 2,335		
Ground Services - Maintenance	\$ 14,889		
Septic Services - Maintenance	\$ 1,579		
Pest Control - Maintenance	\$ 3,030		
Carting - Maintenance	\$ 31,682		
Sewer - Property	\$ 65,895		
Short Term Lease - Pitney Bowes	\$ 319		
Total Other Repairs and Maintenance	\$ 119,729	\$ -	\$ -

Depreciation Schedule

Name of Facility Marlborough Health Care Center, Inc.			License No. 200RH			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			
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			9,235		9,235		SL	10	154				
A-4. Subtotal										154			
B. Building and Building Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period													
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								
D. Movable Equipment													
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						1,114,968		1,114,968	895,739	SL	Various	42,299	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						7,899		7,899		SL	Various	470	
D-3. Subtotal													42,769
E. Total Depreciation													42,923

Marlborough Health Care Center, Inc.
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/31/2018	Landscaping	\$ 9,235	10	\$ 154
Total additions for Land Improvements		\$ 9,235		\$ 154 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2017	Electric Power Lift	\$ 1,678	10	\$ 154
11/30/2017	Digital Scale	\$ 1,248	10	\$ 114
4/30/2018	80 Electric Bed"	\$ 1,367	12	67
6/30/2018	80 Electric Bed"	\$ 1,796	12	50
6/30/2018	Lift Chair	\$ 1,072	10	36
6/30/2018	Laptop	\$ 738	5	49
Total additions for Movable Equipment		\$ 7,899		\$ 470 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
6/30/2018	Water Storage Tank	\$ 5,314	20	\$ 89
6/30/2018	Hot Water Heater	\$ 16,942	10	\$ 565
6/30/2018	Hot Water Heater Installation	\$ 1,014	10	\$ 34
6/30/2018	Hot Water Heater Installation	\$ 8,950	10	\$ 298
7/31/2018	Hot Water Boiler	\$ 9,875	10	\$ 247
9/30/2018	Storage Tank	\$ 6,378	10	\$ 53
Total additions for Leasehold Improvement		\$ 48,473		\$ 1,286 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Depreciation Schedule

Name of Facility Marlborough Health Care Center, Inc.				License No. 200RH		Report for Year Ended 9/30/2018			Page 23-2	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	Depreciat on for This Year	Totals			
A. Land Improvements														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
A-4. Subtotal														
B. Building and Building Improvements														
1. Acquired prior to this report period				2,006,285		2,006,285	263,566	S/L	25	80,251				
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)				-		-	-	-	-	-				
B-4. Subtotal											80,251			
C. Non-Movable Equipment														
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	Depreciat on for This Year	Totals
			Yes	No	Month	Year								
D. Movable Equipment														
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														
E. Total Depreciation														80,251

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Marlborough Health Care Center, Inc.			200RH		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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period			Various	2,461,577	1,709,921	SL		87,590	
2. Disposals (attach schedule)			Various						
3. Acquired during this report period (attach schedule)			Various	48,473		SL		1,286	
C-4. Subtotal									88,876
D. Total Amortization									88,876

* 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 Marlborough Health Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage		42,799		
7. Acquisition Cost				
a. Land		186,373		
b. Building		1,480,167		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		05/10/18		
c. Interest Rate for the Cost Year		6.21%		
d. Term of Mortgage (number of years)		25		
e. Amount of Principal Borrowed		2,600,000		
f. Principal balance outstanding as of 9/30/18		2,586,113		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)		Fixed		
h. Date of Refinancing		05/10/18		
i. New Interest Rate		6.21%		
j. Term of Mortgage (number of years)		25		
k. Amount of Principal Borrowed		2,600,000		
l. Principal Outstanding on Note Paid-Off		2,352,530		
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
Marlborough Health Care Center, Inc.	200RH	9/30/2018	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. Total Building Interest Expense (A1 - A4 + B5)		\$		

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, In	200RH	9/30/2018	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)	\$	7,553	7,553	
Interest: Administration - \$4,853; Property - \$2,700				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	7,553	7,553	
14. Insurance				
a. Insurance on Property (buildings only)	\$	33,435	33,435	
b. Insurance on Automobiles	\$	6,100	6,100	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	14,559	14,559	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$	40,328	40,328	
General Liability Insurance				
14d. Total Insurance Expenditures (14a + b + c)	\$	94,422	94,422	
15. Total All Expenditures (A-13 thru C-14)	\$	9,898,543	9,898,543	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.				200RH	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	12m	Salaries not related to Resident Care	\$ 9,025	9,025		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	8c	Resident Care Physicians **	\$			
6.	13	10a	Occupational Therapy	\$ 249,902	249,902		
7.			Other - See attached Schedule	\$ 79,333	79,333		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 14,473	14,473		
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 943	943		
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.	16	L6	Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 28,547	28,547		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 698	698		
20.			Fund Raising / Contributions	\$			
21.	16 / 1	m12 /	Unallowable Management Fees	\$ 189,683	189,683		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 114,487	114,487		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 687,091	687,091		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b2	Dentist	\$ 6,668		
13	b12	Consulting Fees - Rehabilitation Therapy and Ancillary	\$ 12,675		
13	B8a	Medical Director (over the limit)	\$ 39,797		
13	b3	Pharmacist	\$ 10,712		
13	B12	Consulting Fees - Nursing	\$ 4,677		
13	B6	Consulting Fees - Social Service	\$ 4,803		
Total Other Fees Adjustments			\$ 79,333	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Gifts to Staff	\$ 8,870		
16	m13	Bank Charges	\$ 16,910		
16	m13	Miscellaneous Expenses	\$ 11,229		
16	m13	Penalties	\$ 9,770		
16	m13	Crime Insurance	\$ 1,157		
15	1a3,4,5,7	Benefits on Salaries not Related to Resident Care	\$ 2,418		
15	1a1	Workers Compensation Retro Expense	\$ 54,510		
16	m13	Prior Period Expense	9,623		
Total Other A&G Adjustments			\$ 114,487	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.				200RH	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 687,091	687,091		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 323,768	323,768		
28.	20	5d	Ambulance/Limousine	\$ 24,464	24,464		
29.	20	5f	X-rays, etc	\$ 19,886	19,886		
30.	20	5h	Laboratory	\$ 29,696	29,696		
31.	20	5c	Medical Supplies	\$ 5,286	5,286		
32.	20	5e2	Oxygen (non emergency)	\$ 9,213	9,213		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 71,309	71,309		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 1,306	1,306		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 18,307	18,307		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 10,402	10,402		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,200,728	1,200,728		

*** 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.

Marlborough Health Care Center, Inc.
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Equipment Rental - Rehabilitation Therapy And Ancillary	\$ 11,334		
20	51	Equipment Rental - Nursing	\$ 14,779		
20	20 / 5a2/b/c	Procure LTC Pharmacy of CT (Disallowance of Markups)	\$ 242		
20	5c	IV Therapy Supplies	\$ 7,575		
20	5i	Cable TV Expense - Resident Rooms	\$ 14,657		
20	51	Flu Vaccine	\$ 4,320		
20	51	Equipment Rental - Respiratory	18,402		
Total Other Ancillary Costs			\$ 71,309	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 6,100		
22	6e	Auto Leases	\$ 9,204		
23	D2c	Depreciation on Mattresses & TV's	\$ 3,003		
Total Other Property Adjustments			\$ 18,307	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30a	IV8	Miscellaneous Other Income	\$ 4,927		
30	IV5	Interest Income	\$ 622		
27	12D	Interest	\$ 4,853		
Total Other Adjustments			\$ 10,402	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Marlborough Health Care Center, Inc.	200RH	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,428,955	11,428,955			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,668,460)	(5,668,460)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,837,991	1,837,991			
b. Medicare Room and Board Contractual Allowance **	\$ 231,245	231,245			
4. a. Private-Pay Residents and Other	\$ 1,979,500	1,979,500			
b. Private-Pay Room and Board Contractual Allowance **	\$ (520,389)	(520,389)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 237,506	237,506			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (232,093)	(232,093)			
c. Prescription Drugs - Non-Medicare	\$ 76,196	76,196			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (76,103)	(76,103)			
2. a. Medical Supplies - Medicare	\$ 3,158	3,158			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (3,158)	(3,158)			
c. Medical Supplies - Non-Medicare	\$ 7,114	7,114			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (7,114)	(7,114)			
3. a. Physical Therapy - Medicare	\$ 423,778	423,778			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (367,485)	(367,485)			
c. Physical Therapy - Non-Medicare	\$ 53,237	53,237			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (51,134)	(51,134)			
4. a. Speech Therapy - Medicare	\$ 108,320	108,320			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (79,540)	(79,540)			
c. Speech Therapy - Non-Medicare	\$ 16,167	16,167			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (15,235)	(15,235)			
5. a. Occupational Therapy - Medicare	\$ 460,272	460,272			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (384,668)	(384,668)			
c. Occupational Therapy - Non-Medicare	\$ 48,233	48,233			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (46,572)	(46,572)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 14,069	14,069			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 22	22			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,473,812	9,473,812			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 622	622			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 52,624	52,624			
V. Total Other Revenue (1 thru 8)	\$ 53,246	53,246			
VI. Total All Revenue (III +V)	\$ 9,527,058	9,527,058			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line II6a	Medicare Part A Contra Other	\$ (32,502)		
30, Line II6a	Medicare Part A Ambulance	\$ 5,628		
30, Line II6a	Medicare Part A IV Therapy	\$ 4,313		
30, Line II6a	Medicare Part A Lab	\$ 10,751		
30, Line II6a	Medicare Part A X-Ray	\$ 11,810		
30, Line II6a	Medicare Part A Settlement	\$ (1,763)		
30, Line II6a	Medicare Part B Flu / Pneumonia	\$ 9,553		
30, Line II6a	Medicare Part B Prior Period	\$ (1,774)		
30, Line II6a	Medicare Contra Other	\$ (15,327)		
30, Line II6a	Medicare Ambulance	\$ 148		
30, Line II6a	Medicare Lab	\$ 8,712		
30, Line II6a	Medicare X-Ray	\$ 6,467		
30, Line II6a	Medicare Flu / Pneumonia	\$ 8,053		
Total Other Resident Revenue - Medicare		\$ 14,069	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line II6b	Hospice Contra Other	\$ (36)		
30, Line II6b	Hospice Lab	\$ 36		
30, Line II6b	Medicaid Contra Other	\$ (363)		
30, Line II6b	Medicaid Lab	\$ 363		
30, Line II6b	Commercial Insurance Contra Other	\$ (4,321)		
30, Line II6b	Commercial Insurance IV Therapy	\$ 865		
30, Line II6b	Commercial Insurance Lab	\$ 2,176		
30, Line II6b	Commercial Insurance X-Ray	\$ 1,279		
30, Line II6b	Private pay Lab	23		
Total Other Resident Revenue		\$ 22	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, Line IV5	Interest Income		\$ 622		
Total Interest Income			\$ 622	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line IV8	Miscellaneous Other Income (UHC \$14,889; CT Dept of Social Serv \$420; Medical Records \$48)	\$ 19,816		
30, Line IV8	Provision for Income Taxes	\$ 32,808		
Total Other Revenue		\$ 52,624	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.	200RH	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	247,249
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,557,516
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	24,129
5. Prepaid Expenses			\$	190,992
a. Insurance	14,333			
b. Taxes (personal property, real estate, corp.)	89,380			
c. Management Fees	43,102			
d. See Schedule	44,177			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	159,339
Patient Funds	52,549			
Due from Related	106,790			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,179,225
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	9,235	\$	9,081
	Accum. Depreciation	154		Net
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			Net
4. Leasehold Improvements	*Historical Cost	2,510,050	\$	711,253
	Accum. Depreciation	1,798,797		Net
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			Net
6. Movable Equipment	*Historical Cost	1,122,867	\$	184,359
	Accum. Depreciation	938,508		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	904,693

* 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 Marlborough Health Care Center, Inc.	License No. 200RH	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,083,918
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	2,006,285		
	Accum. Depreciation	343,817	Net	\$ 1,662,468
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	1,662,468
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>)			\$	44,308
	Security Deposits	11,500		
	Net Deferred Tax Asset	32,808		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	44,308
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,790,694

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Workers Compensation	\$ 16,365
31	A5	Prepaid Expenses Other	\$ 27,812
Total Prepaid Expenses			\$ 44,177

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
Total Other Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
33	A12	Due to Medicaid	\$ 5,300
Total Other Current Liabilities (Itemize)			\$ 5,300

Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.		200RH	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,861,974
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
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>)				\$	290,049
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,307,242
Accrued Expenses		79,179	Pension Accrual	10,562	
Accrued Accounting Fees		26,640	Workers Compensation A	37,444	
Patient Personal Funds		52,549	Due to Related - Short Te	931,192	
Revenue Assessment		164,376	See Schedule	5,300	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,459,265

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Marlborough Health Care Center, Inc.		License No. 200RH	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,459,265	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender		Purpose	Amount	Date Due	
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					
Due to Related - Long Term			86,334	\$ 86,334	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 86,334	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,545,599	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Marlborough Health Care Center, Inc.	200RH	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	1,662,468
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			\$	1,662,468
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(46,888)
6. Gain or Loss for Period			\$	(371,485)
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(417,373)
C. Total Reserves and Net Worth			\$	1,245,095
D. Total Liabilities, Reserves, and Net Worth			\$	4,790,694

H. Changes in Total Net Worth

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	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			\$	(46,888)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,527,058
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	9,898,543
D. Net Income or Deficit			\$	(371,485)
E. Balance			\$	(418,373)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(418,373)

I. Preparer's/Reviewer's Certification

Name of Facility Marlborough Health Care Center, Inc.	License No. 200RH	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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Blum, Shapiro & Company, P.C.				
Address Address		Phone Number		
2 Enterprise Drive, Shelton, CT 06484		203-944-2100		
Annual Report Contact		Phone Number		
George Thomas		203-944-2100		
Annual Report Contact Email Address				
GTHOMAS@blumshapiro.com				