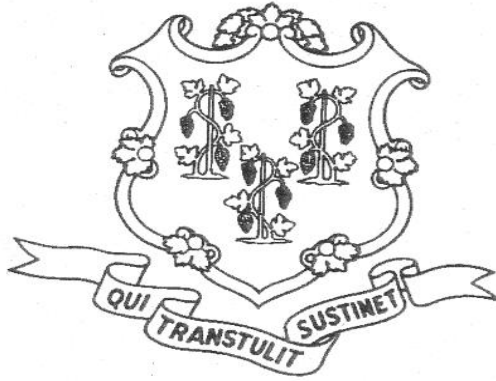


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) The Reservoir Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 1 Emily Way, West Hartford, CT 06107	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2203-C	RHNS	(Specify)	Medicare Provider 07-5407
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Medicaid Provider Numbers:	CCNH 21668	RHNS	ICF-IID
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For Department Use Only

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

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)	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2018	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for The Reservoir Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility The Reservoir Care and Rehabilitation Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 1 Emily Way, West Hartford, CT 06107				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/20/2014	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	2,741,727	2,741,727	
5. All other wages paid	\$	543,212	543,212	
6. Total Wages Paid	\$	3,284,939	3,284,939	
7. Total salaries paid	\$	249,691	249,691	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	3,534,630	3,534,630	

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 860-561-7022		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) The Reservoir Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 1 Emily Way, West Hartford, CT 06107		
License Numbers:	CCNH 2203-C	RHNS	(Specify)	Medicare Provider No. 07-5407
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Amanda Schutz		Nursing Home Administrator's License No.:	00-2001	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	% **				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	286,719	286,719
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	622,604	622,604
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	53,582	53,582
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	91%	Outside Agency	Pg 13/B11 pg 10-12, 15-1		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	40%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2, Pg 20/C5J	3,195	3,195
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	132,332	132,332
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A	29,382	29,382
		<input type="radio"/>	<input type="radio"/>					

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility The Reservoir Care and Rehabilitation Center	License No. 2203-C	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C		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						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?			<input type="radio"/> Yes	<input type="radio"/> No	Total ***			

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire

Accounting Basis

Name of Facility The Reservoir Care and Rehabilitat	License No. 2203-C	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:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4		Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103		
Services Provided by This Firm (<i>describe fully</i>)				
1 Year end financial audit		\$		
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD, LLC 2 Treasure oState of CT 3 Senior Care Valuation LLC 4 5			Telephone Number (203) 899-8900	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 200 Connecticut Ave. Norwalk, CT 06854				
2				
3 4 Willow Lane Old Greenwich, CT 06870				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Telephone conferences& correspondence, small claims suit, court settlements		\$		
2 Probate Court for the Conservator		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Legal Fees pg. 15 1-e				

Schedule of Resident Statistics

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C		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	75	75			75	75			75	75			
B. On last day of THIS report period	75	75			75	75			75	75			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	56	56			56	56			64	64			
B. As of midnight of THIS report period	67	67			64	64			67	67			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,302	3,302			2,739	2,739			563	563			
B. Medicaid (Conn.)	14,033	14,033			9,959	9,959			4,074	4,074			
C. Medicaid (other states)													
D. Private Pay	2,198	2,198			1,708	1,708			490	490			
E. State SSI for RCH													
F. Other (Specify)	3,035	3,035			2,377	2,377			658	658			
G. Total Care Days During Period (3A thru F)	22,568	22,568			16,783	16,783			5,785	5,785			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	4	4			2	2			2	2			
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	22,572	22,572			16,785	16,785			5,787	5,787			

Schedule of Resident Statistics (Cont'd)

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C			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	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID				
No. of Residents	6		44		17								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	547.34		246.14		527.70								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,525	1,525			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									354	354			
C. Other									11,878	11,878			
D. Total Physical Therapy Treatments									13,757	13,757			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									217	217			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									26	26			
C. Other									1,522	1,522			
D. Total Speech Therapy Treatments									1,765	1,765			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,586	1,586			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									300	300			
C. Other									12,194	12,194			
D. Total Occupational Therapy Treatments									14,080	14,080			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	122,379	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	227,623	10,826				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,993	2,131				
b. Other Maintenance Workers	31,435	1,787				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	127,311	2,133				
b. RN						
1. Direct Care	775,331	19,977				
2. Administrative**	14,369	345				
c. LPN						
1. Direct Care	765,457	26,433				
2. Administrative**						
d. Aides and Attendants	1,113,416	62,433				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	77,215	4,260				
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	152,947	5,536				
n. Marketing						
o. Other (Specify) See Attached Schedule	73,153	3,750				
<i>A-13. Total Salary Expenditures</i>	<i>3,534,630</i>	<i>141,698</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
Ward Clerks	0	\$ -	-			0	0
Coordinator-Staffing Centers	0	\$ 24,816.61	1,488			0	0
Central Supply	0	\$ 19,113.51	910			0	0
Medical Records	0	\$ 29,223.29	1,353			0	0
-	-	\$ -	-				
-	-	\$ -	-				
-	-	\$ -	-				
-	-	\$ -	-				
-	-	\$ -	-				
-	-	\$ -	-				
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-	-	\$ -	-				
-	-	\$ -	-				
-	-	\$ -	-				
-	-	\$ -	-				
-	-	\$ -	-				
Total		73153	3750	\$ -	-	\$ -	-
		0	0				

Schedule of Other Fees (Page 13)

Service		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	\$ 833.20	n/a			-	
3015620020	Purchased Services	\$ 9,339.50	n/a				
3155620020	Purchased Services	\$ 502.25	n/a				
-	-	\$ -	n/a				
-	-	\$ -	n/a				
-	-	\$ -	n/a				
-	-	\$ -	-				
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-	-	\$ -	-				
-	-	\$ -	-				
-	-	\$ -	-				
Total		\$ 10,675	0	\$ -	-	\$ -	-
		0	0				

**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	
The Reservoir Care and Rehabilitation Center				2203-C	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										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
The Reservoir Care and Rehabilitation Center				2203-C	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***										
Amanda Schutz	122,379				Management of Center	2,086	2			
					Management of Center					
Section IV - Assistant Administrators										
					Assistant Management of center		3			

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
The Reservoir Care and Rehabilitation Center	2203-C	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						
2. Dentist	7,408	51				
3. Pharmacist	6,314	129				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	553,616	7,584				
b. Other						
6. Social Worker	313	6				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	58,622	309				
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	22,191	284				
b. Other						
10. Occupational Therapist						
a. Resident Care	51,903	711				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	60	1				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	10,675					
B-13 Total Fees Paid in Lieu of Salaries	711,101	9,076				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 158,734	158,734		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 54,953	54,953		
4. Social Security (F.I.C.A.)	\$ 257,253	257,253		
5. Health Insurance	\$ 238,463	238,463		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 184,101	184,101		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 4,000	4,000		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 17,264	17,264		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 17,482	17,482		
2. Cellular Phones	\$ 463	463		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 367	367		
3. Resident Day User Fee	\$ 358,307	358,307		
Subtotal	\$ 1,291,387	1,291,387		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	1,291,387	1,291,387			
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 250	250			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 836	836			
5. Education Expenses Related to Seminars and Conventions	\$ 979	979			
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	\$ 16,088	16,088			
4. Fund-Raising***	\$				
5. Medical Records	\$ 0	0			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,199	1,199			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,297	8,297			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 700	700			
9. Subscriptions	\$ 425	425			
10. Contributions*** See Attached Schedule	\$ 988	988			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 2,079	2,079			
12. Administrative Management Services**	\$ 312,142	312,142			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 54,808	54,808			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,690,176	1,690,176			

* 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.

	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
				0	0
				0	0
				0	0
Total Dues		\$ 8,297	\$ -	\$ -	
		\$ -			

Schedule of Contributions

Description		CCNH	RHNS	(Specify)
1020630130	Contributions	0	0	0
1020630135	Political Contributions	987.66	0	0
	0	0	0	0
Total Contributions		\$ 988	\$ -	\$ -

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
1020630060	Bank Service Charges	\$ 9,335.03	-	-
1020630120	Collection Fees	\$ 6,251.28	self-disallowed	-
1020630140	Education Expense	\$ 5.45	-	-
1020630180	Employee Physicals	\$ 5,253.13	-	-
1020630200	Employee Relations	\$ 3,168.51	-	-
1020630380	Printing	\$ 108.32	-	-
1020630610	Training Expense	\$ 645.09	-	-
1020640080	Fines & Penalties	\$ 22,863.00	self-disallowed	-
1020640090	Miscellaneous	\$ 1,221.82	-	-
1020660080	Rental Expense	\$ 3,357.84	-	-
1020660990	Accrued Expense Estim	\$ (266.97)	self-disallowed	-
5095720090	Landlord Operating Ta	\$ 2,400.00	-	-
1020720070	State Tax Annual Rep	\$ 465.00	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
	-	\$ -	-	-
Total Other Administrative and General		\$ 54,808	\$ -	\$ -

0

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
The Reservoir Care and Rehabilitation Ce	2203-C	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 #
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	286,719	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	29,382	Capital Interest	pg 26 12-A-1

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

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

Name of Facility The Reservoir Care and Rehabilitation Center		License No. 2203-C	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	\$ 101,392	101,392			
2. Non-Food Supplies	\$ 15,817	15,817			
3. Other (<i>Specify</i>) _____	\$ (740)	(740)			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$ 447,206	447,206			
c. Other (<i>Specify</i>) _____	\$				
Total Dietary Expenditures					
2D. Total Dietary Expenditures (2a + b + c)	\$ 563,675	563,675			
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		License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation Center		2203-C	9/30/2018	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	3,077	3,077	
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. \$	5,076	5,076	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	126,325	126,325	
c. Other (Specify)		\$			
Total Laundry Expenditures					
3D. Total Laundry Expenditures (3a + b + c)		\$	134,478	134,478	
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	
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2018	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	9,333	9,333		
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced				
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
	Amt. \$	188,681	188,681		
c. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	198,014	198,014		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	212,145	212,145		
b. Medicine Cabinet Drugs	\$	13,013	13,013		
c. Medical and Therapeutic Supplies	\$	81,203	81,203		
d. Ambulance/Limousine***	\$	14,251	14,251		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	67,283	67,283		
f. X-rays and Related Radiological Procedures***	\$	13,987	13,987		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	52,828	52,828		
i. Recreation	\$	16,225	16,225		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	48,832	48,832		
5M. Total Resident Care Expenditures (5a - 5l)	\$	519,767	519,767		

* 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)
3060610160	Incontinency	25,529.29	-	-
3080630030	Advertising-Help War	343.78	-	-
3080630140	Education Expense	2,280.26	-	-
3120630530	Supplies	1,079.66	-	-
3155630530	Supplies	4,154.00	-	-
3170630530	Supplies	278.62	-	-
3090630535	Office Supplies	40.14	-	-
3120630535	Office Supplies	-	-	-
3165630535	Office Supplies	-	-	-
3080630610	Training Expense	120.00	-	-
3120660080	Rental Expense	1,383.94	-	-
3155660080	Rental Expense	2,194.10	-	-
3010610300	Consolidated Billing	9,428.45	-	-
3080630630	Tuition Reimburseme	1,000.00	-	-
3210630630	Tuition Reimburseme	1,000.00	-	-
-	-	-	-	-
-	-	-	-	-
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-	-	-	-	-
Total Other Resident Care		\$ 48,832	\$ -	\$ -

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

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C	Report for Year Ended 9/30/2018	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	126,325			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	188,681			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Servies	447,206			18	2B
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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).

Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended		Page	of
The Reservoir Care and Rehabilitation Center	2203-C	9/30/2018		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 185,815	185,815			
b. Heat	\$ 45,200	45,200			
c. Light & Power	\$ 162,957	162,957			
d. Water	\$ 26,973	26,973			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$				
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 420,945	420,945			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 1,559	1,559			
c. Non-Movable Equipment	\$ 974	974			
d. Movable Equipment	\$ 22,850	22,850			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 25,383	25,383			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (<i>Specify</i>)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ (331,964)	(331,964)			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 281,594	281,594			
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ (24,987)	(24,987)			

* 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)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

.....

Depreciation Schedule

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C			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	4,294		4,294	1,825	S/L	Various						
2. Disposals (attach schedule)	(4,294)		(4,294)	(1,825)								
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period	1,035,183		1,035,183	356,805	S/L	Various						
2. Disposals (attach schedule)	(1,035,183)		(1,035,183)	(356,805)								
3. Acquired during this report period (attach schedule)	29,882		29,882				1,559					
B-4. Subtotal								1,559				
C. Non-Movable Equipment												
1. Acquired prior to this report period	448,005		448,005	209,454	S/L	Various						
2. Disposals (attach schedule)	(448,005)		(448,005)	(209,454)								
3. Acquired during this report period (attach schedule)	18,632		18,632				974					
C-4. Subtotal								974				
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)	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								
a.									S/L	Various		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					143,799		143,799	73,761	S/L	Various	16,487	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					68,104		68,104				6,363	
D-3. Subtotal												22,850
E. Total Depreciation										25,383		

The Reservoir Care and Rehabilitation Center
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		0		0 *
Deletions:				
43009	Exterior signage	(4,294.00)		(1,824.95)
Total deletions for Land Improvements		\$ (4,294)		\$ (1,825) **

*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:				
1/31/2018	Water Source Heat Pump	\$ 6,381	09 11	\$ 429
3/31/2018	Mannington vinyl tile	\$ 17,957	09 09	\$ 921
6/30/2018	Labor and Materials for Firestopping	\$ 2,659	05 00	\$ 133
6/30/2018	Water Source Heat Pump	\$ 2,885	09 06	\$ 76
Total additions for Building Improvements		\$ 29,882		\$ 1,559 *
Deletions:				
10/1/2017	Various Assets Deletions	\$ (1,035,183)		\$ (356,805)
Total deletions for Building Improvements		\$ (1,035,183)		\$ (356,805) **

*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:				
10/31/2017	payment #2 for kitchen and laundry ho	6,195.00	10 00	567.88
11/30/2017	Final payment hot water storage tank	1,380.00	10 00	115.00
6/30/2018	1 HP Belt Drive Motor	321.06	09 06	8.45
6/30/2018	A/C Unit Chassis	10,736.03	09 06	282.53
Total additions for Non-Movable Equipment		\$ 18,632		\$ 974 *
Deletions:				
10/1/2017	Various Assets Deletions	\$ (448,005)		\$ (209,454)

Total deletions for Non-Movable Equipment	\$ (448,005)		\$ (209,454) **

*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	Unimac #85 Hardmount Washer/Tum	22,367.00	07 00	2,662.74
12/31/2017	Reclining showers system wheelchair	3,400.00	05 00	510.00
12/31/2017	Powersmart 24in Electric Start Snow	845.48	05 00	126.83
1/31/2018	Logan Office Chair	186.68	09 11	12.55
1/31/2018	Double Deck Convection Oven,	12,238.72	09 11	822.77
1/31/2018	Single Quick Disconnect Kit	274.37	09 11	18.44
3/31/2018	DermaFloat Alternating Pressure Air M	2,143.14	03 00	357.19
3/31/2018	17 MATTRESS,GEN,BULK VISCO	4,104.23	03 00	684.04
3/31/2018	Reach-In Refrigerator, One Section, 2	2,933.11	09 09	150.41
4/30/2018	Entrapment Measurement Tool	1,380.23	05 00	115.02
4/30/2018	Washer/Extractor Unimac Extractor/T	14,743.64	07 00	877.60
6/30/2018	Logan Office Chair	187.07	09 06	4.93
7/31/2018	1/2 Gal 3.5 HP Blender	448.30	09 05	7.94
7/31/2018	(2) Direct Choice Basic Wheelchair	233.96	09 05	4.14
8/31/2018	(8) Wheelchairs	927.84	09 04	8.29
9/30/2018	September 2018 DSSI Accrual	1,689.98		-
Total additions for Movable Equipment		\$ 68,104		\$ 6,363 *
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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Fixed Assets Deletions in FY 2018

Locatio	G/L Asset	Acct Descrp	Sys No	Description	In Svc Date	(1,487,481.73)	(568,084.34)
						Acquired Value	Current Accum Denreciation
57008	150025	Land Impr	007514	Exterior signage	6/30/2013	(4,294.00)	(1,824.95)
57008	150050	Bldg Impr	007202	Combustion air damper actuator	3/31/2013	(1,047.55)	(235.71)
57008	150050	Bldg Impr	009439	Repair 2 circulator pumps	2/28/2015	(2,392.88)	(309.07)
57008	150050	Bldg Impr	009440	WSHP on HVAC	2/28/2015	(4,679.40)	(604.43)
57008	150050	Bldg Impr	009525	Dry valve on wet sprinkler system	3/31/2015	(3,484.02)	(435.50)
57008	150050	Bldg Impr	009526	Belimo actuator	3/31/2015	(1,276.20)	(159.53)
57008	150050	Bldg Impr	010058	Backflow preventor Dry Sprinkler System	9/30/2015	(1,831.75)	(183.18)
57008	150050	Bldg Impr	010637	Ansul Automan fire suppression	3/31/2016	(1,914.30)	(143.58)
57008	150050	Bldg Impr	010765	5 water source heat pumps	4/30/2016	(11,113.58)	(787.21)
57008	150050	Bldg Impr	010923	5 Cold Point water source heat pumps	6/30/2016	(11,113.58)	(694.60)
57008	150050	Bldg Impr	011019	Provider 680+ communications system	7/31/2016	(36,663.10)	(2,138.69)
57008	150050	Bldg Impr	011186	Evapco Cooling Tower	9/30/2016	(70,845.05)	(3,542.25)
57008	150050	Bldg Impr	011836	Traymont 2GPM day tank pump	3/31/2017	(4,686.84)	(117.17)
57008	150050	Bldg Impr	011837	2 Myers Grinder Pumps	3/31/2017	(10,357.06)	(258.93)
57008	150050	Bldg Impr	012112	Replaced 50 sprinkler heads	7/31/2017	(4,818.72)	(40.16)
57008	150050	Bldg Impr	012174	Delayed Egree Mag-Lock system	8/31/2017	(12,233.44)	(50.97)
57008	150055	Bldg Impr	006829	Sun Valuation - PPE Building Imp 15 yr	12/1/2012	(684,250.00)	(300,655.32)
57008	150055	Bldg Impr	007802	New gutter system	8/31/2013	(69,159.41)	(18,826.74)
57008	150055	Bldg Impr	007985	New gutter system	10/31/2013	(38,307.27)	(10,002.47)
57008	150055	Bldg Impr	009676	Supply and install 3 hot water boilers	5/31/2015	(14,649.13)	(2,278.76)
57008	150055	Bldg Impr	009756	Thermal expansion tank hot water boiler	6/30/2015	(1,291.10)	(193.66)
57008	150057	Bldg Impr	008075	General repairs and painting of outside of	11/30/2013	(7,680.79)	(2,944.31)
57008	150057	Bldg Impr	008076	General repairs and painting of outside of	11/30/2013	(7,680.79)	(2,944.31)
57008	150057	Bldg Impr	008077	General repairs and painting of outside of	11/30/2013	(7,680.79)	(2,944.31)
57008	150057	Bldg Impr	009617	50% deposit on upgrade to Alerton IBEX	4/30/2015	(9,831.53)	(2,375.95)
57008	150057	Bldg Impr	010142	Progress billing on Alerton IBEX System	10/31/2015	(9,831.53)	(1,884.37)
57008	150057	Bldg Impr	011147	Install equip/labor additional hardware R	8/31/2016	(2,640.67)	(286.07)
57008	150065	Bldg Impr	007069	HVACSYSTEM	12/31/2012	(3,722.25)	(1,768.09)
57008	150075	Fixed Equip	006830	Sun Valuation - PPE Fixed Equip 10 year	12/1/2012	(364,570.00)	(195,787.61)
57008	150075	Fixed Equip	009527	3 domestic hot water boilers	3/31/2015	(15,000.00)	(3,750.00)
57008	150075	Fixed Equip	010017	Trane compressor	8/31/2015	(9,065.00)	(1,888.55)
57008	150075	Fixed Equip	010638	Evapco Cooling Tower	3/31/2016	(53,175.00)	(7,976.26)
57008	150075	Fixed Equip	012173	Hot Water Storage Tank	8/31/2017	(6,195.00)	(51.63)

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility The Reservoir Care and Rehabilitation Center			License No. 2203-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 The Reservoir Care and Rehabilitation	License No. 2203-C	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 type="radio"/> Yes <input checked="" type="radio"/> No		
*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.			If "Yes," complete Part B. If "No," complete Part C.		
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		75			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
Sabra, 101 Sun Ave. NE, Albuquerque, NM 87109 (see note from corp email)	Facility Lease	11/18/10 - 12/31/10	181 Months	-331,964	

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.

To whom it may concern

For the past year and half, Sabra has had plans to exit the majority of their centers. Each time there is a major amendment where centers are disposed of, we have been reallocating the lease expense based on fair value. This reallocation is done on an income basis and done across all of the Sabra mini-master leases (excluding HUD). The Reservoir and Madison House have negative EBITDAR and were given zero or minimal fair value which is why their lease expense is so low. The balances for these went negative since they still have a straight-lining balance burning out over the term and KPMG had us adjust how we were doing our allocation in the December 31, 2017 close.

Glen Hill was allocated so much rent due to it having one of the highest fair values of the Sabra centers.

Please let me know if you have any questions.

Regards,

Rob

Rob Rastetter
101 East State Street
Kennett Square, PA 19348
Senior Financial Reporting Analyst
Ph: 610-612-5608 Fax: 610-347-4769
Robert.Rastetter@genesishcc.com

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

Name of Facility		License No.	Report for Year Ended		Page	of
The Reservoir Care and Rehabilitatio		2203-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 29,382	29,382		
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)			\$ 29,382	29,382		

(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
The Reservoir Care and Rehabilita		2203-C		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				29,382	29,382		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 29,382	29,382		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 5,880	5,880		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 126,452	126,452		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 132,332	132,332		
15. Total All Expenditures (A-13 thru C-14)				\$ 7,909,513	7,909,513		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation Center				2203-C	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.		Line #	Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 42,644	42,644		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 637,551	637,551		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 184,101	184,101		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 16,088	16,088		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 988	988		
21.			Unallowable Management Fees	\$ 25,422	25,422		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 185,662	185,662		
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	\$ 21,544	21,544		
Subtotal (Items 1 - 26)				\$ 1,114,000	1,114,000		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0	\$ 42,644.46	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
Total Other Salaries Adjustment				\$ 42,644	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	\$ 54,435.60	0	0
13	5	Rehabilitation Services	3195620020	\$ 499,180.34	0	0
13	9	Speech Therapist	3170620020	\$ 22,190.74	0	0
13	10	Occupational Therapist	3105620020	\$ 51,902.99	0	0
13	12	Other	3010620020	\$ -	0	0
13	12	Other	3015620020	\$ 9,339.50	0	0
13	12	Respiratory Purchased Servies	3155620020	\$ 502.25	0	0
					0	0
					0	0
					0	0
					0	0
Total Other Fees Adjustments				\$ 637,551	\$ -	\$ -
				\$ -		

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
16	m-13	Collection Fees	1020630120	6,251	-	-
16	m-8a	Chamber of Commerce	1020630310	700	-	-
16	m-13	Estimated Accrual	1,020,660,990	(267)	-	-
16	m-13	Penalty and Fines	1020640080	22,863	-	-
16	m-13	Non-recurring Charges	7010800030	-	-	-
16	m-12	Management Fee disallowed	-	-	-	-
22	6.a	10.88% disallowed regional office	Repairs and Maint.	20,217	-	-
22	6.b	10.88% disallowed regional office	Heat	4,918	-	-
22	6.c	10.88% disallowed regional office	Light and Power	17,730	-	-
22	6.d	10.88% disallowed regional office	Water	2,935	-	-
22	6.f	10.88% disallowed regional office	Other Repairs and Ma	-	-	-
15	1-a-1	adj workers comp	-	110,316	-	-
Total Other A&G Adjustments				\$ 185,662	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
The Reservoir Care and Rehabilitation Center			2203-C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,114,000	1,114,000		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 212,145	212,145		
28.	20	5-d	Ambulance/Limousine	\$ 14,251	14,251		
29.	20	5-f	X-rays, etc	\$ 13,987	13,987		
30.	20	5-h	Laboratory	\$ 52,828	52,828		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 67,283	67,283		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 15,777	15,777		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$ 30,637	30,637		
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 7,034	7,034		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 143,277	143,277		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
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)				\$ 1,671,219	1,671,219		

*** 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.

The Reservoir Care and Rehabilitation Center
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	9,428.45	3010610300	0
20	5-j	Respiratory Supplies	4,154.00	3155630530	0
20	5-j	Respiratory Rental	2,194.10	3155660080	0
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
Total Other Ancillary Costs			15,776.6	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
-	-	-	-	-	-
22	10.b	10.88% disallowed regional office-Real Estate Tax	30,637.43	0	0
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
Total Excess Movable Equipment Depreciation			\$ 30,637	\$ -	\$ -
			\$ 30,637		

Schedule of Other Property Adjustments

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

Other - Miscellaneous- In Direct

Page Ref	Line Ref	Description	CCNH	RHNS	Attachment
20	5-i	Cable TV	7,033.57	3005660130	allow \$3600

Schedule of Other -Miscellaneous

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability and property Insurance Adjust	85,047.88	0	0
0	0-Jan	10.88% disallowed regional office-Land Fair Rent	816.00	0	0
0	0-Jan	10.88% disallowed regional office-Real Property Fair Rent	56,773.69	0	0
27	14.a	10.88% disallowed regional office-Property Insurance	639.74	0	0
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
Total Other Adjustments			\$ 143,277	\$ -	\$ -

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
The Reservoir Care and Rehabilitation Center	2203-C	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>)	\$ 8,101,274	8,101,274			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,684,309)	(4,684,309)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,211,067	2,211,067			
b. Medicare Room and Board Contractual Allowance **	\$ (974,488)	(974,488)			
4. a. Private-Pay Residents and Other	\$ 3,227,949	3,227,949			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,159,988)	(1,159,988)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 115,333	115,333			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (50,831)	(50,831)			
c. Prescription Drugs - Non-Medicare	\$ 114,730	114,730			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (42,784)	(42,784)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 1,261	1,261			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (718)	(718)			
3. a. Physical Therapy - Medicare	\$ 437,849	437,849			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (192,974)	(192,974)			
c. Physical Therapy - Non-Medicare	\$ 293,962	293,962			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (109,976)	(109,976)			
4. a. Speech Therapy - Medicare	\$ 148,480	148,480			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (65,440)	(65,440)			
c. Speech Therapy - Non-Medicare	\$ 73,849	73,849			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (27,027)	(27,027)			
5. a. Occupational Therapy - Medicare	\$ 508,314	508,314			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (224,030)	(224,030)			
c. Occupational Therapy - Non-Medicare	\$ 311,613	311,613			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (115,972)	(115,972)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 21,201	21,201			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 17,203	17,203			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,935,548	7,935,548			
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>)	\$ (4)	(4)			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 10,508	10,508			
8. Other (<i>Specify</i>)	\$ 1,600	1,600			
V. Total Other Revenue (1 thru 8)	\$ 12,104	12,104			
VI. Total All Revenue (III +V)	\$ 7,947,652	7,947,652			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	7,048.02	-	0
II-6-a	Medicare Part A	Radiology Service	-	-	0
II-6-a	Medicare Part A	Outpatient Therapy Program	-	-	0
II-6-a	Medicare Part A	Nutritional Counseling	-	-	0
II-6-a	Medicare Part A	Laboratory	22,977.28	-	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	246.00	-	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	-	0
II-6-a	Medicare Part A	Audiology	-	-	0
II-6-a	Medicare Part A	Incontinency	-	-	0
II-6-a	Medicare Part A	Oxygen & Supplies	-	-	0
II-6-a	Medicare Part A	Physician Visit	-	-	0
II-6-a	Medicare Part A	Ambulance	-	-	0
II-6-a	Contractuals-Medicare	Flu Shot	7,638.00	-	0
0	0	Capitation Contracts	-	-	0
0	0	X-Ray	(3,106.29)	-	0
II-6-a	Contractuals-Medicare	Radiology Service	-	-	0
II-6-a	Contractuals-Medicare	Outpatient Therapy Program	-	-	0
II-6-a	Contractuals-Medicare	Nutritional Counseling	-	-	0
II-6-a	Contractuals-Medicare	Laboratory	(10,126.82)	-	0
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	(108.42)	-	0
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	-	0
II-6-a	Contractuals-Medicare	Audiology	-	-	0
II-6-a	Contractuals-Medicare	Incontinency	-	-	0
II-6-a	Contractuals-Medicare	Oxygen & Supplies	-	-	0
II-6-a	Contractuals-Medicare	Physician Visit	-	-	0
II-6-a	Contractuals-Medicare	Ambulance	-	-	0
0	0	Flu Shot	(3,366.31)	-	0
Total Other Resident Revenue - Medicare			\$ 21,201	\$ -	\$ -
			\$ 0		

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Medicaid	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Medicaid	Outpatient Therapy Program	\$ -	\$ -	\$ -
II-6-b	Medicaid	Nutritional Counseling	\$ -	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ 34	\$ -	\$ -
II-6-b	Medicaid	Respiratory Therapy & Supplie	\$ 123	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	Outpatient Therapy Program	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	Nutritional Counseling	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	Laboratory	\$ (19)	\$ -	\$ -
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	\$ (71)	\$ -	\$ -
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals Medicaid	Ambulance	\$ -	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation C	2203-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	7,856
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	811,981
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	3,252
4 Inventories			\$	23,252
5. Prepaid Expenses			\$	68,802
a. Prepaid Expenses				
b. Prepaid Property Tax	64,059			
c. Prepaid Escrow Insurance				
d. Prepaid Personal Property Tax	4,743			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	915,144
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>29,882</u>		\$	28,323
	Accum. Depreciation <u>1,559</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>18,632</u>		\$	17,658
	Accum. Depreciation <u>974</u>	Net		
6. Movable Equipment	*Historical Cost <u>211,903</u>		\$	115,292
	Accum. Depreciation <u>96,611</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	161,273

* 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 The Reservoir Care and Rehabilitation	License No. 2203-C	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,076,417	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
3. Buildings			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
4. Non-Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
5. Movable Equipment			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
6. Motor Vehicles			\$	
*Historical Cost _____ Accum. Depreciation _____ Net			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
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>)			\$ 166	
I/C Due to/Due From Owned		166		
I/C Due to/Due From Multicare				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 166	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 1,076,583	

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

G. Balance Sheet (cont'd)

Name of Facility The Reservoir Care and Rehabilitation Center		License No. 2203-C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	316,211
2. Notes Payable (<i>itemize</i>)				\$	
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	188,010
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>)				\$	207,145
Accrued Provider/Bed Tax		99,341	Accr Exp Other	8,370	
A/R Credit Gross Up Liability		44,364	Deferred Revenue	27,876	
Accr Exp Water and Sewer		1,252	Accr Exp Suspense and /		
Accr Exp Gas & Electricity		6,937	Accr Gross Rec Tax-FY1	19,005	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	711,366

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility The Reservoir Care and Rehabilitation Cen		License No. 2203-C	Report for Year Ended 9/30/2018		Page 34	of 37
Account					Amount	
Total Brought Forward:					711,366	
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>)						
LT Debt-Financing Obligation			3,751,364			\$ 3,751,364
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 3,751,364	
C. Total All Liabilities (Lines A-13 + B-5)					\$ 4,462,730	

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation	2203-C	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			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,424,285)
6. Gain or Loss for Period			\$	38,138
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(3,386,147)
C. Total Reserves and Net Worth			\$	(3,386,147)
D. Total Liabilities, Reserves, and Net Worth			\$	1,076,583

H. Changes in Total Net Worth

Name of Facility The Reservoir Care and Rehabilitation C	License No. 2203-C	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			\$	(3,424,285)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	7,947,652
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,909,514
D. Net Income or Deficit			\$	38,138
E. Balance			\$	(3,386,147)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>			\$	(3,386,147)

I. Preparer's/Reviewer's Certification

Name of Facility The Reservoir Care and Rehabilitation	License No. 2203-C	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				
Thomas Farnan Title -Sr. Director of Reimbursement				
Address Address		Phone Number		
200 Brickstone Square, Andover, MA 01810		978-247-5029		