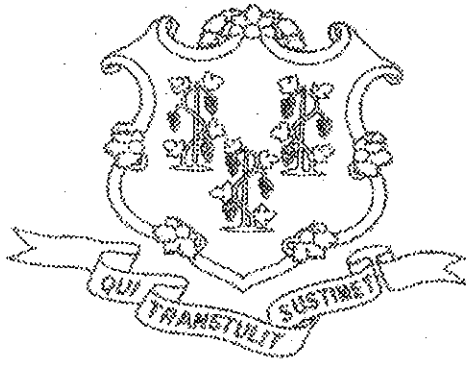


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Meriden Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 33 Roy St. Meriden, CT 06450	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2153-C	RHNS	Other	Medicare Provider 07-5337
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Medicaid Provider Numbers:	CCNH 10660	RHNS 91934	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

General Information

Name of Facility (as licensed) Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2018	Page 1	of 37
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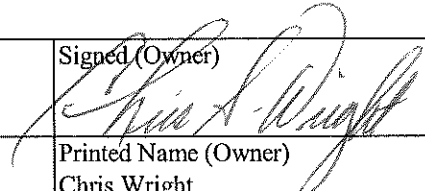
Administrator's/Owner's Certification

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 Meriden Care Center, LLC [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
					2/13/19
Printed Name (Administrator) Raymond Hackling			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Brenda Walsh	CT	2/13/19	Brenda Walsh	BRENDAL WALSH Notary Public-Connecticut My Commission Expires February 29, 2020	
Address of Notary Public 341 Bidwell St., Manchester, CT 06040					

(Notary Seal)

General Information

Name of Facility (as licensed) Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2018	Page 1	of 37
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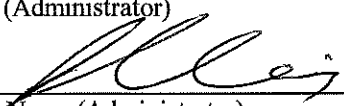
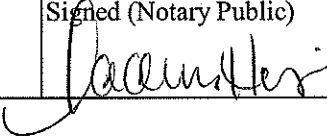
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I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility 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 02-11-19	Signed (Owner)		Date
Printed Name (Administrator) Raymond Hackling			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of CT	Date 02-11-19	Signed (Notary Public) 		SANDRA M. HOLLIS NOTARY PUBLIC MY COMMISSION EXPIRES APR. 30, 2019 / /
Address of Notary Public 341 BIDWELL STREET MANCHESTER CT 06040					

(Notary Seal)

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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 Meriden Care Center, LLC	Period Covered:		From 10/1/2017	To 9/30/2018
Address of Facility 33 Roy St. Meriden, CT 06450				
Report Prepared By iCare Management, LLC	Phone Number 860-570-2140		Date 2/15/2019	
Item	Total	CCNH	RHNS	Other
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 203-237-5457		Report for Year Ended 9/30/2018		Page 2	of 37
Name of Facility (as shown on license) Meriden Care Center, LLC			Address (No. & Street, City, State, Zip) 33 Roy St. Meriden, CT 06450		
License Numbers:	CCNH 2153-C	RHNS	Other	Medicare Provider No. 07-5337	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Other	
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 Raymond Hackling			Nursing Home Administrator's License No.:	000853	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

Related Parties*

Name of Facility Meriden Care Center, LLC	Business Address	License No. 2153-C		Report for Year Ended 9/3/2018		Indicate Where Costs are Included in Annual Report Page # / Line #	Description of Goods/Services Provided	Cost Reported	Actual Cost to the Related Party
		Yes	No	Page	of				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040					-	Shared Employees	(2,413)	2,413
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105					-	Shared Employees	(4,310)	4,310
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088					19	Laundry Services		-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088					-	Shared Employees	(2,949)	2,949
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032					16	Bank Fees		-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032					-	Shared Employees	(1,348)	1,348
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088					19	Laundry Services		-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088					-	Shared Employees	(2,578)	2,578
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450					-	Shared Employees		-
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106					-	Shared Employees	(941)	941
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040					-	Shared Employees	(2,984)	2,984
Wintombury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002					-	Shared Employees	(995)	995
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067					-	Shared Employees	12,534	(12,534)
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067					-	Shared Employees		-
Touchpoints therapy	171 Main St. East Windsor, CT 06088					13	OT/PT/ST	393,545	(393,545)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040					22,22,27	Building Lease & Rent		-
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040					16, 15	Postage & Legal	11,378	(11,378)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040					-	Shared EEs not part of mgmt agmt	170,171	(170,171)
						20	Management Services, Direct	180,919	(180,919)
						20	Management Services, Indirect	24,800	(24,800)
						16	Management Services, Administrative	466,105	(466,105)
						-			-
						-			-
						-			-
						-			-
						-			-
All 9 Care Centers, mgmt co, really cos							Share Common 401k, Pension and Insurance plans, courier, legal and various other services		

* 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 Meriden Care Center, LLC	License No. 2153-C	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 (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire
Accounting Basis

Name of Facility Meriden Care Center, LLC	License No. 2153-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		Address (No. & Street, City, State, Zip Code)		
1 O'Connor, Davies LLP		100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
2				
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Taxes, financial statements, accounting support	\$	9,749	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	9,749
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 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	iCare Health Management, LLC		860-570-2140	
2	Starble and Harris		860-678-7775	
3	Durant Nichols / Robinson & Cole, LLP		860-275-8200	
4	Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis))			
5	Starble and Harris, iCare Health Management LLC		860-678-7775 & 860-570-2140	
Address (No. & Street, City, State, Zip Code)				
1	341 Bidwell Street, Manchester CT			
2	32 Main Street, Avon, CT			
3	280 Trumbull St, Hartford, CT			
4				
5	32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT			
Services Provided by This Firm (<i>describe fully</i>)				
1	Lease and contract issues, general legal advice, Labor Law	\$	10,574	
2	Lease and contract issues, general legal advice, union funds advice	\$	1,689	
3	Employment law, arbitrations, contract negotiations	\$	18,500	
4	Employment Arbitrations, healthcare law	\$	5,271	
5	Conservatorships & Collections	\$	93	
			Charge for Services Provided	
			\$	36,127
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 15E				

Schedule of Resident Statistics

Name of Facility Meriden Care Center, LLC	License No. 2153-C		Report for Year Ended 9/30/2018				Page 8		of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		Total	CCNH	RHNS	Other	
				Total	CCNH	RHNS	Other					Total
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	159	138	1	159	158	1	159	158	158	1		
B. On last day of THIS report period	159	159		159	158	1	159	159	159			
2. Number of Residents												
A. As of midnight of PREVIOUS report period	156	155	1	156	155	1	156	155	155	1		
B. As of midnight of THIS report period	156	156		156	155	1	156	156	156			
3. Total Number of Days Care Provided During Period												
A. Medicare	1,897	1,897			1,381		1,381	1,381	516			
B. Medicaid (Conn.)	49,651	49,311	340		37,067	273	37,340	12,244	12,244	67		
C. Medicaid (other states)												
D. Private Pay	409	409			317		317	92	92			
E. State SSI for RCH												
F. Other (Specify) Insurance	4,968	4,968			3,425		3,425	1,543	1,543			
G. Total Care Days During Period (3A thru F)	56,925	56,585	340		42,463	273	42,736	14,395	14,395	67		
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)	56,925	56,585	340		42,463	273	42,736	14,395	14,462	67		

Schedule of Resident Statistics (Cont'd)

Name of Facility Meriden Care Center, LLC			License No. 2153-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	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other			
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	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR					
No. of Residents	8	131		17									
Per Diem Rate													
a. One bed rm.	488.00	243.00		304.00									
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Other		
A. Medicare - Part B								1,874	1,863	11			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								339	326	12			
2. Restorative Treatments								1,751	1,751				
C. Other								4,228	4,181	47			
D. Total Physical Therapy Treatments								8,192	8,121	71			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								255	253	2			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								119	118	1			
2. Restorative Treatments								61	61				
C. Other								490	485	5			
D. Total Speech Therapy Treatments								925	917	7			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,251	3,232	19			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,087	1,072	16			
2. Restorative Treatments								1,540	1,540				
C. Other								5,766	5,703	63			
D. Total Occupational Therapy Treatments								11,644	11,546	98			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Meriden Care Center, LLC	2153-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	Other	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)	157,486	2,074	913	12		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	198,744	9,352	1,152	54		
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	54,329	2,061	315	12		
c. Dietary Workers	517,150	29,110	2,999	169		
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	57,340	2,010	332	12		
b. Other Maintenance Workers	44,473	2,247	258	13		
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	209,254	3,988	1,213	23		
b. RN						
1. Direct Care	509,195	10,844	2,953	63		
2. Administrative**	300,482	7,903	1,742	46		
c. LPN						
1. Direct Care	1,415,681	46,924	8,209	272		
2. Administrative**						
d. Aides and Attendants	2,211,754	129,641	12,825	752		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	180,464	8,600	1,046	52		
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	193,100	5,812	1,120	34		
n. Marketing						
o. Other (Specify)						
See Attached Schedule	33,220	1,961	193	11		
<i>A-13. Total Salary Expenditures</i>	6,082,672	262,527	35,272	1,524		

* 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 Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2018		Name and Address of All Other Employment**	Page 11	of 37
		CCNH	Other			
Name	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Total Hours Worked	Compensation Received
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) Meriden Care Center, LLC		License No. 2153-C		Report for Year Ended 9/30/2018			Page 12	of 37	
Name	Salary Paid			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	Other						
Section III - Administrators***									
Raymond Hackling	157,486	913		Administrator	2,086	A2			
				same as employees less union funds					
				same as employees less union funds		A2			
				same as employees less union funds		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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Meriden Care Center, LLC	2153-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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	35,355	777	205	5		
2. Dentist						
3. Pharmacist	20,767	296		2		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	114,525	1,512		12		
b. Other						
6. Social Worker	1,408		8			
7. Recreation Worker	19,022	35+Cable	114	Recreation V		
8. Physicians						
a. Medical Director (entire facility)	35,785	241	215	1		
b. Utilization Review (Title 18 and 19 only) monthly meeting		5		0		
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) Physician Care Contract Services	22,798	112				
9. Speech Therapist						
a. Resident Care	27,324	374	158	3		
b. Other						
10. Occupational Therapist						
a. Resident Care	148,639	1,959	862	16		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	9,958	81	58			
2. Administrative***	10,110	201	59	1		
b. LPN						
1. Direct Care	3,984	92	23	1		
2. Administrative***						
c. Aides	(5,132)	(127)	(30)	(1)		
d. Other						
12. Other (Specify) See Attached Schedule	258,631	5,757	371	26		
B-13 Total Fees Paid in Lieu of Salaries	703,174	11,280	2,044	65		

* 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
Meriden Care Center, LLC	2153-C	9/30/2018		15	37
Item	Total	CCNH	RHNS	Other	
I. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 499,994	497,111	2,883		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 536,553	533,460	3,093		
5. Health Insurance	\$ 1,074,645	1,068,449	6,196		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 356,567	354,511	2,056		
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 43,824	43,571	253		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ (126,605)	(125,875)	(730)		
d. Accounting and Auditing	\$ 9,749	9,693	56		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 36,127	35,919	208		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 12,960	12,885	75		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 24,032	23,893	139		
2. Cellular Phones	\$ 1,705	1,695	10		
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	\$				
3. Resident Day User Fee	\$ 1,196,564	1,189,665	6,899		
Subtotal	\$ 3,666,115	3,644,978	21,136		

* 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**

Meriden Care Center, LLC
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
UNION TRAINING	\$ 43,571	\$ 253	
Total	\$ 43,571	\$ 253	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
INTERNET EXPENSES	\$ -	\$ -	
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Meriden Care Center, LLC	2153-C	9/30/2018	16	37	
Item		Total	CCNH	RHNS	Other
Subtotals Brought Forward:		3,666,115	3,644,978	21,136	
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	1,452	1,443	8	
3. Gifts to Staff and Residents	\$	140	139	1	
4. Employee Travel	\$	3,780	3,759	22	
5. Education Expenses Related to Seminars and Conventions	\$	4,461	4,436	26	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$	220	218	1	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	5,831	5,797	34	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	16,298	16,204	94	
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	\$	3,565	3,545	21	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	11,289	11,224	65	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$	1,572	1,563	9	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	119,336	118,648	688	
12. Administrative Management Services**	\$	406,105	403,764	2,341	
13. Other (<i>Specify</i>) See Attached Schedule	\$	24,237	24,097	140	
C-14 Total Administrative & General Expenditures		\$ 4,264,401	4,239,816	24,586	

* 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	Other
MEALS	\$ 218	\$ 1	
Total Other Travel and Entertainment	\$ 218	\$ 1	\$

Schedule of Other Advertising

Description	CCNH	RHNS	Other
COMMUNICATIONS SPECIAL EVENTS	\$ 16,204	\$ 94	
Total Other Advertising	\$ 16,204	\$ 94	\$

Schedule of Dues

Description	CCNH	RHNS	Other
ALTCFM			
CAHCF Dues	\$ 11,065	\$ 64	
OTHER DUES	\$ 159	\$ 1	
Total Dues	\$ 11,224	\$ 65	\$

Schedule of Contributions

Description	CCNH	RHNS	Other
CONTRIBUTIONS	\$ 1,563	\$ 9	
Total Contributions	\$ 1,563	\$ 9	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
SOCIAL SERVICE SUPPLIES	\$ 789	\$ 5	
SOC SVC MINOR EQUIPMENT	\$ -	\$ -	
ADMINISTRATIVE MINOR EQUIPMENT	\$ 893	\$ 5	
EMPLOYEE RELATIONS	\$ 4,188	\$ 24	
EMPLOYEE RELATIONS-OTHER	\$ 758	\$ 4	
PERMITS & LICENSES	\$ 1,983	\$ 11	
VOLUNTEER EXPENSE	\$ -	\$ -	
BANK FEES	\$ 8,344	\$ 48	
CMS REVISIT USER FEES	\$ -	\$ -	
PENALTIES	\$ -	\$ -	
LATE FEES	\$ 5,425	\$ 31	
INTERNET EXPENSES	\$ 1,717	\$ 10	
Rounding		\$ -	
Total Other Administrative and General	\$ 24,097	\$ 140	\$

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Meriden Care Center, LLC	2153-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 #
iCare Management, LLC/iCare Health Management, LLC	406,105	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	179,876	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	24,652	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2018	18	37
Item	Total	CCNH	RHNS	Other
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 335,741	333,806	1,936	
2. Non-Food Supplies	\$ 38,892	38,668	224	
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 21,327	21,204	123	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 6,272	6,236	36	
c. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 4,540	4,514	26	
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 406,773	404,427	2,345	
2F. Dietary Questionnaire	Total	CCNH	RHNS	Other
G. Resident Meals: Total no. of meals served per day:*	468	468		
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 Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	Other
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. \$	944	938	5
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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	409,028	406,670	2,358
c. Other (Specify) LAUNDRY MINOR EQUIPMENT		\$	861	856	5
3D. Total Laundry Expenditures (3a + b + c)		\$	410,833	408,465	2,369
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
Meriden Care Center, LLC		2153-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	33,119	32,928	191	
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. \$	449,759	447,165	2,593	
C. Other (<i>Specify</i>)			\$			
HOUSEKEEPING MINOR EQUIPMENT						
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 482,878	480,094	2,784	
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from OMNICARE PHARMACY	\$	232,133	230,795	1,338	
b.	Medicine Cabinet Drugs	\$	9,798	9,741	56	
c.	Medical and Therapeutic Supplies	\$	102,446	102,446		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$	5,054	5,054		
	2. Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$	6,013	6,013		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	13,862	13,862		
i.	Recreation	\$				
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (<i>Specify</i>)**** See Attached Schedule	\$	306,050	304,685	1,365	
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 675,357	672,597	2,760	

* 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	Other
NURSING ADMIN SUPPLIES	\$ 132	\$ 1	
NURSING MINOR EQUIP	\$ 5,118	\$ 31	
MEDICAL RECORDS SUPPLIES	\$ 10	\$ 0	
MEDICAL RECORDS MINOR EQUIPMENT	\$ -	\$ -	
MANAGEMENT ALLOCATIONS - DIRECT	\$ 179,876	\$ 1,043	
NON-COVERED PPS DR. VISITS	\$ 9,506	\$ -	
RESIDENT CARE SUPPLIES	\$ 350	\$ -	
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 11,059	\$ -	
PERSONAL CARE SUPPLIES	\$ 3,464	\$ 21	
INCONTINENCY SUPPLIES	\$ 8,641	\$ 52	
VACCINE RESIDENTS	\$ 4,028	\$ 24	
PATIENT SPECIAL NEEDS	\$ 11	\$ 0	
PHYSICAL THERAPY SUPPLIES	\$ -	\$ -	
PHYSICAL THERAPY EQUIPMENT RENT	\$ -	\$ -	
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -	\$ -	
OCCUPATIONAL THERAPY SUPPLIES	\$ -	\$ -	
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -	\$ -	
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -	\$ -	
SPEECH THERAPY SUPPLIES	\$ -	\$ -	
SPEECH THERAPY EQUIPMENT RENT	\$ -	\$ -	
SPEECH THERAPY MINOR EQUIPMENT	\$ -	\$ -	
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 21,581	\$ -	
EQUIPMENT RENTAL, AIDS UNIT	\$ -	\$ -	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 298	\$ -	
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ 31	\$ -	
HI LOW BED RENTAL & MATTRESSES	\$ -	\$ -	
IV THERAPY SUPPLIES	\$ 26,502	\$ -	
IV THERAPY CONTRACT SERVICE	\$ -	\$ -	
MEDICAL WASTE CONTRACT SERVICE	\$ 376	\$ 2	
CHAPERONE/COMPANION CONTRACT SERVICES	\$ 591	\$ 4	
ACTIVITIES SUPPLIES	\$ 6,596	\$ 40	
ACTIVITIES MINOR EQUIPMENT	\$ -	\$ -	
MANAGEMENT ALLOCATION - INDIRECT	\$ 24,652	\$ 148	
ADMISSIONS SUPPLIES	\$ -	\$ -	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ 1,865	\$ -	
STRIKE COSTS NON REIMBURSABLE	\$ -	\$ -	
Total Other Resident Care	\$ 304,685	\$ 1,365	\$ -

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

Name of Facility Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2018	Total Cost/Page Ref.***						Page 21	of 37
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Other	Pg	Line	
		Yes	No								
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	O	⊙	VENDOR	Housekeeping Services	449,759			20	4b	
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	O	⊙	VENDOR	Laundry Services	409,028			19	3b	
Eagle Elevator		O	⊙	VENDOR	Elevator Contract	9,189			22	6F	
Bioserve, Inc.		O	⊙	VENDOR	Medical Waste Snow	378			22	6F	
Brightview Landscaping/Amaya Landscaping		O	⊙	VENDOR	Removal/Landscaping	24,473			22	6F	
CWPM		O	⊙	VENDOR	Trash removal Software Maintenance Contract	45,151			22	6F	
American HealthTech		O	⊙	VENDOR		11,590			16	M11	
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	O	⊙	VENDOR	Payroll Services	47,572			16	M11	
National Datacare Corp		O	⊙	VENDOR	Resident Trust Software	4,132			16	M11	
Prime Care Technology services		O	⊙	VENDOR	Computer Consulting Services	27,956			16	M11	
Priority Express		O	⊙	VENDOR	Courier Services	3,572			16	M11	
Point Right Inc		O	⊙	VENDOR	Nursing Software	4,680			16	M11	
Aron Security Inc		O	⊙	VENDOR	Security Contract Services				22	6F	

* 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
Meriden Care Center, LLC	2153-C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 46,953	46,673	280			
b. Heat	\$ 28,483	28,313	170			
c. Light & Power	\$ 138,802	137,973	829			
d. Water	\$ 125,584	124,834	750			
e. Equipment Lease (Provide detail on page 6)	\$ 42,819	42,563	256			
f. Other (itemize)	\$ 115,340	114,651	689			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 497,981	495,007	2,974			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 23,223	23,084	139			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 47,582	47,298	284			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 70,805	70,382	423			
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 48,671	48,380	291			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 48,671	48,380	291			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 554,162	550,852	3,310			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 147,912	147,029	883			
c. Personal property taxes	\$ 8,754	8,701	52			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 830,303	825,344	4,959			

* 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	Other
PLANT SUPPLIES	\$ 7,526	\$ 45	
PLANT CONTRACT SERVICE LABOR	\$ -	\$ -	
ELEVATOR CONTRACT SERVICE	\$ 9,134	\$ 55	
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,713	\$ 34	
LANDSCAPING CONTRACT SERVICE	\$ 10,198	\$ 61	
SNOW REMOVAL CONTRACT SERVICE	\$ 14,129	\$ 85	
TRASH REMOVAL CONTRACT SERVICE	\$ 44,881	\$ 270	
HVAC CONTRACT SERVICE	\$ -	\$ -	
SECURITY CONTRACT SERVICE	\$ 2,040	\$ 12	
PLANT CONTRACT SERVICE OTHER	\$ 8,987	\$ 54	
PLANT MINOR EQUIPMENT	\$ 12,043	\$ 72	
RENT AUTO	\$ -	\$ -	
RENT EQUIPMENT	\$ -	\$ -	
RENT OTHER	\$ -	\$ -	
Total Other Repairs and Maintenance	\$ 114,651	\$ 689	\$ -

Depreciation Schedule

Name of Facility Meriden Care Center, LLC		License No. 2153-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									
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		416,163		416,163	54,125			23,223	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									23,223
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									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Van Repair: Hillside Automotive Cent									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period		717,234		717,234	578,760			41,256	
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)								6,327	
D-3. Subtotal									47,582
E. Total Depreciation									70,805

Amortization Schedule*

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2018		Page 24	of 37
		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Date of Acquisition	Length of Amortization	Cost to Be Amortized		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			547,328	42,099	
2. Disposals (attach schedule)					
3. Acquired during this report period (attach schedule)			144,740	6,571	
C-4. Subtotal					
D. Total Amortization					48,671
					48,671

* 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) - Interest

Name of Facility		License No.	Report for Year Ended		Page	of
Meriden Care Center, LLC		2153-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	Other
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		
Meriden Care Center, LLC	2153-C	9/30/2018	27	37		
Item			Total	CCNH	RHNS	Other
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)						
INTEREST						
\$	10,812	10,747	65			
13. Total All Interest Expense (12B7 + 12C3 + 12D)						
\$	10,812	10,747	65			
14. Insurance						
a. Insurance on Property (buildings only)						
\$	8,815	8,763	53			
b. Insurance on Automobiles						
\$						
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)						
\$	53,412	53,093	319			
2. Fire and Extended Coverage						
\$						
3. Other (Specify)						
Other insurance, crime						
\$	5,594	5,561	33			
14d. Total Insurance Expenditures (14a + b + c)						
\$	67,821	67,416	405			
15. Total All Expenditures (A-13 thru C-14)						
\$	14,470,322	14,389,759	80,563			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Meriden Care Center, LLC			2153-C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ (126,605)	(125,875)	(730)	
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.			Unallowable Advertising *	\$ 16,298	16,204	94	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 45,377	45,107	270	
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)				\$ (64,930)	(64,564)	(366)	

* 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.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Meriden Care Center, LLC			2153-C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ (64,930)	(64,564)	(366)	
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 6,013	6,013		
30.			Laboratory	\$ 13,862	13,862		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 9,506	9,506		
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	\$			
39.			Other - See Attached Schedule	\$			
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	\$			
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)				\$ (35,548)	(35,182)	(366)	

*** 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.

Meriden Care Center, LLC
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5J		9,505.54		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 9,506	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ -		
22	6D	water (for outpatient therapy see schedule)	\$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ -		
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility Meriden Care Center, LLC		License No. 2153-C		Report for Year Ended 9/30/2018		Page 30	of 37
Item				Total	CCNH	RHNS	Other
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	12,030,807	11,964,187	66,620	
	b.	Medicaid Room and Board Contractual Allowance **	\$				
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	871,438	871,438		
	b.	Medicare Room and Board Contractual Allowance **	\$				
4.	a.	Private-Pay Residents and Other	\$	1,777,060	1,777,060		
	b.	Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	61,023	61,023		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(61,023)	(61,023)		
	c.	Prescription Drugs - Non-Medicare	\$	180,648	180,648		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(180,648)	(180,648)		
2.	a.	Medical Supplies - Medicare	\$				
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	172,410	172,410		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(111,942)	(111,942)		
	c.	Physical Therapy - Non-Medicare	\$	108,418	108,418		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(108,418)	(108,418)		
4.	a.	Speech Therapy - Medicare	\$	42,801	42,801		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(21,217)	(21,217)		
	c.	Speech Therapy - Non-Medicare	\$	27,203	27,203		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(27,203)	(27,203)		
5.	a.	Occupational Therapy - Medicare	\$	229,898	229,898		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(122,673)	(122,673)		
	c.	Occupational Therapy - Non-Medicare	\$	160,893	160,893		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(74,999)	(74,999)		
6.	a.	Other (<i>Specify</i>) - Medicare	\$				
	b.	Other (<i>Specify</i>) - Non-Medicare	\$	37,237	37,237		
III. Total Resident Revenue (Section I. thru Section II.)				\$	14,991,712	14,925,092	66,620
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>)			\$	12	12	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (<i>Specify</i>)			\$	288	288	
V. Total Other Revenue (1 thru 8)				\$	300	300	
VI. Total All Revenue (III +V)				\$	14,992,011	14,925,392	66,620

* 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	Other
	Lab Medicare	\$ 5,199		
	Lab Medicare CA	\$ (5,199)		
	Oxygen Medicare	\$ 25		
	Oxygen Medicare CA	\$ (25)		
	Equipment rental	\$ 572		
	Equipment rental CA	\$ (572)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 2,355		
	Radiology Medicare CA	\$ (2,355)		
	IV Therapy	\$ 3,863		
	IV Therapy CA	\$ (3,863)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Lab	\$ 9,312.87		
	Lab CA	\$ (9,312.87)		
	Oxygen	\$ 364		\$ -
	Oxygen CA	\$ (364)		\$ -
	Equipment rental	\$ 14,125		
	Equipment rental CA	\$ (14,125)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 4,315		
	Radiology CA	\$ (4,315)		
	Medical Transportation	\$ 8,557		
	Medical Transportation CA	\$ (8,557)		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 14,826		\$ -
	IV therapy CA	\$ (14,826)		\$ -
	Flu shot revenue	\$ (2,587)		
	Outpatient therapy	\$ -		
	prior period revenue	\$ 39,824		
	Optum B	\$ -		
	Optum B CA	\$ -		
	rounding	\$ 0		
	Total Other Resident Revenue	\$ 37,237	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	INTEREST INCOME		\$ 12		
	Total Interest Income		\$ 12	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ 288		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ -		
	Total Other Revenue	\$ 288	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(217,171)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,328,264
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	950,323
a. Prepaid Insurance	948,757			
b. Prepaid Property Taxes				
c. Prepaid Expenses Other	1,565			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(464,804)
Due From (to) Related Parties	50,970			
Other Owners reserves	(515,774)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,596,612
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	416,163	\$	338,816
	Accum. Depreciation	77,347 Net		
4. Leasehold Improvements	*Historical Cost	692,068	\$	312,635
	Accum. Depreciation	379,433 Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	812,504	\$	186,161
	Accum. Depreciation	626,342 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	30,255
Construction in Progress	30,255			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	867,867

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	3,464,479
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				
\$ 314,675				
3. Organization Expense				
		*Historical Cost _____		
		Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
Patient Trust Funds				78,592
Long Term Deposit - primecare				2,555
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 395,823				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 3,860,302				

* 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 Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2018		Page 34	of 37
Account				Amount	
Total Brought Forward:				3,332,677	
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>)				\$	
Patient Trust Funds		78,592	78,592		
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 78,592	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,411,269	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-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			\$	25,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(97,657)
6. Gain or Loss for Period			\$	521,689
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	449,033
C. Total Reserves and Net Worth			\$	449,033
D. Total Liabilities, Reserves, and Net Worth			\$	3,860,302

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Meriden Care Center, LLC	2153-C	9/30/2018	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 14,992,011		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 14,470,322		
D. Net Income or Deficit			\$ 521,689		
E. Balance			\$ 521,689		
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>			\$ 521,689		
			09/30/18		

I. Preparer's/Reviewer's Certification

Name of Facility Meriden Care Center, LLC	License No. 2153-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 checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
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				
iCare Management, LLC				
Address Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	
Annual Report Contact			Phone Number	
Annual Report Contact Email Address				