State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as licensed) 35 Marc Drive Operations LLC, d/b/a Skyview Center		
Address (No. & Street, City, State, Zip Code) 35 Marc Drive, Wallingford, CT 06492		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2377			07-5057

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	000007427		

For Department Use Only

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

Table of Contents

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	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 IMPRISIONMENT 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 35 Marc Drive Operations LLC, d/b/a Skyview 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) Townsend,Patrick Aaron			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

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 35 Marc Drive Operations LLC, d/b/a Skyview Center	Period Covered:		From 10/1/2017	To 9/30/2018
Address of Facility 35 Marc Drive, Wallingford, CT 06492				
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	$	2,240,345	2,240,345		
5. All other wages paid	$	356,884	356,884		
6. ***Total Wages Paid***	$	2,597,229	2,597,229		
7. Total salaries paid	$	211,014	211,014		
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$	2,808,243	2,808,243		

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-265-0981	9/30/2018	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
35 Marc Drive Operations LLC, d/b/a Skyview Center	35 Marc Drive, Wallingford, CT 06492

	CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers:	2377			07-5057

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Townsend,Patrick Aaron	1484

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview	2377	9/30/2018	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
35 Marc Drive Operations LLC, d/b/a Skyview Center	101 East State Street, Kennett Square, PA 19348	PA

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See Attached			
Names of Stockholders Owning at Least 10% of Shares			
See Attached			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Cer	2377	9/30/2018	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⊙ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	⊙	○		Home Office	Pg 16/m12	263,770	263,770
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	⊙	○	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	253,224	253,224
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	○	⊙	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	⊙	○	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	38,076	38,076
Career Staffing	101 East State Street, Kennett Square, PA 19348	⊙	○	91%	Outside Agency	Pg 13/B11 pg 10-12, 1		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	⊙	○	40%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	9,992	9,992
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	⊙	○		Insurance	Pg 27/14	156,473	156,473
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	⊙	○		Capital Interest	Page 17, page 26-12A	24,510	24,510
		○	○					

* Use additional sheets if necessary.

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview C	2377	9/30/2018	5	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? ⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ○ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b	2377	9/30/2018	7	37

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

⊙ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

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

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Wallingford Probate District	
2 Sciacca Law Group LLC	8.7E+09
3 Bloom & Witkin	617-456-0500
4	
5	

Address (*No. & Street, City, State, Zip Code*)
1 45 South Main St, Wallingford CT 06492
2 PO Box 870126, Milton Village, MA 02187
3 470 Atlantic Ave - 3rd Fl Boston, MA 02210
4
5

Services Provided by This Firm (*describe fully*)

1	Probate Court Fees for the Conservatorship	$
2	Review for the Uncollectable Account	$
3	Saving on R.E Tax, Tax Abatement/Legal Fees	$ 4,628
4		$
5		$
		Charge for Services Provided $ 4,628

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	97	97			97	97			97	97		
B. On last day of THIS report period	97	97			97	97			97	97		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	71	71			71	71			73	73		
B. As of midnight of THIS report period	73	73			73	73			73	73		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,282	1,282			967	967			315	315		
B. Medicaid (Conn.)	23,131	23,131			17,281	17,281			5,850	5,850		
C. Medicaid (other states)												
D. Private Pay	518	518			410	410			108	108		
E. State SSI for RCH												
F. Other (Specify)	1,042	1,042			710	710			332	332		
G. Total Care Days During Period (3A thru F)	25,973	25,973			19,368	19,368			6,605	6,605		
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)**	25,973	25,973			19,368	19,368			6,605	6,605		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyviev	2377	9/30/2018	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID
No. of Residents	1	66		6				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	526.56	203.30		424.18				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	611	611		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	882	882		
C. Other	3,831	3,831		
D. ***Total Physical Therapy Treatments***	5,324	5,324		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	185	185		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	209	209		
C. Other	697	697		
D. ***Total Speech Therapy Treatments***	1,091	1,091		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	674	674		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	917	917		
C. Other	3,999	3,999		
D. ***Total Occupational Therapy Treatments***	5,590	5,590		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ 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)	110,569	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	143,720	6,421				
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	51,589	2,030				
b. Other Maintenance Workers	11,899	681				
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	100,444	2,028				
b. RN						
1. Direct Care	569,823	14,145				
2. Administrative**	85,991	2,152				
c. LPN						
1. Direct Care	584,557	20,601				
2. Administrative**						
d. Aides and Attendants	946,472	54,718				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	86,635	4,628				
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	63,041	2,498				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	53,501	3,190				
A-13. Total Salary Expenditures	2,808,243	115,179				

* 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)

		CCNH		RHNS		(Specify)	
Position		**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Ward Clerks	0	$ 1,375	63			$ -	-
Central Supply	0	$ 16,965	1,104			$ -	-
Medical Records	0	$ 35,160	2,023			$ -	-
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		$ 53,501	$ 3,190	$ -	-	$ -	-
		0	0				

Schedule of Other Fees (Page 13)

		CCNH		RHNS		(Specify)	
Service		**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
1020620010	Consulting Fees	$ 386	n/a			-	
3010620020	Purchased Services	$ 240	n/a				
3155620020	Purchased Services	$ 500	n/a				
0	0	$ -	n/a				
0	0	$ -	n/a				
0	0	$ -	n/a				
0	0	$ -	n/a				
0							
0							
0							
0							
Total		$ 1,125	0	$ -	-	$ -	-
		0					

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

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
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-12 Rev. 10/2005

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
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	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* **										
Townsend,Patrick Aaron	110,569				Management of Center	2,086	2			
					Management of Center					
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Cent	2377	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	2,929	20				
3. Pharmacist	7,146	146				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	236,911	3,245				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	37,643	199				
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	32,268	414				
b. Other						
10. Occupational Therapist						
a. Resident Care	47,952	657				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	542	13				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	1,125					
B-13 Total Fees Paid in Lieu of Salaries	366,515	4,694				

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
		◉	○	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	◉	○	Common Ownership
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	◉	○	Common Ownership
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	◉	○	Common Ownership
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	◉	○	Common Ownership
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	

* Use additional sheets if necessary.
** Refer to Page 4 for definition of related.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview C	2377	9/30/2018	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	118,398	118,398		
2. Disability Insurance	$				
3. Unemployment Insurance	$	43,390	43,390		
4. Social Security (F.I.C.A.)	$	205,952	205,952		
5. Health Insurance	$	272,952	272,952		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory)	$				
(not-owners and not-operators)					
8. Uniform Allowance	$				
9. Other (*Specify*)	$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	183,697	183,697		
d. Accounting and Auditing	$				
e. Legal (*Services should be fully described on Page 7)*	$	4,628	4,628		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	16,448	16,448		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	24,274	24,274		
2. Cellular Phones	$				
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$	249	249		
See Attached Schedule					
3. Resident Day User Fee	$	500,255	500,255		
Subtotal	$	1,370,243	1,370,243		

* 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**

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
1020640110	Sales Tax	249.00	0	0
1020640110	Sales Tax	-	0	0
1020640110	Sales Tax	-	0	0
0	0	-	0	0
Total		$ 249	$ -	$ -

0

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Cente	2377	9/30/2018	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		1,370,243	1,370,243		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	249	249		
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	1,417	1,417		
5. Education Expenses Related to Seminars and Conventions	$	615	615		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$				
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$	14,749	14,749		
See Attached Schedule					
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	$	1,736	1,736		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	9,297	9,297		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$	1,012	1,012		
9. Subscriptions	$	100	100		
10. Contributions***	$	1,185	1,185		
See Attached Schedule					
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	3,480	3,480		
12. Administrative Management Services**	$	239,698	239,698		
13. Other (*Specify*)	$	13,257	13,257		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	$	1,657,038	1,657,038		

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description		CCNH	RHNS	(Specify)
				0
				0
				0
				0
				0
				0
Total Other Travel and Entertainment		$ -	$ -	$ -

Schedule of Other Advertising

Description		CCNH	RHNS	(Specify)
1020630020	Advertising	3059.23	0	0
1020630330	Marketing Expense	9251.86	0	0
1020630331	Marketing Exp- Corpo	2437.58	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
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 Advertising		$ 14,749	$ -	$ -
		$ -		

Schedule of Dues

Description		CCNH	RHNS	(Specify)
1020630310	Licenses and Certificat	10309.18	0	0
1020630310	Dues to Chamber of Co	-1012	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	0	0	0
1020630310	0	-	0	0
1020630310	0	-	0	0
1020630310	0	-	0	0
1020630310	0	-	0	0
1020630310	0	-	0	0
Total Dues		$ 9,297	$ -	$ -
		$ -		

Schedule of Contributions

Description		CCNH	RHNS	(Specify)
0	0	0	0	0
1020630135	Political Contributions	1184.7	0	0
0	0	0	0	0
Total Contributions		$ 1,185	$ -	$ -
		$ -		

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
1020630060	Bank Service Charges	3889.73	0	0
1020630120	Collection Fees	5413.89	self-disallowed	0
1020630140	Employee Physicals	180.34	self-disallowed	0
1020630180	Employee Physicals	2392.51	0	0
1020630200	Employee Relations	868.42	0	0
1020630380	Printing	108.32	0	0
1020630610	Training Expense	530.07	0	0
1020640090	Miscellaneous	-191.45	0	0
1020660080	Rental Expense	1915.28	0	0
1020720070	State Tax Annual Repo	20	0	0
1020660990	Accrued Expense Estin	-1869.85	self-disallowed	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	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	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
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	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	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	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	0	0
Total Other Administrative and General		$ 13,257	$ -	$ -
		0		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
35 Marc Drive Operations LLC, d/b/a Sky	2377	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	263,770	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	24,510	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.**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-18 Rev. 9/2002

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
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	125,502	125,502		
2. Non-Food Supplies	$	15,267	15,267		
3. Other (*Specify*)_____ Contra Meal Expense	$	(220)	(220)		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	409,262	409,262		
c. Other (*Specify*)_____ Books, Dues & Subscriptions	$				
2D. ***Total Dietary Expenditures*** (2a + b + c)	$	549,811	549,811		

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?	○ Yes	⊙ No	
I.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
L.	Is any revenue collected from these people?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
O.	Is any revenue collected from employees?	○ Yes	⊙ No	If yes, specify amt.
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2002

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
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	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. $	3,574	3,574		
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. $	6,102	6,102		
b. Purchased Services *(by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	109,900	109,900		
c. Other (*Specify*)	$				
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	119,576	119,576		

3F.	Laundry Questionnaire			
G.	Is cost of employee laundry included in 3E?	○ Yes	⊙ No	If yes, specify cost.
H.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
K.	Did you receive revenue from these people?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2002

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
35 Marc Drive Operations LLC, d/b/a Skyview	2377	9/30/2018	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	11,576	11,576		
b. Purchased Services (*by contract other than through Management Services)*	Sq. Ft. Serviced by Personnel					
(Complete Schedule C-2 att. Page 21)	Amt.	$	164,999	164,999		
c. Other (*Specify*)		$				
T&E-Mileage/Parking/Tolls						
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	176,575	176,575		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	75,603	75,603		
Neighborcare						
b. Medicine Cabinet Drugs		$	20,195	20,195		
c. Medical and Therapeutic Supplies		$	57,861	57,861		
d. Ambulance/Limousine***		$	7,185	7,185		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	4,498	4,498		
f. X-rays and Related Radiological Procedures***		$	3,601	3,601		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	12,975	12,975		
i. Recreation		$	21,735	21,735		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)****		$	39,613	39,613		
See Attached Schedule						
5M. ***Total Resident Care Expenditures*** (5a - 5l)		$	243,267	243,267		

* 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	29056.21	0	0
3060610161	Incontinency - Rebate	-3803.82	0	0
3080630030	Advertising-Help Wan	343.78	0	0
3080630140	Education Expense	668.66	0	0
3120630530	Supplies	196.46	0	0
3155630530	Supplies	4527.9	0	0
3120660080	Rental Expense	380	0	0
3155660080	Rental Expense	5934.05	0	0
3010610300	Consolidated Billing	2310.24	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
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	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	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	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 Resident Care		$ 39,613	$ -	$ -

0

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Laundry Purchased Services	109,900			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Housekeeping Purchased Services	164,999			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	⊙	Vendor Contracted	Dietary Purchased Services	409,262			18	2b
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

* 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).

State of Connecticut
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
35 Marc Drive Operations LLC, d/b/a Skyviev	2377	9/30/2018	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	123,007	123,007		
b. Heat	$	29,562	29,562		
c. Light & Power	$	90,453	90,453		
d. Water	$	44,819	44,819		
e. Equipment Lease (*Provide detail on page 6*)	$				
f. Other (*itemize*)	$				
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	287,842	287,842		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$				
c. Non-Movable Equipment	$	75	75		
d. Movable Equipment	$	17,264	17,264		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	17,339	17,339		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$				
9. Rental payments on leased real property less real estate taxes included in item 10b	$	156,380	156,380		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	57,065	57,065		
c. Personal property taxes	$				
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	230,784	230,784		

* 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	$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	23	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	102,937		102,937	35,882	S/L	Various		
2. Disposals (attach schedule)	(102,937)		(102,937)	(35,882)				
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period	1,923,103		1,923,103	1,817,165	S/L	Various		
2. Disposals (attach schedule)	(1,923,103)		(1,923,103)	(1,817,165)				
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	5,675		5,675	2,456	S/L	Various	0	
2. Disposals (attach schedule)	(5,675)		(5,675)	(2,456)				
3. Acquired during this report period (attach schedule)	8,960		8,960				75	
C-4. Subtotal								75

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.									S/L	Various		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					114,546		114,546	48,586	S/L	Various	16,865	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					8,132		8,132				399	
D-3. Subtotal												17,264
E. ***Total Depreciation***												17,339

35 Marc Drive Operations LLC, d/b/a Skyview 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 Improvement		$ -		$ -	*	$ -	$ -	$ -	
Deletions:									
43009	Various Deletion	-102936.71		-35882.04					
Total deletions for Land Improvement		$ (102,937)		$ (35,882)	**	$ -	$ -	$ -	

***Ties to Page 23, Line A3**
****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation					
Additions:									
				-					
				-					
Total additions for Building Improvement		$ -		$ -	*	$ -	$ -	$ -	
Deletions:									
10/1/2017	Various Deletion	$ (1,923,103)		$ (1,817,165)					
Total deletions for Building Improvement		$ (1,923,103)		$ (1,817,165)	**	$ -	$ -	$ -	

***Ties to Page 23, Line B3**
****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report peri

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation					
Additions:									
8/31/2018	Walk-In Freezer	4,032.00	10.00	33.60					
8/31/2018	Walk-In Freezer	4,928.00	10.00	41.07					
Total additions for Non-Movable Equipmen		$ 8,960		$ 75	*	$ -	$ -	$ -	
Deletions:									
10/1/2017	Various Deletion	$ (5,675)		$ (2,456)					
Total deletions for Non-Movable Equipmen		$ (5,675)		$ (2,456)	**	$ -	$ -	$ -	

***Ties to Page 23, Line C3**
****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report perio

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation				
Additions:								
1/31/2018	Attendant Connected Vital Signs Moni	2,147.02	7	204.48				
3/31/2018	Maxi Rest Bariatric Bed, 3-Func, Expa	2,759.76	10	137.99				
7/31/2018	Steamtable Wells	3,135.20	10	52.25				
8/31/2018	Window AC Unit	381.80	7	4.55				
10/1/2017	Reversed Sept 2017 Accrual -Acct # 1	(291.40)		-				
Total additions for Movable Equipmen		$ 8,132		$ 399	*	0	-	-
Deletions:								
Total deletions for Movable Equipmen		$ -		$ -	**	-	-	-

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report perio

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation				
Additions:								
Total additions for Leasehold Improvemen		$ -		$ -	*	-	-	-
Deletions:								
Total deletions for Leasehold Improvemen		$ -		$ -	**	-	-	-

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a	2377	9/30/2018	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⊙ No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	97
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
Well Tower /Healthcare REIT, Inc	Building and Equipment	04/01/11	20	156,380
Address: One Seagate Suite 1500				
Toledo, OH 43603-1475				

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
35 Marc Drive Operations LLC, d/b/a	2377	9/30/2018	26 | 37

Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	$	24,510	24,510		
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)	$	24,510	24,510		

(*Carry Subtotals forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
35 Marc Drive Operations LLC, d/b	2377	9/30/2018	27 | 37

Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:			24,510	24,510		
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)		$	24,510	24,510		
14. Insurance						
a. Insurance on Property (buildings only)		$	4,014	4,014		
b. Insurance on Automobiles		$				
c. Insurance other than Property (as specified above)						
1. Umbrella (*Blanket Coverage*)		$	152,458	152,458		
2. Fire and Extended Coverage		$				
3. Other (*Specify*)		$				
14d. ***Total Insurance Expenditures (14a + b + c)***		$	156,472	156,472		
15. ***Total All Expenditures (A-13 thru C-14)***		$	6,620,633	6,620,633		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2002

D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $	22,782	22,782		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians ** $				
6.		B-10	Occupational Therapy $				
7.			Other - See attached Schedule $	317,870	317,870		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1-c	Bad Debts $	183,697	183,697		
10.			Accounting & 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 * $	14,749	14,749		
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $	1,185	1,185		
21.			Unallowable Management Fees $	(24,072)	(24,072)		
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	(62,441)	(62,441)		
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) $	453,769	453,769		

* 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	$ 22,782	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				$ 22,782	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	45,749.43	0	0
13	5	Rehabilitation Services	3195620020	191,161.20	0	0
13	9	Speech Therapist	3170620020	32,268.08	0	0
13	10	Occupational Therapist	3105620020	47,951.79	0	0
13	12	Other	3010620020	240.00	0	0
13	12	Other	3015620020	-	0	0
13	12	Respiratory Purchased Servies	3155620020	499.75	0	0
					0	0
					0	0
					0	0
					0	0
					0	0
Total Other Fees Adjustments				$ 317,870	$ -	$ -
				$ -		

Schedule of Other A&G Adjustments

Page Ref	Line Ref		Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	1020630120	5,413.89	0	0
16	m-8a	Chamber of Commerce	1020630310	1,012.00	0	0
16	m-13	Estimated Accrual	1020660990	(1,869.85)	0	0
16	m-13	Penalty and Fines	1020640080	-	0	0
16	m-13	Non-recurring Charges	7010800030	-	0	0
16	m-12	0	0	-	0	0
15	1-a-1	adj workers comp	0	(66,997.03)	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 A&G Adjustments				$ (62,441)	$ -	$ -
				$ -		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

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

Name of Facility	License No.	Report for Year Ended	Page of
35 Marc Drive Operations LLC, d/b/a Skyview Center	2377	9/30/2018	29 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	453,769	453,769		
Page 20 - Resident Care Supplies***								
27.	20	5-a-2	Prescription Drugs	$	75,603	75,603		
28.	20	5-d	Ambulance/Limousine	$	7,185	7,185		
29.	20	5-f	X-rays, etc	$	3,601	3,601		
30.	20	5-h	Laboratory	$	12,975	12,975		
31.			Medical Supplies	$				
32.	20	5-e-2	Oxygen (non emergency)	$	4,498	4,498		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	12,772	12,772		
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	$	15,089	15,089		
43.			Interest Income on Account Rec.	$				
44.			Other - Miscellaneous Administrative	$	143,323	143,323		
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)***				$	728,816	728,816		

*** 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.

Attachment Page 29

35 Marc Drive Operations LLC, d/b/a Skyview Center
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	2310.24	3010610300	0
20	5-j	Respiratory Supplies	4527.9	3155630530	0
20	5-j	Respiratory Rental	5934.05	3155660080	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Other Ancillary Costs			$ 12,772	$ -	$ -
			$ -		

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Other Property Adjustments			$ -	$ -	$ -

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c1	General liability Insurance Adjust	143,323.44	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
0	0-Jan	0	0	0	0
Total Other Adjustments			$ 143,323	$ -	$ -
			$ 143,323		

Schedule of Unallowable Building Interest

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

Schedule of Other Misc - Indirect

Page Ref	Line Ref	Description	CCNH	RHNS	0
20.00	5-i	Cable TV	15,088.69	3005660130	allow $3600
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
Total of Other Misc - Indirect			$ 15,089	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Sky	2377	9/30/2018	30	37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	10,038,220	10,038,220		
b. Medicaid Room and Board Contractual Allowance **	$	(5,401,982)	(5,401,982)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	556,486	556,486		
b. Medicare Room and Board Contractual Allowance **	$	(141,160)	(141,160)		
4. a. Private-Pay Residents and Other	$	669,801	669,801		
b. Private-Pay Room and Board Contractual Allowance **	$	(241,899)	(241,899)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	44,742	44,742		
b. Prescription Drugs - Medicare Contractual Allowance **	$	(11,349)	(11,349)		
c. Prescription Drugs - Non-Medicare	$	36,045	36,045		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$	(14,741)	(14,741)		
2. a. Medical Supplies - Medicare	$	1	1		
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	133	133		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$	(72)	(72)		
3. a. Physical Therapy - Medicare	$	149,601	149,601		
b. Physical Therapy - Medicare Contractual Allowance **	$	(37,948)	(37,948)		
c. Physical Therapy - Non-Medicare	$	134,630	134,630		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$	(57,680)	(57,680)		
4. a. Speech Therapy - Medicare	$	60,742	60,742		
b. Speech Therapy - Medicare Contractual Allowance **	$	(15,408)	(15,408)		
c. Speech Therapy - Non-Medicare	$	56,169	56,169		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$	(24,756)	(24,756)		
5. a. Occupational Therapy - Medicare	$	165,069	165,069		
b. Occupational Therapy - Medicare Contractual Allowance **	$	(41,872)	(41,872)		
c. Occupational Therapy - Non-Medicare	$	147,064	147,064		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$	(62,686)	(62,686)		
6. a. Other *(Specify)* - Medicare	$	9,587	9,587		
b. Other *(Specify)* - Non-Medicare	$	151,613	151,613		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	6,168,350	6,168,350		
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 *(Specify)*	$				
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	666	666		
V. Total Other Revenue (1 thru 8)	$	666	666		
VI. Total All Revenue (III +V)	$	6,169,016	6,169,016		

* *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	-	-	0
II-6-a	Medicare Part A	Laboratory	5,470.07	-	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	-	-	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	Medicare Part A	Flu Shot	7,375.43	-	0
II-6-a	Contractuals-Medicare	X-Ray	-	-	0
II-6-a	Contractuals-Medicare	Laboratory	(1,387.55)	-	0
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	-	-	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
II-6-a	Contractuals-Medicare	Flu Shot	(1,870.87)	-	0
Total Other Resident Revenue - Medicare			$ 9,587	$ -	$ -
			$ 0		

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	-	-	0
II-6-b	Medicaid	Laboratory	202.49	-	0
II-6-b	Medicaid	Respiratory Therapy & Supplie	-	-	0
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Medicaid	Audiology	-	-	0
II-6-b	Medicaid	Incontinency	-	-	0
II-6-b	Medicaid	Oxygen & Supplies	-	-	0
II-6-b	Medicaid	Physician Visit	-	-	0
II-6-b	Medicaid	Ambulance	-	-	0
II-6-b	Medicaid	Flu Shot	-	-	0
II-6-b	Contractuals Medicaid	X-Ray	-	-	0
II-6-b	Contractuals Medicaid	Laboratory	(108.97)	-	0
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	-	-	0
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Contractuals Medicaid	Audiology	-	-	0
II-6-b	Contractuals Medicaid	Incontinency	-	-	0
II-6-b	Contractuals Medicaid	Oxygen & Supplies	-	-	0
II-6-b	Contractuals Medicaid	Physician Visit	-	-	0
II-6-b	Contractuals Medicaid	Ambulance	-	-	0
II-6-b	Contractuals Medicaid	Flu Shot	-	-	0

II-6-b	Private and Other	X-Ray	-	-	0
II-6-b	Private and Other	Laboratory	36,793.35	-	0
II-6-b	Private and Other	Respiratory Therapy & Supplie	-	-	0
II-6-b	Private and Other	Nursing Treatment Supplies	-	-	0
II-6-b	Private and Other	Audiology	-	-	0
II-6-b	Private and Other	Incontinency	-	-	0
II-6-b	Private and Other	Oxygen & Supplies	-	-	0
II-6-b	Private and Other	Physician Visit	-	-	0
II-6-b	Private and Other	Ambulance	-	-	0
II-6-b	Private and Other	Flu Shot	-	-	0
II-6-b	Private and Other	Capitation Contracts	200,382.00	-	0
II-6-b	Contractuals-Non-Medicaid	X-Ray	-	-	0
II-6-b	Contractuals-Non-Medicaid	Laboratory	(13,287.92)	-	0
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	-	-	0
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	-	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	-	-	0
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	-	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	-	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	-	-	0
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(72,367.95)	-	0
Total Other Resident Revenue			$ 151,613	$ -	$ -
			$ 0		

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 30 line1	430055	Interest On Overdue Accounts	-	-	-
0	0	0	0	-	0
0	0	0	0	-	0
Total Interest Income			$ -	$ -	$ -
			$ -		

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Specify)
Pg 30 line1	Hair Dressing	430060	626.35	-	-
0	Rehab Screen	0	40.00	-	-
0	0	0	-	-	-
Total Other Revenue			$ 666	$ -	$ -
			$ 0		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a S	2377	9/30/2018	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 4,241
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 782,797
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$ 19,725
5. Prepaid Expenses				$ 14,918
a. Prepaid Expenses				
b. Prepaid Property Tax		12,530		
c. Prepaid Personal Property Tax				
d. Prepaid Personal Property Tax		2,388		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 821,681
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost			$
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	8,960		$ 8,885
	Accum. Depreciation	75	Net	
6. Movable Equipment	*Historical Cost	122,678		$ 56,828
	Accum. Depreciation	65,850	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 65,713

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

(*Carry Total forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a S	2377	9/30/2018	32	37

Account				Amount
			Total Brought Forward:	$ 887,394
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 (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$ (403,109)
I/C Due to/Due From Owned		(403,109)		
I/C Due to/Due From Multicare				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ (403,109)
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 484,285

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyview	2377	9/30/2018	33	37

Account	Amount
Liabilities	
A. Current Liabilities	
1. Trade Accounts Payable	$ 249,790
2. Notes Payable (*itemize*)	$
3. Loans Payable for Equipment (*Current portion*) (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)	$ 89,970
5. Accrued Payroll (*Owners and/or Stockholders only*)	$
6. Accrued Payroll Taxes Payable	$ 770
7. Medicare Final Settlement Payable	$
8. Medicare Current Financing Payable	$
9. Mortgage Payable (*Current Portion*)	$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)	$
11. Accrued Income Taxes*	$
12. Other Current Liabilities (*itemize*)	$ 228,635

Accrued Provider/Bed Tax	126,267	Accr Exp Electricity	4,642
Accr Exp Propane Gas		Deferred Revenue	11,265
Accr Exp Water and Sewer	13,569	Accr Sales and Use Tax -	38
A/R Credit Gross Up Liability	72,854	Accr Sales and Use Tax -	

A-13. ***Total Current Liabilities*** (Lines A1 thru 12)	$ 569,165

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

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Skyvie	2377	9/30/2018	34	37

Account	Amount
Total Brought Forward:	569,165
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)		$ 1,984,021
LT Debt-Financing Obligation	1,984,021	
Escheatable Funds		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 1,984,021
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 2,553,186

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a S	2377	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 (*Equity)*	$
	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	$ 1,127,912
	4. Treasury Stock	$
	5. Cumulated Earnings	$ (2,745,194)
	6. Gain or Loss for Period 10/1/2017 thru 9/30/2018	$ (451,617)
	7. Total Net Worth	$ (2,068,899)
C.	***Total Reserves and Net Worth***	$ (2,068,899)
D.	***Total Liabilities, Reserves, and Net Worth***	$ 484,287

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a Sk	2377	9/30/2018	36	37

Account	Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2017	$ (1,617,282)
B. Total Revenue (*From Statement of Revenue Page 30*)	$ 6,169,016
C. Total Expenditures (*From Statement of Expenditures Page 27*)	$ 6,620,633
D. Net Income or Deficit	$ (451,617)
E. Balance	$ (2,068,899)
F. Additions	
1. Additional Capital Contributed (*itemize*)	
2. Other (*itemize*)	
F-3. Total Additions	$
G. Deductions	
1. Drawings of Owners/Operators/Partners (*Specify*)	$

Name and Address (*No., City, State, Zip*)	Title	Amount

2. Other Withdrawings *(Specify)*	$
Purpose	Amount
3. Total Deductions	$
H. ***Balance at End of Period*** 09/30/18	$ (2,068,899)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
35 Marc Drive Operations LLC, d/b/a	2377	9/30/2018	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer

Thomas Farnan Title -Sr. Director of Reimbursement

Addres Address	Phone Number
200 Brickstone Square, Andover, MA 01810	978-247-5029