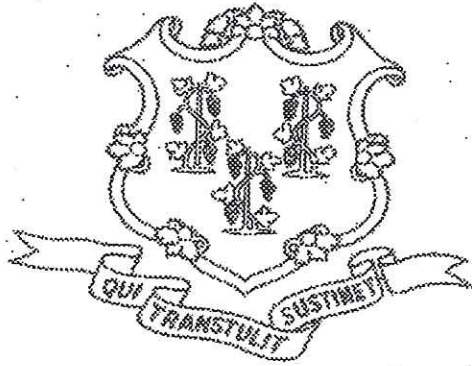


State of Connecticut



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Annual Report of Long-Term Care Facility Cost Year 2015

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DEPT. OF SOCIAL SERVICES
 OFFICE OF CON AND RATE SETTINGS

Name of Facility (as licensed) 59 Harrington Court Operations LLC, d/b/a Harrington Court center	
Address (No. & Street, City, State, Zip Code) 59 Harrington Court, Colchester, CT 06415	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2375	RHNS	(Specify)	Medicare Provider 07-5253
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000008961	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a Harrington	2375	9/30/2015	1	37

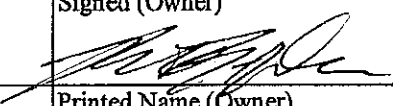
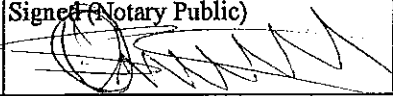
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 59 Harrington Court Operations LLC, d/b/a Harrington Court center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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
					11/13/2015
Printed Name (Administrator) Tania Archambault			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of PA	Date 11/13/15	Signed (Notary Public) 		Comm. Expires / /

Address of Notary Public

(Notary Seal)

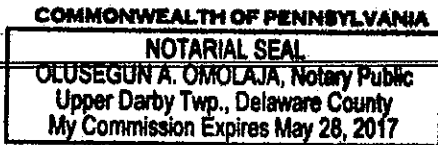


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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a Harrington	2375	9/30/2015	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 59 Harrington Court Operations LLC, d/b/a Harrington Court center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) Tania Archambault			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 59 Harrington Court Operations LLC, d/b/a Harrington Court center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 59 Harrington Court, Colchester, CT 06415				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/20/2015	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 557,893	557,893		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$ 1,194	1,194		
4. Nursing wages paid	\$ 4,279,806	4,279,806		
5. All other wages paid	\$ 538,379	538,379		
6. Total Wages Paid	\$ 5,377,272	5,377,272		
7. Total salaries paid	\$ 262,309	262,309		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 5,639,581	5,639,581		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-537-2339	Report for Year Ended 9/30/2015	Page 2	of 37
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Name of Facility (as shown on license) 59 Harrington Court Operations LLC, d/b/a Harrington Court	Address (No. & Street, City, State, Zip) 59 Harrington Court, Colchester, CT 06415
--	--

License Numbers:	CCNH 2375	RHNS (Specify)	Medicare Provider No. 07-5253
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Type of Facility (Check appropriate box(es))		
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)

Type of Ownership (Check appropriate box)						
<input type="radio"/> Proprietorship	<input checked="" type="radio"/> LLC	<input type="radio"/> Partnership	<input type="radio"/> Profit Corp.	<input type="radio"/> Non-Profit Corp.	<input type="radio"/> Government	<input type="radio"/> Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
---	---------------------------	-------------------------------------	--------------------------

Administrator		
Name of Administrator Tania Archambault	Nursing Home Administrator's License No.:	1867

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:

General Information and Questionnaire Corporate Owners

Name of Facility 59 Harrington Court Operations LLC, d/b/a H	License No. 2375	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
59 Harrington Court Operations LLC, d/b/a Harrington Court 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				

General Information and Questionnaire Related Parties*

Name of Facility 59 Harrington Court Operations LLC, d/b/a Harrington	License No. 2375	Report for Year Ended 9/30/2015	Page 4	of 37			
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No							
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.							
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input type="radio"/> Yes <input checked="" type="radio"/> 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 Health Ventures	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Home Office	Pg 16/m12	549,985	549,985
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63% PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9, 10	1,426,887	1,426,887
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	55% Staffing Pool	Pg 10/A12		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85% Case Management	Pg 13/B8, Pg 10/A12	49,480	49,480
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Staffing Pool	Pg 13/B11 a,b,c	13,047	13,047
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	43% Respiratory Therapy	Pg 13/B12, Pg 20/C5E	124,448	124,448
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Insurance	Pg 27/14	165,264	165,264
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Capital Interest	Page 17, page 26-12A	54,334	54,334

* 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 59 Harrington Court Operations LLC, d/b/a Har	License No. 2375	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire
Accounting Basis

Name of Facility 59 Harrington Court Operations LI	License No. 2375	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

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

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 State of Connecticut - Court of Probate 2 Bloom & Witkin 3 4 5	Telephone Number 617-456-0500
--	----------------------------------

Address (*No. & Street, City, State, Zip Code*)

1 979 Maine St P.O Box 34 Willimantic, CT 06226
2 470 Atlantic Ave 3rd Fl Boston, MA 02210
3
4
5

Services Provided by This Firm (*describe fully*)

1 Probate Court Fee for the Conservators & Marshall Fee	\$
2 Service Fees for the saving on Real Estate tax (Valuation analysis for Tax Appeal)	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended				Page	of
	59 Harrington Court Operations LLC, d/b/a Harrington Court center		9/30/2015					
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30		
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	130	130				130	130	
B. On last day of THIS report period	130	130				130	130	
2. Number of Residents								
A. As of midnight of PREVIOUS report period	122	122				122	115	
B. As of midnight of THIS report period	114	114				115	114	
3. Total Number of Days Care Provided During Period								
A. Medicare	10,710	10,710				8,261	2,449	
B. Medicaid (Conn.)	24,138	24,138				18,294	5,844	
C. Medicaid (other states)								
D. Private Pay	4,844	4,844				3,684	1,160	
E. State SSI for RCH								
F. Other (Specify)	2,731	2,731				2,085	646	
G. Total Care Days During Period (3A thru F)	42,423	42,423				32,324	10,099	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days	4	4				4		
B. Other Bed Reserve Days	54	54				54		
5. Total Resident Days (3G + 4A + 4B)	42,481	42,481				32,382	10,099	

Schedule of Resident Statistics (Cont'd)

Name of Facility 59 Harrington Court Operations LLC, d/b/a H	License No. 2375	Report for Year Ended 9/30/2015	Page 9	of 37
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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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare		Medicaid		Self-Pay			Other State Assisted	
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID
No. of Residents	29		61		24				
Per Diem Rate									
a. One bed rm.					396.00				
b. Two bed rms.	551.41		227.33		388.95				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,479	2,479		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	295	295		
C. Other	27,863	27,863		
D. Total Physical Therapy Treatments	30,637	30,637		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	335	335		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	44	44		
C. Other	2,516	2,516		
D. Total Speech Therapy Treatments	2,895	2,895		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	4,059	4,059		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	310	310		
C. Other	32,575	32,575		
D. Total Occupational Therapy Treatments	36,944	36,944		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
59 Harrington Court Operations LLC, d/b/a Harrington Cour	2375	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	140,814	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	166,918	8,175				
5. Dietary Service						
a. Head Dietitian	26,518	828				
b. Food Service Supervisor	56,367	2,191				
c. Dietary Workers	475,009	27,822				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	1,194	80				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	54,864	2,189				
b. Other Maintenance Workers	35,138	1,850				
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	121,495	2,114				
b. RN						
1. Direct Care	748,939	19,209				
2. Administrative**	179,660	4,695				
c. LPN						
1. Direct Care	1,318,749	45,215				
2. Administrative**						
d. Aides and Attendants	1,976,573	112,443				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	147,527	7,319				
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	133,932	5,683				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	55,884	3,067				
A-13. Total Salary Expenditures	5,639,581	244,966				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
Ward Clerks	0	\$ -	-			\$ -	-
Coordinator-Staffing Centers	0	\$ 7,841.18	347			\$ -	-
Central Supply	0	\$ 25,195.47	1,331			\$ -	-
Medical Records	0	\$ 22,847.65	1,390			\$ -	-
	0	\$ -	-			\$ -	-
Total		\$ 55,884.30	3,066.78	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	\$ 148.85	n/a				
1020620010	Consulting Fees	\$ 409.70	n/a				
3015620020	Purchased Services	\$ 25,601.09	n/a				
3155620020	Purchased Services	\$ 121.48	n/a				
3155620020	Purchased Services	\$ 35,714.05	n/a				
1020620010	Consulting Fees	\$ 136.04	n/a				
	0	\$ -	0				
	0	\$ -	0				
Total		\$ 62,131	-	\$ -	-	\$ -	-

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		
59 Harrington Court Operations LLC, d/b/a Harrington Court center		2375		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) 59 Harrington Court Operations LLC, d/b/a Harrington Court center	License No. 2375		Report for Year Ended 9/30/2015		Page 12	of 37						
	Salary Paid	CCNH	RHNS	(Specify)			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
Section III - Administrators***												
Tania Archambault	140,814					Management of Center	2,086	2				
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		
59 Harrington Court Operations LLC, d/b/a Harrington	2375	9/30/2015	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	858	23				
2. Dentist	14,241	98				
3. Pharmacist	10,574	216				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,270,694	17,407				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	49,480	262				
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	42,226	541				
b. Other						
10. Occupational Therapist						
a. Resident Care	116,847	1,601				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	7,895	132				
2. Administrative***						
b. LPN						
1. Direct Care	43,265	1,022				
2. Administrative***						
c. Aides	2,772	113				
d. Other						
12. Other (Specify) See Attached Schedule	62,131					
B-13 Total Fees Paid in Lieu of Salaries	1,620,983	21,414				

* 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
59 Harrington Court Operations LLC, d/b/a Harri	2375	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 251,913	251,913			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 116,569	116,569			
4. Social Security (F.I.C.A.)	\$ 426,823	426,823			
5. Health Insurance	\$ 94,095	94,095			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 321,596	321,596			
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 915,508	915,508			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 166,151	166,151			
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 30,925	30,925			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 57,940	57,940			
2. Cellular Phones	\$ 405	405			
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	\$ 1,327	1,327			
3. Resident Day User Fee	\$ 639,534	639,534			
Subtotal	\$ 3,022,789	3,022,789			

* 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**

59 Harrington Court Operations LLC, d/b/a Harrington Court center
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
1020520020	Union Health & Welfare	\$ 17,608	\$ -	
3005520020	Union Health & Welfare	\$ 5,281	\$ -	
3030520020	Union Health & Welfare	\$ 108,075	\$ -	
3040520020	Union Health & Welfare	\$ 12	\$ -	
3080520020	Union Health & Welfare	\$ 35,776	\$ -	
3215520020	Union Health & Welfare	\$ 276,467	\$ -	
3225520020	Union Health & Welfare	\$ 464,887	\$ -	
5035520020	Union Health & Welfare	\$ 7,393	\$ -	
3165520020	Union Health & Welfare	\$ 8	\$ -	
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		\$ 915,508	\$ -	\$ -

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
1020640110	Sales Tax	\$ 1,327	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
Total		\$ 1,327	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a Harrington	2375	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,022,789	3,022,789		
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 250	250		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 2,364	2,364		
5. Education Expenses Related to Seminars and Conventions	\$ 361	361		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 7,095	7,095		
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	\$ 2,866	2,866		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,267	10,267		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 404	404		
10. Contributions*** See Attached Schedule	\$ 2,041	2,041		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 4,149	4,149		
12. Administrative Management Services**	\$ 622,014	622,014		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 29,422	29,422		
C-14 Total Administrative & General Expenditures	\$ 3,704,022	3,704,022		

* 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
			0
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
1020630020 Advertising	\$ 50	0	0
1020630020 Advertising	\$ 385	0	0
1020630020 Advertising	\$ 1,016	0	0
1020630330 Marketing Expense	2772.93	0	0
1020630330 Marketing Expense	25.57	0	0
1020630330 Marketing Expense	138.66	0	0
1020630331 Marketing Exp- Corpc	633.7	0	0
1020630331 Marketing Exp- Corpc	2073.72	0	0
Total Other Advertising	\$ 7,095	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
1020630310 licenses and certificati	\$ 10,267	\$ -	\$ -
1020630310	0 \$ -	\$ -	\$ -
1020630310	0 \$ -	\$ -	\$ -
1020630310	0 \$ -	\$ -	\$ -
1020630310	0 \$ -	\$ -	\$ -
1020630310	0 \$ -	\$ -	\$ -
1020630310	0 \$ -	\$ -	\$ -
1020630310	0 \$ -	\$ -	\$ -
0	0 \$ -	\$ -	\$ -
0	0 \$ -	\$ -	\$ -
0	0 \$ -	\$ -	\$ -

Total Dues		\$ 10,267	\$ -	\$ -

Schedule of Contributions

Description		CCNH	RHNS	(Specify)
1020630130	Contributions	\$ 100	\$ -	\$ -
1020630135	Political Contributions	\$ 1,941	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total Contributions		\$ 2,041	\$ -	\$ -

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
1020630060	Bank Service Charges	\$ 3,832	\$ -	\$ -
1020630120	Collection Fees	\$ 3,333	self-disallowed	\$ -
1020630120	Collection Fees	\$ 23	self-disallowed	\$ -
1020630120	Collection Fees	\$ 66	self-disallowed	\$ -
1020630140	Education Expense	\$ 89	\$ -	\$ -
1020630140	Education Expense	\$ 39	\$ -	\$ -
1020630180	Employee Physicals	\$ 10,271	\$ -	\$ -
1020630200	Employee Relations	\$ 5,861	\$ -	\$ -
1020630200	Employee Relations	\$ 212	\$ -	\$ -
1020630380	Printing	\$ 39	\$ -	\$ -
1020630380	Printing	\$ 21	\$ -	\$ -
1020630380	Printing	\$ 161	\$ -	\$ -
1020630610	Training Expense	\$ 170	\$ -	\$ -
1020630610	Training Expense	\$ 84	\$ -	\$ -
1020630610	Training Expense	\$ 652	\$ -	\$ -
1020630640	Uniforms	\$ 343	\$ -	\$ -
1020640090	Miscellaneous	\$ (0)	\$ -	\$ -
1020640090	Miscellaneous	\$ (7)	\$ -	\$ -
1020660080	Rental Expense	\$ 2,272	\$ -	\$ -
1020660990	Accrued Expense Esti	\$ 1,785	self-disallowed	\$ -
5095720020	Cap Stk/Franchise Tax	\$ 175	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total Other Administrative and General		\$ 29,422	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
59 Harrington Court Operations LLC, d/b/a	2375	9/30/2015	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 Health Ventures, 101 East St., Kennett Square, PA 19348	549,985	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	54,334	Capital Interest	pg 26 12-A-1

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
59 Harrington Court Operations LLC, d/b/a Harrington		2375	9/30/2015		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 200,816	200,816			
2.	Non-Food Supplies	\$ 20,511	20,511			
3.	Other (Specify) _____	\$ (4,478)	(4,478)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Management Services**						
d. Other (Specify) _____						
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 216,848	216,848			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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
59 Harrington Court Operations LLC, d/b/a Harrington C		2375	9/30/2015	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. \$	6,176	6,176	
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. \$	6,869	6,869	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	250,438	250,438	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	263,483	263,483	
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.

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

*** 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
59 Harrington Court Operations LLC, d/b/a Har		2375	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 19,359	19,359			
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.	\$ 375,211	375,211			
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$	394,570	394,570		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$ 604,521	604,521			
b. Medicine Cabinet Drugs		\$ 32,452	32,452			
c. Medical and Therapeutic Supplies		\$ 139,262	139,262			
d. Ambulance/Limousine****		\$ 24,667	24,667			
e. Oxygen		\$				
1. For Emergency Use		\$				
2. Other****		\$ 42,783	42,783			
f. X-rays and Related Radiological Procedures***		\$ 25,710	25,710			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory****		\$ 41,500	41,500			
i. Recreation		\$ 23,094	23,094			
j. Other (Specify)***** See Attached Schedule		\$ 117,102	117,102			
5K. Total Resident Care Expenditures (5a - 5j)		\$	1,051,092	1,051,092		

* 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	\$ 49,233	-	-
3060610161	Incontinency - Rebate	\$ (3,196)	-	-
3080630030	Advertising-Help Wa	\$ 1,385	-	-
3080630030	Advertising-Help Wa	\$ 663	-	-
3080630140	Education Expense	\$ 513	-	-
3080630140	Education Expense	\$ 156	-	-
3080630140	Education Expense	\$ 604	-	-
3080630310	Licenses & Certifican	\$ 150	-	-
3120630530	Supplies	\$ 2,303	-	-
3155630530	Supplies	\$ 9,130	-	-
3155630530	Supplies	\$ 17,015	-	-
3170630530	Supplies	\$ 308	-	-
3090630535	Office Supplies	\$ 359	-	-
3120630535	Office Supplies	\$ 122	-	-
3120660080	Rental Expense	\$ 1,504	-	-
3120660080	Rental Expense	\$ 1,683	-	-
3155660080	Rental Expense	\$ (6)	-	-
3155660080	Rental Expense	\$ 31,129	-	-
3010610300	Consoldated Billing	\$ 4,048	-	-
	0	\$ -	-	-
	0	\$ -	-	-
	0	\$ -	-	-
	0	\$ -	-	-
Total Other Resident Care		\$ 117,102	\$ -	\$ -

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

Name of Facility		License No.		Report for Year Ended		Page of	
59 Harrington Court Operations LLC, d/b/a Harrington Court center		2375		9/30/2015		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)
Healthcare Services Group	Drive, Bensalem, PA 19020	○	○	Vendor Contracted	Laundry Purchased Services	250,438	19 3b
Healthcare Services Group	Drive, Bensalem, PA 19020	○	○	Vendor Contracted	Housekeeping Purchased Services	375,211	20 4b
		○	○				
		○	○				
		○	○				
		○	○				
		○	○				
		○	○				
		○	○				
		○	○				
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		○	○				
		○	○				
		○	○				
		○	○				
		○	○				

* 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
59 Harrington Court Operations LLC, d/b/a H		2375	9/30/2015		22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a.	Repairs & Maintenance	\$ 123,089	123,089			
b.	Heat	\$ 104,713	104,713			
c.	Light & Power	\$ 134,714	134,714			
d.	Water	\$ 60,100	60,100			
e.	Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f.	Other (<i>itemize</i>)	\$				
	See Attached Schedule					
6g.	Total Maint. & Operating Expense (6a - 6f)	\$ 422,616	422,616			
7. Depreciation (<i>complete schedule page 23*</i>)						
a.	Land Improvements	\$ 111	111			
b.	Building & Building Improvements	\$ 209,366	209,366			
c.	Non-Movable Equipment	\$ 3,868	3,868			
d.	Movable Equipment	\$ 80,991	80,991			
*7e.	Total Depreciation Costs (7a + b + c + d)	\$ 294,336	294,336			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a.	Organization Expense	\$				
b.	Mortgage Expense	\$				
c.	Leasehold Improvements	\$				
d.	Other (<i>Specify</i>)	\$				
*8e.	Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less real estate taxes included in item 10b		\$ 696,961	696,961			
10. Property Taxes						
a.	Real estate taxes paid by owner	\$				
b.	Real estate taxes paid by lessor	\$ 117,018	117,018			
c.	Personal property taxes	\$				
11.	Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,108,315	1,108,315			

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

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended		Page	of	
59 Harrington Court Operations LLC, d/b/a Harrington Court center		2375		9/30/2015		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					S/L	Various	0	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	2,950		2,950				111	111
A-4. Subtotal								111
B. Building and Building Improvements								
1. Acquired prior to this report period	4,069,386		4,069,386	565,633	S/L	Various	208,908	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	23,446		23,446				458	209,366
B-4. Subtotal								209,366
C. Non-Movable Equipment								
1. Acquired prior to this report period	35,229		35,229	7,978	S/L	Various	3,814	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	3,250		3,250				54	3,868
C-4. Subtotal								3,868
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a.								
b.					S/L			
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period				589,462			235,568	
b. Disposals (attach schedule)							79,111	
c. Acquired during this report period (attach schedule)			51,869				1,880	
D-3. Subtotal								80,991
E. Total Depreciation								294,336

Total additions for Building Improvements		\$ 23,446		\$ 458 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
7/31/2015	Aluminum diamond plate flr in refrige	3,250.00	10.00	54.17
Total additions for Non-Movable Equipment		\$ 3,250		\$ 54 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/31/2015	Sales and Use Tax March 2015	238.00	7.00	17.00
10/31/2014	Direct Choice Overbed Table	211.15	10.00	19.36
1/31/2015	10i Stainless Steel Cutting Board	437.61	10.00	29.17
3/31/2015	Medium Duty Manual 12i Slicer	1,630.32	10.00	81.52
4/30/2015	4 Direct Choice Basic Wheelchair	538.96	10.00	22.46
4/30/2015	4 Direct Choice Basic Wheelchair	538.96	10.00	22.46
5/31/2015	PANACEA HEAVY DUTY WIDE W	261.99	10.00	8.73

6/30/2015	Liquid Blender, 1/2 Gallon 64	372.69	10.00	9.32
7/31/2015	Ice Cuber Bin, 430lb Capacity,	828.44	10.00	13.81
7/31/2015	Low-Temp Under-Counter Freezer	869.93	10.00	14.50
7/31/2015	Ice Machine Cuber, 560/530 lb. And	3,662.65	10.00	61.04
9/30/2015	10 GEN ONLY UCXT Bed w/ Lamin	14,920.03	10.00	-
3/31/2015	Snow Blower, 208cc, 24 In. Clear	1,832.94	5.00	183.29
6/30/2015	BARIATRIC SHOWER CHAIR	373.48	5.00	18.67
1/31/2015	3 MATTRESS, GENESIS VISCO SE	941.20	3.00	209.16
3/31/2015	3 MATTRESS, GENESIS VISCO SE	941.20	3.00	156.87
4/30/2015	3 MATTRESS, GENESIS VISCO SE	941.20	3.00	130.72
7/31/2015	50 MATTRESS, GENESIS VISCO S	15,686.63	3.00	871.48
9/30/2015	3 GENESIS ONLY: DermaFloat LAL	6,255.80	3.00	-
8/31/2015	1 HP LaserJet PRO 400	386.27	3.00	10.73
Total additions for Movable Equipment		\$ 51,869		\$ 1,880 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility 59 Harrington Court Operations LLC, d/b/a Harrington Court	Date of Acquisition		License No. 2375	Report for Year Ended 9/30/2015		Page 24	of 37
	Month	Year		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense							
1.							
2.							
3.							
A-4. Subtotal							
B. Mortgage Expense							
1.							
2.							
3.							
B-4. Subtotal							
C. Leasehold Improvements and Other							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
C-4. Subtotal							
D. Total Amortization							

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility 59 Harrington Court Operations LLC,	License No. 2375	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes <input checked="" type="radio"/> No		
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.			If "Yes," complete Part B. If "No," complete Part C.		
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		130			
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	
Healthcare REIT, Inc	Building and Equipment	04/01/11	20	696,961	
Address: One Seagate Suite 1500					
Toledo, OH 43603-1475					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
59 Harrington Court Operations LLC,		2375	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 54,334	54,334		
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)			\$ 54,334	54,334		

(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	
59 Harrington Court Operations LL		2375		9/30/2015		27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				54,334	54,334		
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) \$				54,334	54,334		
14. Insurance							
a. Insurance on Property (buildings only) \$				9,489	9,489		
b. Insurance on Automobiles \$							
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$	155,775	155,775		
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. Total Insurance Expenditures (14a + b + c) \$				165,264	165,264		
15. Total All Expenditures (A-13 thru C-14) \$				14,641,108	14,641,108		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a Harrington Court c				2375	9/30/2015	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	\$ 47,204	47,204		
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,491,204	1,491,204		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 166,151	166,151		
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 *	\$ 7,095	7,095		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,041	2,041		
21.			Unallowable Management Fees	\$ 676,348	676,348		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 5,208	5,208		
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)				\$ 2,395,251	2,395,251		

* 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	\$ 47,204	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
Total Other Salaries Adjustment				\$ 47,204	\$ - \$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	\$ 77,460	0 0
13	5	Rehabilitation Services	3195620020	\$ 1,193,233	0 0
13	9	Speech Therapist	3170620020	\$ 42,226	0 0
13	10	Occupational Therapist	3105620020	\$ 116,847	0 0
13	12	Other	3010620020	\$ -	0 0
13	12	Other	3015620020	\$ 25,601	0 0
13	12	Respiratory Purchased Services	3155620020	\$ 35,836	0 0
					0 0
					0 0
					0 0
					0 0
Total Other Fees Adjustments				\$ 1,491,204	\$ - \$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	1020630120	\$ 3,423	0 0
16	m-13	Estimated Accrual	1020660990	\$ 1,785	0 0
16	m-13	Non-Recurring charge	7010800030	\$ -	0 0
16	m-13	Penalty and Fines	1020640080	\$ -	0 0
16	m-12	0	0	\$ -	0 0
16	m-8a	Chamber of Commerce	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				\$ 5,208	\$ - \$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a Harrington Cour				2375	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,395,251	2,395,251		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 604,521	604,521		
28.	20	5-d	Ambulance/Limousine	\$ 24,667	24,667		
29.	20	5-f	X-rays, etc	\$ 25,710	25,710		
30.	20	5-h	Laboratory	\$ 41,500	41,500		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 42,783	42,783		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 70,126	70,126		
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.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 110,674	110,674		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 3,315,231	3,315,231		

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	\$ 110,673.61	\$ -	\$ -
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 Adjustments			\$ 110,674	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	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		\$ -	\$ -	\$ -
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility 59 Harrington Court Operations LLC, d/t 2375		License No. 2375		Report for Year Ended 9/30/2015		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)			
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (CT only)	\$ 9,302,213	9,302,213					
b. Medicaid Room and Board Contractual Allowance **	\$ (3,908,901)	(3,908,901)					
2. a. Medicaid (All other states)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (all inclusive)	\$ 4,320,363	4,320,363					
b. Medicare Room and Board Contractual Allowance **	\$ (1,112,037)	(1,112,037)					
4. a. Private-Pay Residents and Other	\$ 3,055,686	3,055,686					
b. Private-Pay Room and Board Contractual Allowance **	\$ (571,444)	(571,444)					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$ 501,050	501,050					
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (128,967)	(128,967)					
c. Prescription Drugs - Non-Medicare	\$ 159,049	159,049					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (30,871)	(30,871)					
2. a. Medical Supplies - Medicare	\$ 117	117					
b. Medical Supplies - Medicare Contractual Allowance **	\$ (30)	(30)					
c. Medical Supplies - Non-Medicare	\$ 164	164					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (31)	(31)					
3. a. Physical Therapy - Medicare	\$ 1,366,351	1,366,351					
b. Physical Therapy - Medicare Contractual Allowance **	\$ (351,691)	(351,691)					
c. Physical Therapy - Non-Medicare	\$ 267,396	267,396					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (53,613)	(53,613)					
4. a. Speech Therapy - Medicare	\$ 246,992	246,992					
b. Speech Therapy - Medicare Contractual Allowance **	\$ (63,574)	(63,574)					
c. Speech Therapy - Non-Medicare	\$ 72,299	72,299					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (14,501)	(14,501)					
5. a. Occupational Therapy - Medicare	\$ 1,702,417	1,702,417					
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (438,192)	(438,192)					
c. Occupational Therapy - Non-Medicare	\$ 325,950	325,950					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (65,218)	(65,218)					
6. a. Other (Specify) - Medicare	\$ 106,833	106,833					
b. Other (Specify) - Non-Medicare	\$ 33,073	33,073					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,720,883	14,720,883					
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	\$ 9,002	9,002					
5. Interest Income (Specify)	\$ 434	434					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$ 28,831	28,831					
8. Other (Specify)	\$ 2,742	2,742					
V. Total Other Revenue (1 thru 8)	\$ 41,009	41,009					
VI. Total All Revenue (III+V)	\$ 14,761,892	14,761,892					

* 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	X-Ray	Medicare	\$ 31,389.77	\$ -	\$ -
II-6-a	Laboratory	Medicare	\$ 31,687.64	\$ -	\$ -
II-6-a	Respiratory Therapy & Sup	Medicare	\$ 45,336.25	\$ -	\$ -
II-6-a	Nursing Treatment Supplies	Medicare	\$ -	\$ -	\$ -
II-6-a	Audiology	Medicare	\$ -	\$ -	\$ -
II-6-a	Incontinency	Medicare	\$ -	\$ -	\$ -
II-6-a	Oxygen & Supplies	Medicare	\$ 9,585.30	\$ -	\$ -
II-6-a	Physician Visit	Medicare	\$ -	\$ -	\$ -
II-6-a	Ambulance	Medicare	\$ 21,177.84	\$ -	\$ -
II-6-a	Flu Shot	Medicare	\$ 4,685.00	\$ -	\$ -
II-6-a	X-Ray	Contractuals-Medicare	\$ (8,079.55)	\$ -	\$ -
II-6-a	Laboratory	Contractuals-Medicare	\$ (8,156.22)	\$ -	\$ -
II-6-a	Respiratory Therapy & Sup	Contractuals-Medicare	\$ (11,669.29)	\$ -	\$ -
II-6-a	Nursing Treatment Supplies	Contractuals-Medicare	\$ -	\$ -	\$ -
II-6-a	Audiology	Contractuals-Medicare	\$ -	\$ -	\$ -
II-6-a	Incontinency	Contractuals-Medicare	\$ -	\$ -	\$ -
II-6-a	Oxygen & Supplies	Contractuals-Medicare	\$ (2,467.20)	\$ -	\$ -
II-6-a	Physician Visit	Contractuals-Medicare	\$ -	\$ -	\$ -
II-6-a	Ambulance	Contractuals-Medicare	\$ (5,451.05)	\$ -	\$ -
II-6-a	Flu Shot	Contractuals-Medicare	\$ (1,205.89)	\$ -	\$ -
II-6-a	Laboratory	Contractuals-Medicare	\$ -	\$ -	\$ -
II-6-a	Respiratory Therapy & Sup	Contractuals-Medicare	\$ -	\$ -	\$ -
II-6-a	Oxygen & Supplies	Contractuals-Medicare	\$ -	\$ -	\$ -
II-6-a	Ambulance	Contractuals-Medicare	\$ -	\$ -	\$ -
0	0	0	\$ 0	\$ -	\$ -
Total Other Resident Revenue - Medicare			\$ 106,833	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	X-Ray	Medicaid	178.00	-	-
II-6-b	Laboratory	Medicaid	69.29	-	-
II-6-b	Respiratory Therapy & Sup	Medicaid	5,313.34	-	-
II-6-b	Nursing Treatment Supplies	Medicaid	-	-	-
II-6-b	Audiology	Medicaid	-	-	-
II-6-b	Incontinency	Medicaid	-	-	-
II-6-b	Oxygen & Supplies	Medicaid	7,506.90	-	-
II-6-b	Physician Visit	Medicaid	-	-	-
II-6-b	Ambulance	Medicaid	-	-	-
II-6-b	Flu Shot	Medicaid	-	-	-
II-6-b	X-Ray	Contractuals-Medicaid	(74.80)	-	-
II-6-b	Laboratory	Contractuals-Medicaid	(29.12)	-	-
II-6-b	Respiratory Therapy & Sup	Contractuals-Medicaid	(2,232.73)	-	-
II-6-b	Nursing Treatment Supplies	Contractuals-Medicaid	-	-	-
II-6-b	Audiology	Contractuals-Medicaid	-	-	-
II-6-b	Incontinency	Contractuals-Medicaid	-	-	-
II-6-b	Oxygen & Supplies	Contractuals-Medicaid	(3,154.49)	-	-
II-6-b	Physician Visit	Contractuals-Medicaid	-	-	-

II-6-b	Ambulance	Contractuals-Medicaid	-	-	-
II-6-b	Flu Shot	Contractuals-Medicaid	-	-	-
II-6-b	X-Ray	Private and Other	1,869.77	-	-
II-6-b	Laboratory	Private and Other	8,177.99	-	-
II-6-b	Respiratory Therapy & Sup	Private and Other	17,087.13	-	-
II-6-b	Nursing Treatment Supplies	Private and Other	-	-	-
II-6-b	Audiology	Private and Other	-	-	-
II-6-b	Incontinency	Private and Other	-	-	-
II-6-b	Oxygen & Supplies	Private and Other	1,026.60	-	-
II-6-b	Physician Visit	Private and Other	-	-	-
II-6-b	Ambulance	Private and Other	200.00	-	-
II-6-b	Flu Shot	Private and Other	-	-	-
II-6-b	X-Ray	Contractuals-NonMedicaid	(349.67)	-	-
II-6-b	Laboratory	Contractuals-NonMedicaid	(1,529.37)	-	-
II-6-b	Respiratory Therapy & Sup	Contractuals-NonMedicaid	(3,195.47)	-	-
II-6-b	Nursing Treatment Supplies	Contractuals-NonMedicaid	-	-	-
II-6-b	Audiology	Contractuals-NonMedicaid	-	-	-
II-6-b	Incontinency	Contractuals-NonMedicaid	-	-	-
II-6-b	Oxygen & Supplies	Contractuals-NonMedicaid	(753.02)	-	-
II-6-b	Physician Visit	Contractuals-NonMedicaid	-	-	-
II-6-b	Ambulance	Contractuals-NonMedicaid	(37.40)	-	-
II-6-b	Flu Shot	Contractuals-NonMedicaid	-	-	-
0	0	0	0	-	-
0	0	0	0	-	-
Total Other Resident Revenue			\$ 33,073	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Account	0	434.43	-	-
0	0	0	-	-	-
0	0	0	-	-	-
0	0	0	-	-	-
Total Interest Income			\$ 434	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)	
IV-8	Rent	0	1,200.00	-	
IV-8	Medical Record	0	758.01	-	
0	refund RICHOH	0	49.45	-	
0	American Ambulance Servi	0	667.76	-	
0	Record Suspense Reclass E	0	66.43	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
0	0	0	-	-	
Total Other Revenue			\$ 2,742	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d	2375	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	11,321
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,283,535
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	15,664
4. Inventories			\$	52,488
5. Prepaid Expenses			\$	8,962
a. Prepaid Expenses				
b. Prepaid Prop Taxes	(38)			
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	9,000			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,371,970
B. Fixed Assets				
1. Land			\$	1,060,000
2. Land Improvements	*Historical Cost	2,950	\$	2,839
	Accum. Depreciation	111		Net
3. Buildings	*Historical Cost	4,092,831	\$	3,317,832
	Accum. Depreciation	774,999		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	38,479	\$	26,633
	Accum. Depreciation	11,847		Net
6. Movable Equipment	*Historical Cost	641,332	\$	324,772
	Accum. Depreciation	316,560		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,732,076

* 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
59 Harrington Court Operations LLC, d/	2375	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	6,104,046
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>temize</i>)			\$	
6. Loans to Owners or Related Parties (<i>temize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	56,105
I/C Due to/Due From Owned		56,105		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	56,105
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,160,152

* 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		License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC, d/b/a Ha		2375	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	624,961
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	234,333
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	437,246
Accrued Provider/Bed Tax		153,362	Deferred Revenue	55,982	
Accr Exp Water and Sewer		17,677	Accr Exp Propane Gas		
A/R Credit Gross Up Liability		159,346	Accr Exp Suspense	44,690	
Accr Exp Electricity		6,189	Accr Sales and Use Tax		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,296,540

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility 59 Harrington Court Operations LLC, d/b/a		License No. 2375	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,296,540	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>temize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>temize</i>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>temize</i>)					\$
CP LT Debt-Financing Obligation		6,284,450			6,284,848
Escheatable Funds		398			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 6,284,848
C. Total All Liabilities (Lines A-13 + B-5)					\$ 7,581,388

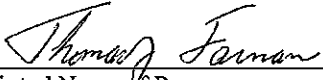
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
59 Harrington Court Operations LLC,	2375	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property <i>(equity)</i>			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(544,851)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(997,169)
6. Gain or Loss for Period			\$	120,784
	10/1/2014	thru 9/30/2015		
7. Total Net Worth			\$	(1,421,236)
C. Total Reserves and Net Worth			\$	(1,421,236)
D. Total Liabilities, Reserves, and Net Worth			\$	6,160,152

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of.
59 Harrington Court Operations LLC, d/b	2375	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(1,542,021)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,761,892
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,641,107
D. Net Income or Deficit			\$	120,785
E. Balance			\$	(1,421,236)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(1,421,236)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility 59 Harrington Court Operations LLC, d/b/a	License No. 2375	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title <i>Sr. Director of Reimbursement</i>	Date Signed <i>12/28/2015</i>		
Printed Name of Preparer Thomas Farnan - Sr Director of Reimbursement				
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 978-247-5029		