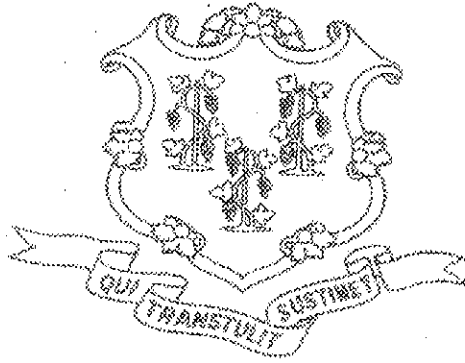


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Meriden Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 33 Roy St. Meriden, CT 06450	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2153-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5337
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Medicaid Provider Numbers:	CCNH 10660	RHNS 91934	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Meriden Care Center, LLC [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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) Raymond Hackling			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Meriden Care Center, LLC	Period Covered:		From 10/1/2016	To 9/30/2017
Address of Facility 33 Roy St. Meriden, CT 06450				
Report Prepared By iCare Management LLC	Phone Number 860-570-2140	Date 2/15/2017		
Item	Total	CCNH	RHNS	NurseFac- Aids
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-237-5457	Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Meriden Care Center, LLC		Address (No. & Street, City, State, Zip) 33 Roy St. Meriden, CT 06450		
License Numbers:	CCNH 2153-C	RHNS	NurseFac-Aids AIDS	Medicare Provider No. 07-5337
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Raymond Hackling		Nursing Home Administrator's License No.:	000853	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

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Related Parties*

Name of Facility Individual or Company	Business Address	License No.		Report for Year Ended	Page	of	
		2153-C	9/3/2017				4
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				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees	- -	(2,205)	2,205
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees	- -	(3,938)	3,938
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services	19 3		-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees	- -	(1,010)	1,010
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	16 M	-	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees	- -	3,036	(3,036)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19 3		-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees	- -	(2,276)	2,276
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees	- -	-	-
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees	- -	2,860	(2,860)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees	- -	(2,726)	2,726
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees	- -	1,500	(1,500)
Secure Care Center	60 West Street, Rocky Hill, CT 06067			Shared Employees	- -	12,371	(12,371)
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067			Shared Employees	- -	-	-
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13 5,8,10	303,036	(303,036)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27 10,9,14	737,658	(737,658)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15 M.E	13,163	(13,163)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agmt Management Services, Direct	- -	150,656	(150,656)
				Management Services, Indirect	20 5j	182,289	(182,289)
				Management Services, Administrative	20 5j	24,684	(24,684)
					16 M12	409,791	(409,791)
					- -	-	-
					- -	-	-
					- -	-	-
					- -	-	-
					- -	-	-
All 9 Care Centers, mgmt co, really cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

**General Information and Questionnaire
 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 Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2017		Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno, NV ADP, Inc., One ADP Drive MS-100, Augusta, GA. 30909	<input type="radio"/>	<input checked="" type="radio"/>	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	05/18/10	1 yr with automatic	15,267	15,267
Mail Finance/Neopost New England, 25881 Newtown Place, Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks and Payroll Punch Equip	06/01/10	60 Months	8,819	8,819
CIT Finance LLC	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter Rental		Monthly	485	485
	<input type="radio"/>	<input checked="" type="radio"/>	Copier		41949	23,075	23,074
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
						Total ****	47,645

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

* 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 6c.

General Information and Questionnaire
Accounting Basis

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2017	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 O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
--	---

Services Provided by This Firm (*describe fully*)

1 Taxes, financial statements, accounting support	\$ 4,303
2	\$
3	\$
4	\$
Charge for Services Provided	
	\$ 4,303

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina,Jackson Lewis)) 5 Starble and Harris, iCare Health Management LLC	Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140
--	---

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

1 341 Bidwell Street, Manchester CT
2 32 Main Street, Avon, CT
3 280 Trumbull St, Hartford, CT
4
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT

Services Provided by This Firm (*describe fully*)

1 Lease and contract issues, general legal advice, Labor Law	\$ 10,935
2 Lease and contract issues, general legal advice, union funds advice	\$ 1,649
3 Employment law, arbitrations, contract negotiations	\$ 3,953
4 Employment Arbitrations, healthcare law	\$ 1,814
5 Conservatorships	\$ 1,070
Charge for Services Provided	
	\$ 19,421

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15E

Schedule of Resident Statistics

Name of Facility Meriden Care Center, LLC		License No. 2153-C			Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac- Aids	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	NurseFac- Aids	Total	CCNH	RHNS	NurseFac- Aids	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	159	158	1		159	158	1		159	158	1		
B. On last day of THIS report period	159	158	1		159	158	1		159	158	1		
2. Number of Residents													
A. As of midnight of PREVIOUS report period	155	154	1		155	154	1		156	155	1		
B. As of midnight of THIS report period	156	155	1		156	155	1		156	155	1		
3. Total Number of Days Care Provided During Period													
A. Medicare	1,483	1,483			1,135	1,135			348	348			
B. Medicaid (Conn.)	50,699	50,334	365		38,126	37,853	273		12,573	12,481	92		
C. Medicaid (other states)													
D. Private Pay	511	511			401	401			110	110			
E. State SSI for RCH													
F. Other (Specify) Insurance	4,406	4,406			3,098	3,098			1,308	1,308			
G. Total Care Days During Period (3A thru F)	57,099	56,734	365		42,760	42,487	273		14,339	14,247	92		
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)	57,099	56,734	365		42,760	42,487	273		14,339	14,247	92		

Schedule of Resident Statistics (Cont'd)

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2017	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	RHNS	NurseFac-Aids	Lost			Gained			CCNH	RHNS	NurseFac-Aids	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

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

Change in Resident Days	CCNH	RHNS	NurseFac-Aids
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	NurseFac-Aids	R.C.H.	ICF-MR
No. of Residents	5	133	1	17				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	432.00	243.00	196.00	328.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	1,598	1,588	10	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,588	1,578	10	
C. Other	2,628	2,611	17	
D. Total Physical Therapy Treatments	5,814	5,777	37	

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	298	296	2	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	48	48	0	
C. Other	232	231	1	
D. Total Speech Therapy Treatments	578	574	4	

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	3,292	3,271	21	
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,618	1,608	10	
C. Other	3,318	3,297	21	
D. Total Occupational Therapy Treatments	8,228	8,175	53	

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		
Meriden Care Center, LLC	2153-C	9/30/2017	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	NurseFac-Aids	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)	146,492	2,073	927	13		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	196,640	9,080	1,245	57		
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	53,318	2,073	337	13		
c. Dietary Workers	511,932	28,580	3,240	181		
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	58,409	2,009	370	13		
b. Other Maintenance Workers	47,528	2,300	301	15		
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	212,807	4,128	1,347	26		
b. RN						
1. Direct Care	565,601	12,614	3,580	80		
2. Administrative**	283,920	7,460	1,797	47		
c. LPN						
1. Direct Care	1,380,550	43,707	8,738	277		
2. Administrative**						
d. Aides and Attendants	2,151,375	121,579	13,616	769		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	167,214	7,745	1,076	50		
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	187,191	6,067				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	36,061	2,243	228	14		
<i>A-13. Total Salary Expenditures</i>	5,999,041	251,657	36,801	1,555		

* 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		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ 21,647	1,261	\$ 137	8		
MEDICAL RECORDS SALARIES	\$ -	-	\$ -	-		
CENTRAL SUPPLY SALARIES	\$ 14,414	982	\$ 91	6		
RESPIRATORY THERAPY SALARIES	\$ -	-	\$ -	-		
Total	\$ 36,061	2,243	\$ 228	14	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 3,675	0	\$ 23	0		
ADMISSIONS C/S LABOR	\$ 50,500	1,119	\$ -	7		
CENTRAL SUPPLY CONTRACT SERVICE	\$ 4,702	141	\$ -	1		
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 87,545	3,232	\$ -	20		
RESPIRATORY THERAPY CONTRACT SERVICES	\$ -	-	\$ -	-		
PHYSICAL THERAPY C/S MEDICIAD	\$ 33,962	446	\$ -			
SPEECH THERAPY C/S Medicaid	\$ 2,101	28	\$ 13	0		
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ 31,148	411	\$ 197	3		
Total	\$ 213,634	5,378	\$ 234	31	\$ -	-

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
Meriden Care Center, LLC				2153-C		9/30/2017			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	NurseFac-Aids							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of			
Meriden Care Center, LLC		2153-C		9/30/2017		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	NurseFac-Aids							
Section III - Administrators***										
Raymond Hackling	146,492	927		same as employees less union funds	Administrator	2,086	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Meriden Care Center, LLC	2153-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	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	33,920	733	215	5		
2. Dentist						
3. Pharmacist	13,998	200		1		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	88,204	1,165		3		
b. Other						
6. Social Worker	3,207	54	21	0		
7. Recreation Worker	17,018	35+Cable	109			
8. Physicians						
a. Medical Director (entire facility)	36,565	252	235	2		
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) Physician Care Contract Services	22,230	112				
9. Speech Therapist						
a. Resident Care	22,812	301	144	0		
b. Other						
10. Occupational Therapist						
a. Resident Care	123,127	1,626	779	3		
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	14,439	152	91			
2. Administrative***	16,305	397	103	3		
b. LPN						
1. Direct Care	3,119	74	20	0		
2. Administrative***						
c. Aides	(3,899)	(29)	(25)	(0)		
d. Other						
12. Other (Specify) See Attached Schedule	213,634	5,378	234	31		
B-13 Total Fees Paid in Lieu of Salaries	604,679	10,414	1,927	48		

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

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

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

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

Name of Facility Meriden Care Center, LLC		License No. 2153-C		Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Omnicare	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Tocuhpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
IPC Hospitalists	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 67,045	66,624	422	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 506,146	502,963	3,183	
5. Health Insurance	\$ 1,051,117	1,044,506	6,611	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 351,053	348,845	2,208	
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 43,904	43,628	276	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 535,705	532,336	3,369	
d. Accounting and Auditing	\$ 4,303	4,275	27	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 19,421	19,299	122	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 19,079	18,959	120	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,312	21,178	134	
2. Cellular Phones	\$ 1,584	1,574	10	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 1,588	1,578	10	
3. Resident Day User Fee	\$ 1,200,221	1,192,672	7,549	
Subtotal	\$ 3,822,479	3,798,438	24,041	

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

(Carry Subtotals forward to next page)

***** DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Meriden Care Center, LLC
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 43,628	\$ 276	
Total	\$ 43,628	\$ 276	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac-Aids
INTERNET EXPENSES	\$ 1,578	\$ 10	
Total	\$ 1,578	\$ 10	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Meriden Care Center, LLC	2153-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:	3,822,479	3,798,438	24,041		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 1,259	1,251	8		
3. Gifts to Staff and Residents	\$ 806	801	5		
4. Employee Travel	\$ 5,023	4,991	32		
5. Education Expenses Related to Seminars and Conventions	\$ 10,136	10,072	64		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$ 295	293	2		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 5,768	5,732	36		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 13,567	13,482	85		
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	\$ 2,607	2,591	16		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,749	11,676	74		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 250	248	2		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 126,138	125,344	793		
12. Administrative Management Services**	\$ 402,867	400,334	2,534		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 27,035	26,865	170		
C-14 Total Administrative & General Expenditures	\$ 4,429,979	4,402,117	27,861		

* 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	NurseFac-Aids
MEALS	\$ 293	\$ 2	
Total Other Travel and Entertainment	\$ 293	\$ 2	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 13,482	\$ 85	
Total Other Advertising	\$ 13,482	\$ 85	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
ALTCFM			
CAHCF Dues	\$ 11,517	\$ 73	
OTHER DUES	\$ 159	\$ 1	
Total Dues	\$ 11,676	\$ 74	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
CONTRIBUTIONS	\$ 248	\$ 2	
Total Contributions	\$ 248	\$ 2	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ 668	\$ 4	
SOC SVC MINOR EQUIPMENT	\$ -	\$ -	
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,726	\$ 11	
EMPLOYEE RELATIONS	\$ 7,655	\$ 48	
EMPLOYEE RELATIONS-OTHER	\$ 346	\$ 2	
PERMITS & LICENSES	\$ 3,140	\$ 20	
VOLUNTEER EXPENSE	\$ -	\$ -	
BANK FEES	\$ 10,728	\$ 68	
CMS REVISIT USER FEES	\$ -	\$ -	
PENALTIES	\$ -	\$ -	
LATE FEES	\$ 2,601	\$ 16	
Rounding	\$ 1	\$ -	
Total Other Administrative and General	\$ 26,865	\$ 170	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Meriden Care Center, LLC	2153-C	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
iCare Management, LLC/iCare Health Management, LLC	402,867	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	181,143	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	24,526	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2017	18	37
Item	Total	CCNH	RHNS	NurseFac-Aids
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 336,816	334,697	2,118	
2. Non-Food Supplies	\$ 44,420	44,140	279	
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 28,034	27,858	176	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,154	1,147	7	
c. Management Services**	\$			
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 8,435	8,382	53	
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 418,859	416,224	2,634	
2F. Dietary Questionnaire	Total	CCNH	RHNS	NurseFac-Aids
G. Resident Meals: Total no. of meals served per day:*	469	469		
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
Meriden Care Center, LLC		2153-C	9/30/2017	19	37
Item		Total	CCNH	RHNS	NurseFac-Aids
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. \$	1,057	1,050	7
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	411,785	409,196	2,590
c. Management Services**		\$			
d. Other (Specify) LAUNDRY MINOR EQUIPMENT		\$	140	140	1
3E. Total Laundry Expenditures (3a + b + c + d)		\$	412,983	410,385	2,597
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 Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2017		Page 20	of 37
Item			Total	CCNH	RHNS	NurseFac- Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 33,706	33,494	212	
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.	\$ 457,068	454,193	2,875	
c.	Management Services*		\$			
d.	Other (<i>Specify</i>) HOUSEKEEPING MINOR EQUIPMENT		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 490,774	487,687	3,087	
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from OMNICARE PHARMACY		\$ 196,820	195,582	1,238	
b.	Medicine Cabinet Drugs		\$ 23,324	23,177	147	
c.	Medical and Therapeutic Supplies		\$ 86,003	86,003		
d.	Ambulance/Limousine***		\$ 22,270	22,270		
e.	Oxygen					
	1. For Emergency Use		\$ 4,790	4,790		
	2. Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 2,960	2,960		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 10,471	10,471		
i.	Recreation		\$			
j.	Other (<i>Specify</i>)**** See Attached Schedule		\$ 361,766	360,093	1,673	
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 708,403	705,346	3,057	

* 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	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 130	\$ 1	
NURSING MINOR EQUIP	\$ 6,622	\$ 43	
MEDICAL RECORDS SUPPLIES	\$ -	\$ -	
MEDICAL RECORDS MINOR EQUIPMENT	\$ -	\$ -	
MANAGEMENT ALLOCATIONS - DIRECT	\$ 181,143	\$ 1,146	
NON-COVERED PPS DR. VISITS	\$ 1,934	\$ -	
RESIDENT CARE SUPPLIES	\$ 157	\$ -	
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 10,544	\$ -	
PERSONAL CARE SUPPLIES	\$ 11,927	\$ 77	
INCONTINENCY SUPPLIES	\$ 30,801	\$ 198	
VACCINE RESIDENTS	\$ 2,028	\$ 13	
PATIENT SPECIAL NEEDS	\$ -	\$ -	
PHYSICAL THERAPY SUPPLIES	\$ -	\$ -	
PHYSICAL THERAPY EQUIPMENT RENT	\$ -	\$ -	
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -	\$ -	
OCCUPATIONAL THERAPY SUPPLIES	\$ -	\$ -	
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -	\$ -	
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -	\$ -	
SPEECH THERAPY SUPPLIES	\$ -	\$ -	
SPEECH THERAPY EQUIPMENT RENT	\$ -	\$ -	
SPEECH THERAPY MINOR EQUIPMENT	\$ -	\$ -	
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 38,555	\$ -	
EQUIPMENT RENTAL: AIDS UNIT	\$ -	\$ -	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 253	\$ -	
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -	\$ -	
HI LOW BED RENTAL & MATTRESSES	\$ -	\$ -	
IV THERAPY SUPPLIES	\$ 41,126	\$ -	
IV THERAPY CONTRACT SERVICE	\$ -	\$ -	
CHAPERONE/COMPANION CONTRACT SERVICES	\$ 4,575	\$ -	
MEDICAL WASTE CONTRACT SERVICE	\$ 1,654	\$ 11	
ACTIVITIES SUPPLIES	\$ 4,117	\$ 26	
ACTIVITIES MINOR EQUIPMENT	\$ -	\$ -	
MANAGEMENT ALLOCATION - INDIRECT	\$ 24,526	\$ 158	
ADMISSIONS SUPPLIES	\$ -	\$ -	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -	\$ -	
STRIKE COSTS NON REIMBURSABLE	\$ -	\$ -	
Total Other Resident Care	\$ 360,093	\$ 1,673	\$ -

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

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2017	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			Page of	
			Yes	No			CCNH	RHNS	NurseFac- Aids	Pg	Line
Health Services Group			O	O	VENDOR	Housekeeping Services	474,516			20	4b
Health Services Group			O	O	VENDOR	Laundry Services	412,222			19	3b
Eagle Elevator			O	O	VENDOR	Elevator Contract	9,189			22	6F
Bioserve, Inc.			O	O	VENDOR	Medical Waste Snow	2,037			22	6F
Brightview Landscapes/Snow Pro's			O	O	VENDOR	Removal/Landscaping	20,538			22	6F
CWPM			O	O	VENDOR	Trash removal Software Maintenance Contract	42,832			22	6F
American HealthTech			O	O	VENDOR		10,844			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290		O	O	VENDOR	Payroll Services	47,332			16	M11
National Datacare Corp			O	O	VENDOR	Resident Trust Software Computer Consulting Services	3,734			16	M11
Prime Care Technology services			O	O	VENDOR		27,615			16	M11
Priority Express			O	O	VENDOR	Courier Services	5,481			16	M11
Point Right Inc			O	O	VENDOR	Nursing Software	4,680			16	M11
			O	O	VENDOR					18	2b
			O	O	VENDOR					22a	

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Meriden Care Center, LLC	2153-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 35,880	35,651	229			
b. Heat	\$ 34,006	33,789	217			
c. Light & Power	\$ 118,148	117,392	755			
d. Water	\$ 119,572	118,808	764			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 47,645	47,341	305			
f. Other (<i>itemize</i>)	\$ 100,027	99,388	639			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 455,279	452,368	2,910			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 21,683	21,545	139			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 45,043	44,756	288			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 66,727	66,300	427			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 47,199	46,898	302			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 47,199	46,898	302			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 651,261	647,098	4,163			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 143,460	142,543	917			
c. Personal property taxes	\$ 7,654	7,606	49			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 916,302	910,444	5,857			

* 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	NurseFac-Aids
PLANT SUPPLIES	\$ 10,228	\$ 66	
PLANT CONTRACT SERVICE LABOR	\$ -	\$ -	
ELEVATOR CONTRACT SERVICE	\$ 9,130	\$ 59	
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,727	\$ 37	
LANDSCAPING CONTRACT SERVICE	\$ 7,727	\$ 50	
SNOW REMOVAL CONTRACT SERVICE	\$ 12,680	\$ 82	
TRASH REMOVAL CONTRACT SERVICE	\$ 42,558	\$ 274	
HVAC CONTRACT SERVICE	\$ -	\$ -	
SECURITY CONTRACT SERVICE	\$ -	\$ -	
PLANT CONTRACT SERVICE OTHER	\$ 5,803	\$ 37	
PLANT MINOR EQUIPMENT	\$ 5,534	\$ 36	
RENT AUTO	\$ -	\$ -	
RENT EQUIPMENT	\$ -	\$ -	
RENT OTHER	\$ -	\$ -	
Total Other Repairs and Maintenance	\$ 99,388	\$ 639	\$ -

Depreciation Schedule

Name of Facility Meriden Care Center, LLC		License No. 2153-C		Report for Year Ended 9/30/2017					Page 23	of 37
				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
A. Land Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B-4. Subtotal										
C. Non-Movable Equipment										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Movable Equipment										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. Auto										
b.										
c.										
d.										
2. Movable Equipment										
a. Acquired prior to this report period										
b. Disposals (attach schedule)										
c. Acquired during this report period (attach schedule)										
D-3. Subtotal										
E. Total Depreciation										
								66,727		
								88,410		

Meriden Care Center, LLC
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/16/2016	Smoke Detectors (HD Supply)	\$ 1,595	60	\$ 239
12/19/2016	Window Replaced: Shalom Sahar	\$ 54,749	180	\$ 2,737
7/21/2017	Doors: Automatic Door Doctor	\$ 13,137	240	\$ 109
Total additions for Building Improvements		\$ 69,481		\$ 3,086 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2017		Page 24	of 37							
		Item	Date of Acquisition Month 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. Organization Expense				5	3,614							
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					509,152	283,562					45,581	
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal					38,176						1,619	
D. Total Amortization												47,199
												47,199

* 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 Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2017	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 "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	12/01/03			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	12/01/03			
4. Date of Initial Licensure	12/01/03			
5. Total Licensed Bed Capacity	159			
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)	FIXED HUD			
b. Date Mortgage Obtained	05/30/13			
c. Interest Rate for the Cost Year	335.00%			
d. Term of Mortgage (number of years)	26			
e. Amount of Principal Borrowed	2,990,000			
f. Principal balance outstanding as of 9/30/2017				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	Sale of Real estate			
h. Date of Refinancing	05/08/17			
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
Summit Meriden, LLC	33 Roy Street, Meriden, CT	08/09/17	15 years with 2-5 year extension	\$598,500 yr 1

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
Meriden Care Center, LLC	2153-C	9/30/2017	26	37
Item	Total	CCNH	RHNS	NurseFac-Aids
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <i>Total Building Interest Expense</i> (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Meriden Care Center, LLC		2153-C		9/30/2017			27	37
Item				Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$	11,588	11,514	74	
INTEREST								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	11,588	11,514	74	
14. Insurance								
a. Insurance on Property (buildings only)				\$	9,711	9,649	62	
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	64,588	64,175	413	
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	4,152	4,125	27	
Other insurance, crime								
14d. Total Insurance Expenditures (14a + b + c)				\$	78,451	77,949	501	
15. Total All Expenditures (A-13 thru C-14)				\$	14,565,064	14,477,755	87,309	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Meriden Care Center, LLC			2153-C	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 535,705	532,336	3,369	
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.			Unallowable Advertising *	\$ 13,567	13,482	85	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 33,311	33,098	213	
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)				\$ 582,583	578,916	3,667	

* 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	NurseFac-Aids
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ -	\$ -	
16a		LATE FEES	\$ 2,601	\$ 16	
16a		PRIOR PERIOD EXPENSES			
		rounding	\$ 1		
		Provider User Fee for Medicare days	\$ 30,496	\$ 196	
Total Other A&G Adjustments			\$ 33,098	\$ 213	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Meriden Care Center, LLC			2153-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 582,583	578,916	3,667	
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 22,270	22,270		
29.			X-rays, etc	\$ 2,960	2,960		
30.			Laboratory	\$ 10,471	10,471		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,934	1,934		
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	\$			
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)				\$ 620,219	616,552	3,667	

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Meriden Care Center, LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J		1,933.77	-	
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST-Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 1,934	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Meriden Care Center, LLC	2153-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 12,313,898	12,242,380	71,518			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 651,738	651,738				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 1,555,280	1,555,280				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 61,775	61,775				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (61,775)	(61,775)				
c. Prescription Drugs - Non-Medicare	\$ 186,356	186,356				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (186,356)	(186,356)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 110,774	110,774				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (64,401)	(64,401)				
c. Physical Therapy - Non-Medicare	\$ 90,856	90,856				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (90,856)	(90,856)				
4. a. Speech Therapy - Medicare	\$ 35,788	35,788				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (13,628)	(13,628)				
c. Speech Therapy - Non-Medicare	\$ 11,033	11,033				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (11,033)	(11,033)				
5. a. Occupational Therapy - Medicare	\$ 172,281	172,281				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (76,469)	(76,469)				
c. Occupational Therapy - Non-Medicare	\$ 117,752	117,752				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (44,752)	(44,752)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (5,621)	(5,621)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,752,640	14,681,121	71,518			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 58	58				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,023	1,023				
V. Total Other Revenue (1 thru 8)	\$ 1,081	1,081				
VI. Total All Revenue (III + V)	\$ 14,753,721	14,682,203	71,518			

* 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	Nurse/Pac-Aids
	Lab Medicare	\$ 3,205		
	Lab Medicare CA	\$ (3,205)		
	Oxygen Medicare	\$ 49		
	Oxygen Medicare CA	\$ (49)		
	Equipment rental	\$ 1,678		
	Equipment rental CA	\$ (1,678)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 1,973		
	Radiology Medicare CA	\$ (1,973)		
	IV Therapy	\$ 9,957		
	IV Therapy CA	\$ (9,957)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	Lab	6,693.70		
	Lab CA	(6,693.70)		
	Oxygen	\$ 612		\$ -
	Oxygen CA	\$ (612)		\$ -
	Equipment rental	\$ 18,186		
	Equipment rental CA	\$ (18,186)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 869		
	Radiology CA	\$ (869)		
	Medical Transportation	\$ 4,763		
	Medical Transportation CA	\$ (4,763)		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 19,169		\$ -
	IV therapy CA	\$ (19,169)		\$ -
	Flu shot revenue	\$ 1,666		
	Outpatient therapy	\$ -		
	prior period revenue	\$ (10,287)		
	rounding	\$ -		
	Total Other Resident Revenue	\$ (5,621)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Nurse/Pac-Aids
	INTEREST INCOME		\$ 58		
	Total Interest Income		\$ 58	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ 308		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ 715		
	OPTUM DIVIDENDS REVENUE	\$ -		
	Total Other Revenue	\$ 1,023	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2017	31	37
Account		Amount		
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(342,585)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,198,507
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	772,139
a. Prepaid Insurance	770,581			
b. Prepaid Property Taxes	0			
c. Prepaid Expenses Other	1,558			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(996,278)
Due From (to) Related Parties	(263,540)			
Other Owners reserves	(732,738)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,631,782
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost	416,163	\$	362,038
	Accum. Depreciation	54,125	Net	
4. Leasehold Improvements	*Historical Cost	547,328	\$	216,566
	Accum. Depreciation	330,762	Net	
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost	717,234	\$	138,474
	Accum. Depreciation	578,760	Net	
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	6,258
Construction in Progress	6,258			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	723,336

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	2,355,119
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			\$	222,846
3. Organization Expense			*Historical Cost _____ 3,614	
			Accum. Depreciation _____	3,614 Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	79,100
Patient Trust Funds				76,545
Long Term Deposit - primicare				2,555
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	301,946
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,657,064

* 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
Meriden Care Center, LLC	2153-C	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	359,283
2. Notes Payable (<i>itemize</i>)			\$	
Working Capital Line of Credit				

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>)			\$	410,384
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	1,544,463
Related Party Payables		934,686		
Accrued Expenses		114,790		
Accrued Resident User Fees		295,079		
Accrued Workers Comp Expense		199,909		
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	2,314,131

* 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 Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,314,131	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					\$
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties (<i>itemize</i>)					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)					\$
Patient Trust Funds		76,545			76,545
Long Term Note Securecare Realty					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 76,545
C. Total All Liabilities (Lines A-13 + B-5)					\$ 2,390,676

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

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	25,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	52,731
6. Gain or Loss for Period			\$	188,657
7. Total Net Worth			\$	266,388
C. Total Reserves and Net Worth			\$	266,388
D. Total Liabilities, Reserves, and Net Worth			\$	2,657,064

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,753,721
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,565,064
D. Net Income or Deficit			\$	188,657
E. Balance			\$	188,657
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			\$	188,657
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> NurseFac-Aids			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer		Title	Date Signed		
Printed Name of Preparer					
iCare Management LLC					
Address			Phone Number		
341 Bidwell Street, Manchester, CT 06040			860-570-2140		