State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2017

Name of Facility (as licensed) SecureCare Options, LLC		
Address (No. & Street, City, State, Zip Code) 60 West Street Rocky Hill CT		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2389			07-5442

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID

For Department Use Only

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

Table of Contents

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for SecureCare Options, 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) Jessica Dering			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility SecureCare Options, LLC	Period Covered:		From 10/1/2016	To 9/30/2017
Address of Facility 60 West Street Rocky Hill CT				
Report Prepared By PKF O'Connor Davies, LLP	Phone Number 860-257-1875		Date 2/1/2018	

Item	Total	CCNH	RHNS	(Specify)
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.

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

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
	9/30/2017	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
SecureCare Options, LLC	60 West Street Rocky Hill CT

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2389			07-5442

Type of Facility (Check appropriate box(es))

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

Type of Ownership (Check appropriate box)

○ Proprietorship ◉ LLC ○ Partnership ○ Profit Corp. ○ Non-Profit Corp. ○ Government ○ Trust

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

Has there been any change in ownership or operation during this report year? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Jessica Dering	1580

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

Name	License No.:
N/A	

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

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
SecureCare Options, LLC	60 West Street Rocky Hill	Manchester CT

Name of Partners/Members	Business Address	Title	% Owned
Rocky Associates	245 South Benton St STE 100, Lakewood, CO 80226	Member	31.66
UTG Investments, LLC	2500 17th St, STE 201 Denver CO 802211	Member	31.66
LTC Associates, LLC	245 South Benton St STE 100, Lakewood, CO 80226	Member	31.66
Vantage Capital, LLC	c/o iCare, 341 Bidwell St Manchester CT 06040	Member	5.02

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

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	3A	37

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

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
N/A		

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

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

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	3B	37

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

Owner(s) of Facility
N/A

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

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	4	37

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

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

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? ⊙ Yes O 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	%**				
See Attached Pg 4a		⊙	O					
		O	O					
		O	O					
		O	O					
		O	O					
		O	O					
		O	O					
		O	O					
		O	O					

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

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

Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Secure Care Center, LLC	2389	9/3/2017	4	37

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	- -	(3,994)	3,994
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105				Shared Employees	- -	(15,528)	15,528
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	- -	(29,878)	29,878
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	- -	(10,374)	10,374
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	- -	(5,026)	5,026
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450				Shared Employees	- -	(12,371)	12,371
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106				Shared Employees	- -	2,142	(2,142)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040				Shared Employees	- -	(1,076)	1,076
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				Shared Employees	- -	(4,630)	4,630
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067				Shared Employees	- -	-	-
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067				Shared Employees	- -	(396)	396
Touchpoints therapy	171 Main St. East Windsor, CT 06088				OT/PT/ST	13 5,8,10	443,419	(443,419)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040				Building Lease & Rent	22,22,27 10,9,14	385,403	(385,403)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040				Postage & Legal	16, 15 M,E	7,452	(7,452)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040				Shared EEs not part of mgmt agmt	- -	60,112	(60,112)
-	-				Management Services, Direct	20 5j	82,561	(82,561)
-	-				Management Services, Indirect	20 5j	11,180	(11,180)
-	-				Management Services, Administrative	16 M12	409,546	(409,546)
-	-				-	- -		-
-	-				-	- -		-
-	-				-	- -		-
-	-				-	- -		-
-	-				-	- -		-
All 9 Care Centers, mgmt co, realty 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.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

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

General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	O	⊙	Time Clocks and Payroll Punch Equip	07/01/13		1,933	1,933
Banker Leasing	O	⊙	Copier	04/01/14		3,815	3,815
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	O	⊙	Copier	05/01/13	36 Months	3,178	3,178
Mail Finance/Neopost New England, 25881 Newtwork Place, Chicago, IL 60673	O	⊙	Postage Meter Rental	07/01/13	36 Months	662	662
	O	O					
	O	O					
	O	O					
	O	O					
	O	O					
	O	O					

Is a Mileage Log Book Maintained for All Leased Vehicles ? O Yes O No **Total ***** 9,587

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

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

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	7	37

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

⊙ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 PKF O'Connor Davies, LLP	Wethersfield CT
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Taxes, Financial statements, accounting support	$ 12,458
2		$
3		$
4		$
		Charge for Services Provided $ 12,458

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

Legal Services Information

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

Address (*No. & Street, City, State, Zip Code*)
1 341 Bidwell Street, Manchester CT
2 32 Main Street, Avon, CT
3 280 Trumbull St, Hartford, CT
4
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT

Services Provided by This Firm (*describe fully*)

1	Lease and contract issues, general legal advice, Labor Law	$ 6,443
2	Lease and contract issues, general legal advice, union funds advice	$ 76,913
3	Employment law, arbitrations, contract negotiations	$ 98,261
4	Employment Arbitrations, healthcare law	$ 2,878
5		$
		Charge for Services Provided $ 184,494

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

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

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	95	95			95	95			95	95		
B. On last day of THIS report period	95	95			95	95			95	95		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	64	64			64	64			77	77		
B. As of midnight of THIS report period	75	75			77	77			75	75		
3. Total Number of Days Care Provided During Period												
A. Medicare	626	626			350	350			276	276		
B. Medicaid (Conn.)	24,393	24,393			17,916	17,916			6,477	6,477		
C. Medicaid (other states)												
D. Private Pay	112	112			112	112						
E. State SSI for RCH												
F. Other (Specify) DMHAS	730	730			546	546			184	184		
G. Total Care Days During Period (3A thru F)	25,861	25,861			18,924	18,924			6,937	6,937		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	25,861	25,861			18,924	18,924			6,937	6,937		

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

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	9	37

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

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	3	72						
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.		420.00						
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	792	792		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	799	799		
C. Other	647	647		
D. ***Total Physical Therapy Treatments***	2,238	2,238		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	281	281		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	65	65		
C. Other	60	60		
D. ***Total Speech Therapy Treatments***	406	406		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	916	916		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,185	1,185		
C. Other	384	384		
D. ***Total Occupational Therapy Treatments***	2,485	2,485		

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

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	165,054	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	315,827	10,247				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	83,983	2,248				
b. Other Maintenance Workers	99,291	3,156				
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	317,269	5,234				
b. RN						
1. Direct Care	535,063	12,190				
2. Administrative**	507,925	11,089				
c. LPN						
1. Direct Care	1,074,900	33,293				
2. Administrative**						
d. Aides and Attendants	1,664,009	88,076				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists	60,949	1,409				
h. Recreation Workers	241,189	9,409				
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	400,240	11,285				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	585	39				
A-13. Total Salary Expenditures	5,466,285	189,761				

* 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 $	CCNH Hours	RHNS $	RHNS Hours	(Specify) $	(Specify) Hours
UNIT SECRETARIES SALARIES	$ 585	39				
Total	$ 585	39	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH $	CCNH Hours	RHNS $	RHNS Hours	(Specify) $	(Specify) Hours
MEDICAL RECORDS CONTRACT SERVICE	$ (209)	(38)				
ADMISSIONS C/S LABOR	$ 30,173	619				
CENTRAL SUPPLY CONTRACT SERVICE	$ 4,245	127				
RESPIRATORY THERAPY CONTRACT SERVICES	$ 525	12				
Total	$ 34,734	720	$ -	-	$ -	-

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	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	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	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	(Specify)							
Section III - Administrators* **										
Jessica Dering	165,054			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.

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	13	37

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	13,956	164				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	282,570	610				
b. Other						
6. Social Worker	42,936	432				
7. Recreation Worker	33,851	35+Cable				
8. Physicians						
a. Medical Director (entire facility)	65,050	272				
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 Contracts	31,705	124				
9. Speech Therapist						
a. Resident Care	85,435	211				
b. Other						
10. Occupational Therapist						
a. Resident Care	71,908	640				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	33,941	480				
2. Administrative***	(74,248)	(1,721)				
b. LPN						
1. Direct Care	14,890	330				
2. Administrative***						
c. Aides	30,576	1,208				
d. Other						
12. Other (Specify)						
See Attached Schedule	34,734	720				
B-13 Total Fees Paid in Lieu of Salaries	667,303	3,470				

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Omnicare	Pharmacy Consulting	○	◉	
Touchpoints Therapy	Therapy	◉	○	Common Ownership
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	◉	○	Common Ownership
Healthdrive Physician Services	Audiology, Dental and Podiatry	○	◉	
Starling Physicians	Medical Director	○	◉	
Nurse Network	Nursing Staff	○	◉	
Various patient entertainment activities	Recreation	○	◉	
Marketplace Chaplins	Pastoral Care SW	○	◉	
CT Rehabilitation Spasticity Care	Physician services	○	◉	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
SecureCare Options, LLC	2389	9/30/2017		15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	205,074	205,074		
2. Disability Insurance	$				
3. Unemployment Insurance	$				
4. Social Security (F.I.C.A.)	$	442,917	442,917		
5. Health Insurance	$	555,325	555,325		
6. Life Insurance (employees only) (not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$	72,420	72,420		
8. Uniform Allowance	$				
9. Other (*Specify*) See Attached Schedule	$	9,083	9,083		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	3	3		
d. Accounting and Auditing	$	12,458	12,458		
e. Legal (*Services should be fully described on Page 7*)	$	184,494	184,494		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	83,349	83,349		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	37,238	37,238		
2. Cellular Phones	$	2,094	2,094		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22*)					
1. Income*	$				
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$	529,935	529,935		
Subtotal	$	2,134,390	2,134,390		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
UNION TRAINING	$ 9,083		
Total	$ 9,083	$ -	$ -

Schedule of Other Taxes

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
SecureCare Options, LLC	2389	9/30/2017		16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,134,390	2,134,390		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$	1,251	1,251		
4. Employee Travel	$	8,593	8,593		
5. Education Expenses Related to Seminars and Conventions	$	21,236	21,236		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*) See Attached Schedule	$	648	648		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	20,462	20,462		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)*** See Attached Schedule	$	2,915	2,915		
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	1,157	1,157		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	5,762	5,762		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$				
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	122,409	122,409		
12. Administrative Management Services**	$	429,263	429,263		
13. Other (*Specify*) See Attached Schedule	$	36,506	36,506		
C-14 Total Administrative & General Expenditures	$	2,784,592	2,784,592		

* 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)
Meals	$ 648		
Total Other Travel and Entertainment	$ 648	$ -	$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising (See pg 28)	$ 2,915		
Total Other Advertising	$ 2,915	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	$ 5,602		
OTHER DUES	$ 160		
Total Dues	$ 5,762	$ -	$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
EMPLOYEE RELATIONS	$ 6,972		
EMPLOYEE RELATIONS-OTHER	$ 2,264		
PERMITS & LICENSES	$ 2,550		
LATE FEES	$ 635		
ADMINISTRATIVE C/S INTER FACILITY	$ (9,389)		
ADMINISTRATIVE C/S LABOR	$ 29,938		
COMMUNICATIONS SEE PG 28	$ 3,536		
Total Other Administrative and General	$ 36,506	$ -	$ -

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

Schedule C-1 - Management Services*

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2017	Page 17 of 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	429,263	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	56,536	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	11,718	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.**

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

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2017	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	135,336	135,336		
2. Non-Food Supplies	$	21,712	21,712		
3. Other (*Specify*)_____	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	914,411	914,411		
c. Management Services**	$				
d. Other (*Specify*)_____	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	1,071,459	1,071,459		

2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				

H. Is cost of employee meals included in 2E?	○ Yes	◉ No	
I. Did you receive revenue from employees?	○ Yes	◉ No	If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)			
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	○ Yes	◉ No	If yes, specify cost.
L. Is any revenue collected from these people?	○ Yes	◉ No	If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)			
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	○ Yes	◉ No	If yes, specify cost.
O. Is any revenue collected from employees?	○ Yes	◉ No	If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)			

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

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

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2017	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. $	1,306	1,306		
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)*	$	237,153	237,153		
c. Management Services**	$				
d. Other (*Specify*) Supplies	$	3,691	3,691		
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	242,150	242,150		

3F.	Laundry Questionnaire			
G.	Is cost of employee laundry included in 3E?	○ Yes	⊙ No	If yes, specify cost.
H.	Did you receive revenue from employees?	○ Yes	⊙ No	If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report?			(Page/Line Item)
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	○ Yes	⊙ No	If yes, specify cost.
K.	Did you receive revenue from these people?	○ Yes	⊙ No	If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report?			(Page/Line Item)

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
All allocations should add to total recorded in 3E.

** 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.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	42,598	42,598		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	195,187	195,187		
c. Management Services*		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)		$	237,784	237,784		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from Omnicare Pharmacy		$	42,516	42,516		
b. Medicine Cabinet Drugs		$	24,257	24,257		
c. Medical and Therapeutic Supplies		$	103,913	103,913		
d. Ambulance/Limousine***		$	18,119	18,119		
e. Oxygen						
1. For Emergency Use		$	2,920	2,920		
2. Other***		$				
f. X-rays and Related Radiological Procedures***		$	4,617	4,617		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	4,357	4,357		
i. Recreation		$	19,645	19,645		
j. Other (Specify)**** See Attached Schedule		$	260,695	260,695		
5K. ***Total Resident Care Expenditures*** (5a - 5j)		$	481,039	481,039		

* 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)
NURSING ADMIN SUPPLIES	$ 3,292		
NURSING MINOR EQUIP	$ 55,760		
CENTRAL SUPPLY MINOR EQUIPMENT	$ 15,146		
NURSING REPAIR & MAINT.	$ 1,090		
CENTRAL SUPPLY REPAIR & MAINT	$ 1,346		
BILLABLE MED SUPPLIES	$ 17,639		
NONCOVERED DOCTOR (SEE PG 28)	$ 10,888		
INCONTINENCY SUPPLIES			
VACCINE RESIDENTS	$ 6,961		
PATIENT SPECIAL NEEDS	$ 4,385		
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	$ 35,339		
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	$ 145		
PEN THERAPY FOOD NOT BILLABLE TO PART B	$ 3,661		
IV THERAPY SUPPLIES	$ 6,790		
MANAGEMENT ALLOCATION - INDIRECT	$ 11,718		
MANAGEMENT ALLOCATIONS - DIRECT	$ 86,536		
Total Other Resident Care	$ 260,695	$ -	$ -

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
SecureCare Options, LLC				2389	9/30/2017				21	37
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Health Care Services Group	3220 Tillman Dr. Bensalem, PA	○	⊙		Laundry	237,153			19	3b
Health Care Services Group	3220 Tillman Dr. Bensalem, PA	○	⊙		Housekeeping	195,187			20	4b
Health Care Services Group	3220 Tillman Dr. Bensalem, PA	○	⊙		Dietary	913,982			18	2b
US Security Associates		○	⊙		Security	272,982			22a	
All Waste Inc		○	⊙		Garbage Disposal	15,610			22	6f
ADP	Louisville KY	○	⊙		Payroll and Time Clock	24,629			16	m11
Primecare Technologies		○	⊙		Server Hosting	48,725			16	m11
Plummer All Season Landscaping		○	⊙		Landscaping/Snow Removal	19,019			22	6f
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

* List all contracted services over $10,000. Use additional sheets if necessary.
** Refer to Page 4 for definition of related.
*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 6/95

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

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2017			Page 22 of 37
Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	58,570	58,570		
b. Heat	$	24,234	24,234		
c. Light & Power	$	69,007	69,007		
d. Water	$	29,155	29,155		
e. Equipment Lease (*Provide detail on page 6*)	$	9,587	9,587		
f. Other (*itemize*)	$	344,400	344,400		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	534,953	534,953		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$				
c. Non-Movable Equipment	$				
d. Movable Equipment	$	66,358	66,358		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	66,358	66,358		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$	172,948	172,948		
b. Mortgage Expense	$				
c. Leasehold Improvements	$	58,777	58,777		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	231,725	231,725		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	375,758	375,758		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	183,951	183,951		
c. Personal property taxes	$	9,657	9,657		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	867,449	867,449		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
PLANT CONTRACT SERVICE LABOR	$ -		
ELEVATOR CONTRACT SERVICE	$ 2,527		
FIRE/SPRINKLER CONTRACT SERVICE	$ 13,533		
LANDSCAPING CONTRACT SERVICE	$ 13,702		
SNOW REMOVAL CONTRACT SERVICE	$ 5,318		
TRASH REMOVAL CONTRACT SERVICE	$ 15,610		
SECURITY CONTRACT SERVICE	$ 272,982		
PLANT CONTRACT SERVICE OTHER	$ 12,746		
MEDICAL WASTE	$ 1,042		
	$ -		
RENT EQUIPMENT	$ 6,941		
Total Other Repairs and Maintenance	$ 344,400	$ -	$ -

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

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	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								
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								

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					490,610		490,610	246,858			60,384	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					94,046						5,974	
D-3. Subtotal												66,358
E. ***Total Depreciation***												66,358

SecureCare Options, 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:					
Total additions for Building Improvements		$ -		$ -	*
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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:			Months		
3/26/2016	DESK: Medline & W.B. Mason	$ (10,481)	240	$ (262)	
11/23/2016	Wheelchairs: Direct Supply	$ 4,945	60	$ 824	
1/27/2017	File Cabinets & M. Pedistal: W.B. Mason	$ 5,152	180	$ 229	
1/27/2017	Desk & Book Case: W.B. Mason	$ 6,957	240	$ 232	
2/28/2017	Chairs: W.B. Mason & Direct Supply	$ 8,122	120	$ 474	
3/23/2017	Mattress: Medline	$ 2,847	60	$ 285	
3/23/2017	Dry Erase Board: W.B. Mason	$ 3,572	60	$ 357	
4/13/2017	Mattress: Medline	$ 8,180	60	$ 682	
5/3/2017	Patio Funiture: Dering Jessica	$ 2,706	60	$ 180	
7/24/2017	Mattress: Medline	$ 3,434	60	$ 114	
7/17/2017	Equipment: SC Realty	$ 15,870	305	$ 104	
8/31/2017	Feeding Pump: Direct Supply	$ 2,578	120	$ 21	
5/10/2017	Life Roam Alert Bracelet Tags: S&S Wired	$ 3,136	60	$ 209	
9/14/2017	Sit to Stand Trainer: Medline	$ 12,673	120	$ -	
6/15/2017	Service On AC: Saucier Mechanical	$ 2,626	60	$ 131	
12/31/2016	Laptops: Prime Care	$ 3,276	36	$ 819	
5/31/2017	Laptops: Prime Care	$ 9,872	36	$ 1,097	
7/31/2017	Laptops: Prime Care	$ 8,583	36	$ 477	
Total additions for Movable Equipment		$ 94,046		$ 5,974	*
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:			Months		
10/25/2016	Landscaping: Plummer All Season	$ 3,837	120	$ 352	
12/13/2016	Upgrade Sewer Pipe: A-1 Quality Rooter Serv.	$ 9,500	240	$ 356	
Total additions for Leasehold Improvement		$ 13,337		$ 708	*
Deletions:					
Total deletions for Leasehold Improvement		$ -		$ -	**

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

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

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. **Organization Expense**									
1.			5	870,023	592,800			172,292	
2.			5	4,271	2,918			854	
3.				(9,555)	(4,813)			(198)	
A-4. Subtotal									172,948
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period				502,736	184,671			58,069	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				13,337				708	
C-4. Subtotal									58,777
D. ***Total Amortization***									231,725

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.
B. Life of mortgage; OR
C. Remaining Life of Lease; OR
D. Actual Life if owned by Related Party.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	25	37

11. Property Questionnaire

Part A

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

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

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

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	11/13/12
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	95
6. Square Footage	60,838
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	3.25%			
d. Term of Mortgage (number of years)	24			
e. Amount of Principal Borrowed	3,622,200			
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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2017	26 | 37

Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage $				
Name of Lender / Rate				
Address of Lender				
2. Second Mortgage $				
Name of Lender / Rate				
Address of Lender				
3. Third Mortgage $				
Name of Lender / Rate				
Address of Lender				
4. Fourth Mortgage $				
Name of Lender / Rate				
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount $				
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5) $				

(Carry Subtotals forward to next page)

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

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2017	27 | 37

Item	Total	CCNH	RHNS	(Specify)
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*) $	763	763		
Interest				
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	763	763		
14. Insurance				
a. Insurance on Property (buildings only) $				
b. Insurance on Automobiles $				
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $	70,980	70,980		
2. Fire and Extended Coverage $				
3. Other (*Specify*) $	20,970	20,970		
Other Insurance, Crime				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	91,950	91,950		
15. ***Total All Expenditures (A-13 thru C-14)*** $	12,445,728	12,445,728		

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

D. Adjustments to Statement of Expenditures

Name of Facility: SecureCare Options, LLC				License No. 2389	Report for Year Ended 9/30/2017		Page 28 of 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 $				
Page 13 - Professional Fees							
5.			Resident Care Physicians ** $				
6.			Occupational Therapy $				
7.			Other - See attached Schedule $	10,888	10,888		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1c	Bad Debts $	3	3		
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.	15	m3	Unallowable Advertising * $	2,915	2,915		
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $				
21.			Unallowable Management Fees $				
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	4,171	4,171		
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) $	17,977	17,977		

* 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)
Total Other Salaries Adjustment			$ -	$ -	$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Pg 20A		Non Covered Doc Services	$ 10,888		
Total Other Fees Adjustments			$ 10,888	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16A		Communications	$ 3,536		
16A		Late Fees	635		
			0		
Total Other A&G Adjustments			$ 4,171	$ -	$ -

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

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2017	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	17,977	17,977		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs $				
28.			Ambulance/Limousine $				
29.			X-rays, etc $				
30.			Laboratory $				
31.			Medical Supplies $				
32.			Oxygen (non emergency) $				
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $				
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)*** $	17,977	17,977		

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

Attachment Page 29

SecureCare Options, LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			$ -		
			$ -		
			$ -		
Total Other Ancillary Costs			$ -	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

Schedule of Unallowable Building Interest

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

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2017	30 | 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	10,226,104	10,226,104		
b. Medicaid Room and Board Contractual Allowance **	$				
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	268,777	268,777		
b. Medicare Room and Board Contractual Allowance **	$				
4. a. Private-Pay Residents and Other	$	1,129,918	1,129,918		
b. Private-Pay Room and Board Contractual Allowance **	$	644,478	644,478		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	19,768	19,768		
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$	25,096	25,096		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$	56	56		
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	52,342	52,342		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	23,987	23,987		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	27,430	27,430		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	3,551	3,551		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	47,113	47,113		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$	43,422	43,422		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	(61,017)	(61,017)		
b. Other *(Specify)* - Non-Medicare	$	(21,487)	(21,487)		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	12,429,540	12,429,540		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$				
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	209,954	209,954		
V. Total Other Revenue (1 thru 8)	$	209,954	209,954		
VI. Total All Revenue (III +V)	$	12,639,494	12,639,494		

* *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)
	Lab Medicare	$ 2,301		
	Oxygen Medicare	$ 4		
	Equipment rental	$ 863		
	Radiology Medicare	$ 3,225		
	IV Therapy	$ 3,606		
	C/A Medicare	$ (71,015)		
Total Other Resident Revenue - Medicare		$ (61,017)	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	$ 616		
	Lab DMHAS	$ 695		
	Oxygen	$ 266		
	Equipment rental	$ 13,531		
	Radiology	$ 420		
	Radiology DMHAS	$ 610		
	IV therapy	$ 4,780		
	Med Trans DMHAS	$ 2,704		
	Prior Year Payor Changes	$ 8,767		
	DMHAS Ancillary	$ 45,289		
	C/A Medicaid Ancillary Rev	$ (95,503)		
	C/A DMHAS Ancillary Rev	$ (3,661)		
Total Other Resident Revenue		$ (21,487)	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Interest Income			$ -	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	OTHER INCOME	$ 25,586		
	ALL DMHAS REVENUE	$ 184,368		
Total Other Revenue		$ 209,954	$ -	$ -

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 689,360
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,979,874
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$ 8,896
5. Prepaid Expenses				$ 204,958
a. Prepaid Insurance		151,625		
b. Prepaid Property Taxes		48,463		
c. Prepaid Expenses Other		4,870		
d.				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ (1,960,917)
Due From (to) Related Parties		79,313		
Other Owners reserves		(2,040,230)		
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 922,171
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost			$
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	516,073		$ 272,624
	Accum. Depreciation	243,449	Net	
5. Non-Movable Equipment	*Historical Cost			$
	Accum. Depreciation		Net	
6. Movable Equipment	*Historical Cost	584,656		$ 271,441
	Accum. Depreciation	313,215	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ (113,495)
Construction in Progress		(113,495)		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 430,570

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

(Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	32	37

Account				Amount
			Total Brought Forward:	$ 1,352,741
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	864,740		
	Accum. Depreciation	763,854	Net	$ 100,886
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 100,886
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 1,453,627

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

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	33	37

Account					Amount
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable					$ 343,533
2. Notes Payable (*itemize*)					$ 116,373
Intercompany Payable			116,373		
3. Loans Payable for Equipment (*Current portion*) (*itemize*)					$
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)					$ 155,323
5. Accrued Payroll (*Owners and/or Stockholders only*)					$
6. Accrued Payroll Taxes Payable					$
7. Medicare Final Settlement Payable					$
8. Medicare Current Financing Payable					$
9. Mortgage Payable (*Current Portion*)					$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)					$
11. Accrued Income Taxes*					$
12. Other Current Liabilities (*itemize*)					$ 911,537
Deferrred Revenue DMHAS	589,049	Patient Trust Funds	15,184		
Accrued Expenses	83,661	Sales Tax Payable	4,311		
Accrued Resident User Fees	140,014	Union Dues Payable	582		
Accrued Workers Comp Expense	78,736				
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)					$ 1,526,766

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

(Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	34	37

Account	Amount
Total Brought Forward:	1,526,766
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

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

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)		$ 12,720
Long Term Note Securecare Realty	12,720	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 12,720
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 1,539,486

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	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 *(Equity)*		$
4. Reserve for leasehold real properties on which fair rental value is based		$
5. Reserve for funds set aside as donor restricted		$
6. Total Reserves		$
B. **Net Worth**		
1. Owner's Capital		$ 5,000
2. Capital Stock		$
3. Paid-in Surplus		$
4. Treasury Stock		$
5. Cumulated Earnings		$ (284,625)
6. Gain or Loss for Period	10/1/2016 thru 9/30/2017	$ 193,766
7. Total Net Worth		$ (85,859)
C. ***Total Reserves and Net Worth***		$ (85,859)
D. ***Total Liabilities, Reserves, and Net Worth***		$ 1,453,627

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

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	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 (*From Statement of Revenue Page 30*)	$ 12,639,494
C. Total Expenditures (*From Statement of Expenditures Page 27*)	$ 12,445,728
D. Net Income or Deficit	$ 193,766
E. Balance	$ 193,766
F. Additions	
1. Additional Capital Contributed (*itemize*)	
2. Other (*itemize*)	
F-3. Total Additions	$
G. Deductions	
1. Drawings of Owners/Operators/Partners (*Specify*)	$

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

2. Other Withdrawings *(Specify)*	$

Purpose	Amount

3. Total Deductions		$
H. ***Balance at End of Period***	09/30/17	$ 193,766

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

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2017	37	37

Check appropriate category

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

Preparer/Reviewer Certification

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

Signature of Preparer	Title	Date Signed
O'Connor Davies, LLP		2/1/2018

Printed Name of Preparer	
PKF O'Connor Davies, LLP	
Address	**Phone Number**
100 Great Meadow Rd. Wethersfield CT	860-257-1870

PKF O'CONNOR DAVIES
ACCOUNTANTS AND ADVISORS

Attachment To Annual Report Page 37

This report was prepared based on representations the facility made to us and facility records made available to us. We have requested that the facility provide us with copies of its most recent file audit reports. We have reviewed all of the field audit reports given to us by the facility. However, we have not made an inquiry to the State to obtain any Medicaid field audit reports not otherwise given to us by the facility nor have we made any inquiry to the State to determine if the Medicaid field audit reports given to us by the facility, if any, were the most recent.