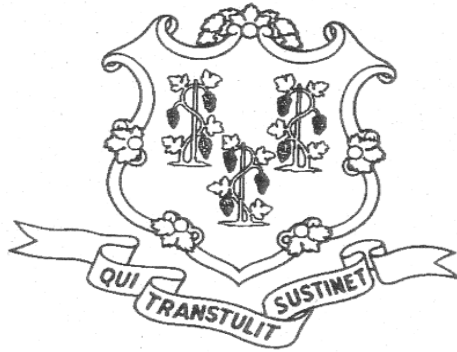


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	
Address (No. & Street, City, State, Zip Code) 301 Rope Ferry Rd, Waterford, CT 06385	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2318	RHNS	(Specify)	Medicare Provider 07-5324
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Medicaid Provider Numbers:	CCNH 2318	RHNS	ICF-IID
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**For Department Use Only**

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

### General Information

Name of Facility (as licensed) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care	License No. 2318	Report for Year Ended 9/30/2018	Page 1	of 37
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#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Kimberly Carlson			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 301 Rope Ferry Rd, Waterford, CT 06385				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 2/22/2019	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 860-444-1175	Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center		Address (No. & Street, City, State, Zip ) 301 Rope Ferry Rd, Waterford, CT 06385		
License Numbers:	CCNH 2318	RHNS (Specify)	Medicare Provider No. 07-5324	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Kimberly Carlson		Nursing Home Administrator's License No.:	2318	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		









**Annual Report of Long-Term Care Facility**

**General Information and Questionnaire  
Related Parties\***

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care	License No. 2318	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Procure LTC	1492 Highland Ave, Cheshire CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Pharmacy	Pg 20, 5a2	274,757	274,757
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	Pg33, A2		
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Legal Fees	Pg 15, 1e	200	200
Laurel Ridge Health Care	642 Danbury Road, Ridgefield, CT 06877	<input checked="" type="radio"/>	<input type="radio"/>	<98%	Bank fees	Pg 16, m13	6,533	6,533
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Health Insurance	Pg 15, 1ae	961,932	961,932
Bayview Health Care Landlord	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Facility	Pg 22 L9 and 10b, pg	907,444	907,444
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Management Fees	Pg16 m12	642,816	191,492
Athena Captive LLC	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>		Worker's Compensation Captive	Pg. 15 1a1	522,450	522,450
Athena Health Care Systems	135 South Rd, Farmington, Ct 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in a multi-facility 401K			

\* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health	License No. 2318	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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.

Not Applicable: No Non-Nursing Home Cost Centers

### 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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cen			License No. 2318	Report for Year Ended 9/30/2018			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							
Hewlett Packard Financial Services Company, 200 connell Drive, Suite 6000, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	05/17/13	60 months	6,135		5,112	
Pitney Bowes Credit - P.O.Box 856460, Louisville, KY	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	12/28/10	66 months	1,219		1,219	
Leaf 1720A Crest St Moberly Mo 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/01/17	50 months	11,894		11,894	
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	Nurse Call System	02/02/15	60 months	7,263		7,263	
CSC Leasing Company, 6806 Paragon Place, Suite 170, Richmond, VA 23230	<input type="radio"/>	<input checked="" type="radio"/>	Telephone System	03/02/15	60 months	13,528		13,528	
Hewlett Packard Financial Services Company, 200 connell Drive, Suite 6000, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	Additional PCC Equipment	12/01/14	60 months	1,598		1,598	
Leaf 1720A Crest St Moberly Mo 65270	<input type="radio"/>	<input checked="" type="radio"/>	Xerox Copier	01/29/18	39 months	691		691	
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Total ***</b>	41,305

\* 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.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility 301 Rope Ferry Road, LLC d/b/a B	License No. 2318	Report for Year Ended 9/30/2018	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 Dworkin, Hillman, Lamorte & Stercza 2 Marcum LLP 3 4	Address (No. & Street, City, State, Zip Code) 4 Corporate Dr., Suite 488, Shelton, CT 06484 555 Long Wharf Drive, New Haven, CT 06511
--	---

Services Provided by This Firm (*describe fully*)

1 Audit & Tax Return Fees 2017	\$ 9,500
2 Medicare Cost Report	\$ 2,700
3	\$
4	\$
	Charge for Services Provided
	\$ 12,200

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

- Yes     No    Pg 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Shipman & Goodwin 2 McGann, Bartlett & Brown 3 Murtha Cullina 4 Goldman, Gruder & Woods 5	Telephone Number 860 251-5000 860 282-4670 860-240-6000 203-899-8900
---	--

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

- 1 Hartford, CT One Constitution Plaza Hartford Ct  
 2 111 Founder's Plaza, E Hartford, CT  
 3 185 Asylum St Hartford, CT 06103  
 4 200 Connecticut Ave, Norwalk, CT 06854  
 5

Services Provided by This Firm (*describe fully*)

1 Employee Claims - Disallowed	\$ 2,940
2 Collections - Disallowed	\$ 8,374
3 Borrowing: 2017 Key Bank Real Estate Capital \$2,500 Reclassed out 12/31/17 - Disallowed	\$ (2,359)
4 Credit Agreement - Disallowed	\$ 200
5	\$
	Charge for Services Provided
	\$ 9,155

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

- Yes     No    Pg 15, Line 1e

**Schedule of Resident Statistics**

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318		Report for Year Ended 9/30/2018				Page 8	of 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	127	127			127	127			127	127		
B. On last day of THIS report period	127	127			127	127			127	127		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	119	119			119	119			122	122		
B. As of midnight of THIS report period	125	125			122	122			125	125		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,353	4,353			3,407	3,407			946	946		
B. Medicaid (Conn.)	30,694	30,694			23,148	23,148			7,546	7,546		
C. Medicaid (other states)												
D. Private Pay	6,511	6,511			4,379	4,379			2,132	2,132		
E. State SSI for RCH												
F. Other (Specify) Managed Care Other	2,281	2,281			1,750	1,750			531	531		
G. Total Care Days During Period (3A thru F)	43,839	43,839			32,684	32,684			11,155	11,155		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	105	105			79	79			26	26		
B. Other Bed Reserve Days	96	96			69	69			27	27		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	44,040	44,040			32,832	32,832			11,208	11,208		

### Schedule of Resident Statistics (Cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview He			License No. 2318			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(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	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	13		91			13		8					
Per Diem Rate													
a. One bed rm.	634.67		240.62			505.00		423.37					
b. Two bed rms.	634.67		240.62			495.00		423.37					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									5,567	5,567			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									493	493			
2. Restorative Treatments													
C. Other									13,945	13,945			
D. <b>Total Physical Therapy Treatments</b>									20,005	20,005			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,137	1,137			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									105	105			
2. Restorative Treatments													
C. Other									1,373	1,373			
D. <b>Total Speech Therapy Treatments</b>									2,615	2,615			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									6,263	6,263			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									527	527			
2. Restorative Treatments													
C. Other									13,005	13,005			
D. <b>Total Occupational Therapy Treatments</b>									19,795	19,795			

### Report of Expenditures - Salaries & Wages

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center	License No. 2318	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	115,065	2,078				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	226,699	10,353				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	56,856	2,117				
c. Dietary Workers	400,827	28,610				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	295,079	21,195				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	52,595	1,930				
b. Other Maintenance Workers	56,499	2,834				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	91,815	6,365				
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	227,883	4,211				
b. RN						
1. Direct Care	732,984	22,166				
2. Administrative**	421,442	15,899				
c. LPN						
1. Direct Care	881,067	33,194				
2. Administrative**						
d. Aides and Attendants	1,865,416	113,992				
e. Physical Therapists	573,409	16,375				
f. Speech Therapists	129,116	2,751				
g. Occupational Therapists	318,644	8,816				
h. Recreation Workers	191,284	9,047				
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	209,508	8,061				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,846,188	309,994				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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





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

Name of Facility				License No.	Report for Year Ended				Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				2318	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

\* 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	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center				2318	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Kimberly Carlson 10/01/17-09/30/18	115,065			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,078	A2			
<b>Section IV - Assistant Administrators</b>										

\*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.

**Annual Report of Long-Term Care Facility**

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
301 Rope Ferry Road, LLC d/b/a Bayview Health C	2318	9/30/2018	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	38,914	865				
2. Dentist	13,792	29				
3. Pharmacist	11,260	10				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	90,000	334				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	57					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	720	2				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	498	8				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>155,241</b>	<b>1,248</b>				

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

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

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



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health	2318	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 522,450	522,450		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 95,585	95,585		
4. Social Security (F.I.C.A.)	\$ 443,345	443,345		
5. Health Insurance	\$ 821,558	821,558		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 34,393	34,393		
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ (24,487)	(24,487)		
d. Accounting and Auditing	\$ 12,200	12,200		
e. Legal (Services should be fully described on Page 7)	\$ 9,155	9,155		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 41,212	41,212		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,569	18,569		
2. Cellular Phones	\$ 3,117	3,117		
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	\$ 793,482	793,482		
<b>Subtotal</b>	\$ 2,770,579	2,770,579		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Car	2318	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	2,770,579	2,770,579			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,123	6,123			
3. Gifts to Staff and Residents	\$ 18,955	18,955			
4. Employee Travel	\$ 3,996	3,996			
5. Education Expenses Related to Seminars and Conventions	\$ 6,622	6,622			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 4,111	4,111			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$ 2,950	2,950			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,989	5,989			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 19,903	19,903			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 1,742	1,742			
10. Contributions*** See Attached Schedule	\$ 8,250	8,250			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 435,409	435,409			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 129,672	129,672			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,414,301	3,414,301			

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

-----  
**Schedule of Other Advertising**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total Other Advertising</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

-----  
**Schedule of Dues**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Promotional	\$ 19,903		
<b>Total Dues</b>	<b>\$ 19,903</b>	<b>\$ -</b>	<b>\$ -</b>

-----



**Schedule of Contributions**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
CT Assoc of Health Care Facilities	\$ 8,250		
<b>Total Contributions</b>	<b>\$ 8,250</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Licenses	\$ 2,134		
Bank Charges	\$ 37,156		
Payroll Processing Fees	\$ 25,041		
Employee Physicals & Background Checks	\$ 17,842		
Compliance Consulting	\$ 4,941		
Data Processing	\$ 42,558		
<b>Total Other Administrative and General</b>	<b>\$ 129,672</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule C-1 - Management Services\***

Name of Facility	License No.	Report for Year Ended	Page of
301 Rope Ferry Road, LLC d/b/a Bayview	2318	9/30/2018	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	610,020	Contract Attached to a Prior Year	See Below
Allocation of Above	\$109804	Admin/Gen 66% Indirect 16% Direct 18%	Page 20, Line 5K
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	32,796	Admin/Gen-Other Expense	Page 16, Line M12

**\* 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 301 Rope Ferry Road, LLC d/b/a Bayview Health Care		License No. 2318	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 292,419	292,419		
2.	Non-Food Supplies	\$ 33,221	33,221		
3.	Other ( <i>Specify</i> ) _____ Dishes & Utensils = \$6,782	\$ 6,782	6,782		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)		\$			
c. Other ( <i>Specify</i> ) _____		\$ 97,603	97,603		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 430,025	430,025		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*	360	360		
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. \$1,466					
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) Pg 18, 2a1					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

Name of Facility		License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care C		2318	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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. \$	20,541	20,541		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) Supplies = \$9,699		\$	9,699	9,699		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>30,240</b>	<b>30,240</b>		
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3E.  
 \*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Hea		2318	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	36,468	36,468		
	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. \$				
	C. Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	36,468	36,468		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Procure, LTC	\$	229,389	229,389		
	b. Medicine Cabinet Drugs	\$	36,729	36,729		
	c. Medical and Therapeutic Supplies	\$	341,537	341,537		
	d. Ambulance/Limousine***	\$	7,179	7,179		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	45,602	45,602		
	f. X-rays and Related Radiological Procedures***	\$	27,010	27,010		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	18,754	18,754		
	i. Recreation	\$	8,328	8,328		
	j. Direct Management Services*	\$	109,804	109,804		
	k. Indirect Management Services*	\$	97,603	97,603		
	l. Other (Specify)**** See Attached Schedule	\$	62,604	62,604		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	984,539	984,539		

\* 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)
Medical Equip Rentals-Medicaid	\$ 15,071		
Physical Therapy Supplies	\$ 25,767		
Oxygen Concentrator Rentals	\$ 1,020		
Cable TV Fees	\$ 14,708		
Medical Equip Rentals-Other	\$ 5,745		
Speech Therapy Supplies	\$ 293		
<b>Total Other Resident Care</b>	\$ 62,604	\$ -	\$ -

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

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318		Report for Year Ended 9/30/2018			Page of 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
ADP	100 Corporate Drive, South Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	19,285			16	m13
All Waste	PO Box 2472, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	24,014			22	6f
Modern Mechanical Services	P.O.Box 444, Farmington, CT 06034	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	13,725			22	6a
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Primary Interest	Pharmacy	274,757			16	m13
Proline	150473, Hartford, CT 06115	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	12,373			22	6a
PointClickCare	P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	18,251			16	m13
		<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"/>							

\* 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
301 Rope Ferry Road, LLC d/b/a Bayview He	2318	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 97,667	97,667				
b. Heat	\$ 165,648	165,648				
c. Light & Power	\$ 118,690	118,690				
d. Water	\$ 29,214	29,214				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 41,305	41,305				
f. Other ( <i>itemize</i> )	\$ 80,891	80,891				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 533,415	533,415				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 4,403	4,403				
b. Building & Building Improvements	\$ 42,170	42,170				
c. Non-Movable Equipment	\$ 16,951	16,951				
d. Movable Equipment	\$ 47,458	47,458				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 110,982	110,982				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 15,054	15,054				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 15,054	15,054				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 674,370	674,370				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 153,718	153,718				
c. Personal property taxes	\$ 18,168	18,168				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 972,292	972,292				

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





### Depreciation Schedule

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			License No. 2318			Report for Year Ended 9/30/2018			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			47,027		47,027	36,852	S/L	5 years	4,403				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										4,403			
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			837,227		837,227	585,039	S/L	Various	42,170				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										42,170			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			338,953		338,953	283,186	S/L	Various	16,951				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										16,951			
		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								
<b>D. Movable Equipment</b>													
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				9	2017	2,016,353		2,016,353	1,772,532	S/L	Various	44,792	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				9	2018	39,594		39,594		S/L	Various	2,666	
D-3. Subtotal													47,458
<b>E. Total Depreciation</b>													110,982

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
Various	See Attached	39594	Various	2666
<b>Total additions for Movable Equipment</b>		\$ 39,594		\$ 2,666 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
Various	See Attached	165467	Various	7891
<b>Total additions for Leasehold Improvement</b>		\$ 165,467		\$ 7,891 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2





**Annual Report of Long-Term Care Facility**

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318		9/30/2018			24	37
Item	Date of Acquisition		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
	Month	Year							
<b>A. Organization Expense</b>									
1. Goodwill	7	2006	None	3,188,703		None	None		
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Deferred Finance Fees-Refinance	Var	Var	5	286,028	230,184				
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period		2017	Various	98,206	19,813	s/l		7,163	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2018	Various	165,467				7,891	
C-4. Subtotal									15,054
<b>D. Total Amortization</b>									15,054

\* 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 301 Rope Ferry Road, LLC d/b/a Bay	License No. 2318	Report for Year Ended 9/30/2018	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input 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					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase	07/12/06				
4. Date of Initial Licensure	06/09/86				
5. Total Licensed Bed Capacity	127				
6. Square Footage					
7. Acquisition Cost					
a. Land	217,747				
b. Building	5,032,701				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD/KeyBank				
b. Date Mortgage Obtained	03/29/12				
c. Interest Rate for the Cost Year	3.22%/6.91%				
d. Term of Mortgage (number of years)	35				
e. Amount of Principal Borrowed	9,944,000				
f. Principal balance outstanding as of _____	8,849,296				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
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.



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

Name of Facility		License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bay		2318	9/30/2018		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. <b>Total Building Interest Expense</b> (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
301 Rope Ferry Road, LLC d/b/a H		2318		9/30/2018		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)				\$	9,272	9,272	
Vender Interest = \$5,614; Mortgage Bond Fees = (\$27); K							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	9,272	9,272	
14. Insurance							
a. Insurance on Property (buildings only)				\$	81,549	81,549	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	81,549	81,549	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	13,493,530	13,493,530	

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Center			2318	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 318,644	318,644		
4.			Other - See attached Schedule	\$ 14,948	14,948		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 57	57		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ (24,487)	(24,487)		
10.			Accounting	\$			
10a.			Legal	\$ 9,155	9,155		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,757	2,757		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 18,955	18,955		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2&3	Unallowable Advertising *	\$ 22,853	22,853		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 297,874	297,874		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 42,102	42,102		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 1,466	1,466		
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 704,324	704,324		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

\*\* Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12M	Community Coordinator & Marketing Salaries and Benefits	\$ 14,948		
<b>Total Other Salaries Adjustment</b>			\$ 14,948	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 37,161		
16	M13	Compliance Consulting	\$ 4,941		
<b>Total Other A&amp;G Adjustments</b>			\$ 42,102	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayview Health Care Cent				2318	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 704,324	704,324		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&	Prescription Drugs	\$ 229,389	229,389		
28.	20	5d	Ambulance/Limousine	\$ 7,179	7,179		
29.	20	5f	X-rays, etc	\$ 27,010	27,010		
30.	20	5h	Laboratory	\$ 18,754	18,754		
31.	20	5c	Medical Supplies	\$ 20,516	20,516		
32.	20	5e2	Oxygen (non emergency)	\$ 45,602	45,602		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 174,781	174,781		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 7,676	7,676		
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 253	253		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	<b>Total Amount of Decrease (Items 1 - 48)</b>			\$ 1,235,484	1,235,484		

\*\*\* 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.

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental -Other	\$ 5,745		
20	52b	Procure Pharmacy- E-Box	\$ 4,478		
18	2c	Unallowable Management Fees.....-Indirect Care	\$ 72,212		
20	5j	Unallowable Management Fees.....-Direct Care	\$ 81,238		
20	5j	Radio and Television Revenue	\$ 11,108		
<b>Total Other Ancillary Costs</b>			\$ 174,781	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equipment Depreciation CarryForward	\$ 7,676		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 7,676	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
301 Rope Ferry Road, LLC d/b/a Bayview 2318		9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 15,307,885	15,307,885			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,883,385)	(7,883,385)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 2,160,065	2,160,065			
b. Medicare Room and Board Contractual Allowance **	\$ 600,048	600,048			
4. a. Private-Pay Residents and Other	\$ 4,135,525	4,135,525			
b. Private-Pay Room and Board Contractual Allowance **	\$ (205,009)	(205,009)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 196,923	196,923			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (196,923)	(196,923)			
c. Prescription Drugs - Non-Medicare	\$ 140,459	140,459			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (139,001)	(139,001)			
2. a. Medical Supplies - Medicare	\$ 7,816	7,816			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (2,051)	(2,051)			
c. Medical Supplies - Non-Medicare	\$ 6,296	6,296			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (6,296)	(6,296)			
3. a. Physical Therapy - Medicare	\$ 987,768	987,768			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (777,744)	(777,744)			
c. Physical Therapy - Non-Medicare	\$ 294,420	294,420			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (291,300)	(291,300)			
4. a. Speech Therapy - Medicare	\$ 313,323	313,323			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (228,499)	(228,499)			
c. Speech Therapy - Non-Medicare	\$ 85,273	85,273			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (85,148)	(85,148)			
5. a. Occupational Therapy - Medicare	\$ 972,040	972,040			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (753,676)	(753,676)			
c. Occupational Therapy - Non-Medicare	\$ 285,950	285,950			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (285,800)	(285,800)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 2,219	2,219			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,641,178	14,641,178			
<b>IV. Other Revenue*</b>					
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> )	\$ 253	253			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 10,933	10,933			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 11,186	11,186			
<b>VI. Total All Revenue</b> (III +V)	\$ 14,652,364	14,652,364			

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Medicare Retro	\$ 2,219		
<b>Total Other Resident Revenue</b>		\$ 2,219	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, LA2	Interest on A/R	N/A	\$ 253		
<b>Total Interest Income</b>			\$ 253	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 10,933		
<b>Total Other Revenue</b>		\$ 10,933	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayvie	2318	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	125,179
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,019,854
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	23,735
5. Prepaid Expenses			\$	589,701
a. Prepaid Insurance	336,937			
b. Prepaid Expense/Lease, Medical Director and Acc	237,295			
c. Prepaid Interest	15,469			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	54,791
8. Other Current Assets ( <i>itemize</i> )			\$	88,559
Medicaid Cost settlement	65,609			
Due From Related Party	22,950			
See Schedule				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,901,819</b>
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost	47,027	\$	5,772
	Accum. Depreciation	41,255		Net
3. Buildings	*Historical Cost	837,227	\$	210,018
	Accum. Depreciation	627,209		Net
4. Leasehold Improvements	*Historical Cost	263,672	\$	228,806
	Accum. Depreciation	34,866		Net
5. Non-Movable Equipment	*Historical Cost	338,953	\$	38,816
	Accum. Depreciation	300,137		Net
6. Movable Equipment	*Historical Cost	2,024,821	\$	206,231
	Accum. Depreciation	1,818,590		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	15,178
Excluded Movable Equipment Carryforward	31,127			
See Schedule	(15,949)			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>704,821</b>

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

(Carry Total forward to next page )

301 ROPE FERRY RD  
PREPAID EXPENSE  
September 30, 2018

ACCT. # 1580

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FMLA license	1,017.01
Health Insurance	235,000.00
Equipment Rental Lease	1,278.00

237,295.01

**Bayview Moveable Equipment Carryforward Schedule**

Cost Year

Amount    Amount    Amount    Amount    Amount    Amount

Totals \*\*

	1998 Adj	2000 Adj	1999 Bed Addition Adj	2001 Adj #1	2001 Adj #2	2007 Heritage	2007 Heritage	2007 Heritage	2008 Heritage	2008 Heritage	TV's 2014 cost report	2015 TV's cost report	2016 TV's cost report	2017 TV's cost report	2018 TV's cost report	
Cost	\$ 3,567	\$ 68	\$ 10,906	\$ (1,206)	\$ (4,708)	\$ 2,225	\$ 11,974	\$ 11,267	\$ 381	\$ 2,471	\$ 2,406	\$ 827	\$ 810	\$ 23,935	\$ 12,051	\$ 76,974
Term	\$ 10	\$ 5	\$ 10	\$ 5	\$ 10	\$ 5	\$ 10	\$ 15	\$ 5	\$ 10	\$ 5	\$ 5	\$ 5	\$ 5	\$ 5	
				ADD BACK												
1998 Deprec	\$ 357															\$ 357
1998 Book Value	\$ 3,210															\$ 3,210
1999 Deprec	\$ 357		\$ 1,091													\$ 1,448
1999 Book Value	\$ 2,853		\$ 9,815													\$ 12,668
2000 Deprec	\$ 357	\$ 14	\$ 1,091													\$ 1,462
2000 Book Value	\$ 2,497	\$ 54	\$ 8,725													\$ 11,276
2001 Deprec	\$ 357	\$ 14	\$ 1,091	\$ (121)	\$ (235)											\$ 1,106
2001 Book Value	\$ 2,140	\$ 41	\$ 7,634	\$ (1,086)	\$ (4,473)											\$ 4,256
2002 Deprec	\$ 357	\$ 14	\$ 1,091	\$ (241)	\$ (471)											\$ 750
2002 Book Value	\$ 1,783	\$ 27	\$ 6,543	\$ (844)	\$ (4,002)											\$ 3,507
2003 Deprec	\$ 357	\$ 14	\$ 1,091	\$ (241)	\$ (471)											\$ 750
2003 Book Value	\$ 1,427	\$ 14	\$ 5,453	\$ (603)	\$ (3,531)											\$ 2,760
2004 Deprec	\$ 357	\$ 14	\$ 1,091	\$ (241)	\$ (471)											\$ 750
2004 Book Value	\$ 1,070	\$ -	\$ 4,362	\$ (362)	\$ (3,060)											\$ 2,010
2005 Deprec	\$ 357		\$ 1,091	\$ (241)	\$ (471)											\$ 736
2005 Book Value	\$ 713		\$ 3,272	\$ (121)	\$ (2,589)											\$ 1,275
2006 Deprec	\$ 357		\$ 1,091	\$ (121)	\$ (471)											\$ 856
2006 Book Value	\$ 357		\$ 2,181	\$ -	\$ (2,119)											\$ 419
2007 Deprec	\$ 357		\$ 1,091		\$ (471)	\$ 223	\$ 599	\$ 376								\$ 2,174
2007 Book Value	\$ -		\$ 1,091		\$ (1,648)	\$ 2,003	\$ 11,376	\$ 10,892								\$ 23,713
2008 Deprec			\$ 1,091		\$ (471)	\$ 445	\$ 1,197	\$ 751	\$ 38	\$ 124						\$ 3,175
2008 Book Value			\$ -		\$ (1,177)	\$ 1,558	\$ 10,179	\$ 10,141	\$ 343	\$ 2,348						\$ 23,390
2009 Deprec					\$ (471)	\$ 445	\$ 1,197	\$ 751	\$ 76	\$ 247						\$ 2,245
2009 Book Value					\$ (706)	\$ 1,113	\$ 8,982	\$ 9,390	\$ 267	\$ 2,101						\$ 21,145
2010 Deprec					\$ (471)	\$ 445	\$ 1,197	\$ 751	\$ 76	\$ 247						\$ 2,245
2010 Book Value					\$ (235)	\$ 668	\$ 7,785	\$ 8,639	\$ 191	\$ 1,854						\$ 18,900
2011 Deprec					\$ (235)	\$ 445	\$ 1,197	\$ 751	\$ 76	\$ 247						\$ 2,481
2011 Book Value					\$ -	\$ 223	\$ 6,588	\$ 7,888	\$ 115	\$ 1,607						\$ 16,419
2012 Deprec						\$ 223	\$ 1,197	\$ 751	\$ 76	\$ 247						\$ 2,494
2012 Book Value						\$ (1)	\$ 5,391	\$ 7,137	\$ 39	\$ 1,360						\$ 13,925
2013 Deprec							\$ 1,197	\$ 751	\$ 39	\$ 247						\$ 2,234
2013 Book Value							\$ 4,194	\$ 6,386	\$ -	\$ 1,113						\$ 11,692
2014 Deprec							\$ 1,197	\$ 751		\$ 247	\$ 241					\$ 2,436
2014 Book Value							\$ 2,997	\$ 5,635		\$ 866	\$ 2,166					\$ 11,662
2015 Deprec							\$ 1,197	\$ 751		\$ 247	\$ 481	\$ 83				\$ 2,759
2015 Book Value							\$ 1,800	\$ 4,884		\$ 619	\$ 1,685	\$ 745				\$ 9,731
2016 Deprec							\$ 1,197	\$ 751		\$ 247	\$ 481	\$ 165	\$ 81			\$ 2,922
2016 Book Value							\$ 603	\$ 4,133		\$ 372	\$ 1,204	\$ 580	\$ 729			\$ 7,619
2017 Deprec							\$ 603	\$ 751		\$ 247	\$ 481	\$ 165	\$ 162	\$ 2,394		\$ 4,803
2017 Book Value							\$ (1)	\$ 3,382		\$ 125	\$ 723	\$ 415	\$ 567	\$ 21,542		\$ 26,751
2018 Deprec								\$ 751		\$ 125	\$ 481	\$ 165	\$ 162	\$ 4,787	\$ 1,205	\$ 7,676
2018 Book Value								\$ 2,631		\$ -	\$ 242	\$ 250	\$ 405	\$ 16,755	\$ 10,846	\$ 31,127
2019 Deprec								\$ 751			\$ 242	\$ 165	\$ 162	\$ 4,787	\$ 2,410	\$ 8,517
2019 Book Value								\$ 1,880			\$ -	\$ 85	\$ 243	\$ 11,968	\$ 8,436	\$ 22,611
2020 Deprec								\$ 751				\$ 85	\$ 162	\$ 4,787	\$ 2,410	\$ 8,195
2020 Book Value								\$ 1,129				\$ -	\$ 81	\$ 7,181	\$ 6,026	\$ 14,416
2021 Deprec								\$ 751					\$ 81	\$ 4,787	\$ 2,410	\$ 8,029
2021 Book Value								\$ 378					\$ -	\$ 2,394	\$ 3,616	\$ 6,387
2022 Deprec								\$ 378						\$ 2,394	\$ 2,410	\$ 5,181
2022 Book Value								\$ -						\$ -	\$ 1,206	\$ 1,206
															\$ -	\$ -

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayvie	2318	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	2,606,640
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	390,340
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	7,019,660		
	Accum. Depreciation	2,105,897	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 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	5,304,103
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	3,360,483
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	(3,802,307)
Name and Address		Amount	Loan Date	
Related Party		(3,802,307)	3/29/12	
7. Other Assets ( <i>itemize</i> )			\$	35,152
_____				
See Schedule			35,152	
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	(406,672)
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	7,504,071

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
		Fixed Asset Difference to Books	\$ (15,949)
<b>Total Other Other Fixed Assets (Itemize)</b>			\$ (15,949)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description			
		Deposits-Security Deposits Leased Equip.	6,930	Deposits-Securi	6,930
		Key Bank Retainer Fee	2,500	Key Bank Retai	2,500
		Project Development	25,722	Project Develop	25,722
<b>Total Other Assets</b>				\$	35,152



### G. Balance Sheet (cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview He	License No. 2318	Report for Year Ended 9/30/2018	Page 33	of 37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	970,292
2. Notes Payable ( <i>itemize</i> )			\$	(2,088,483)
Notes Payable; Related Party				(235,000)
Line of Credit				(1,853,483)
See Schedule				
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> )			\$	197,229
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	7,304
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> )			\$	376,311
Acc'd Expenses Sales Tax			423	Acc'd Expense Property (4,932)
Acc'd Health Insurance			11,704	
Acc'd Operating Expenses			162,508	
Provider Taxes Due			206,608	See Schedule
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>(537,347)</b>

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

(Carry Total forward to next page)



**Bayview**  
**ACCRUED OPERATING EXP - 2170**  
**FYE 2018**

DESCRIPTION	BALANCE
Health Insurance	\$81,525.27
Accounting	\$16,172.64
Maintenance	\$2,135.07
Postage	\$51.28
Equipment Rental	\$271.19
Payroll Processing	\$405.80
Paragon Compliance	\$553.19
Nursing Supplies	\$5,554.78
Office Supplies	\$6,464.28
Medical Director	\$2,500.00
Oxygen	\$4,225.39
Electricity	\$9,491.27
Maintenance Supplies	\$13,128.14
Pharmacy	\$21,632.81
HFG DDS Exam	(\$1,735.79)
Copier Lease	\$133.00
	<b>\$162,508.32</b>

### G. Balance Sheet (cont'd)

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview H	License No. 2318	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				(537,347)
<b>Liabilities (cont'd)</b>				
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> )				\$ 573,952
Name and Address of Lender	Amount	Loan Date		
HUD Reserves	573,952			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ (1,302,888)
Due from Related Landlord		(1,306,214)		
Due to Affiliates		3,326		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ (728,936)
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ (1,266,283)

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

Name of Facility	License No.	Report for Year Ended	Page	of
301 Rope Ferry Road, LLC d/b/a Bayv	2318	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	390,340
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	4,913,763
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			\$	5,304,103
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(1,571,468)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	3,781,282
6. Gain or Loss for Period				
	10/1/2017	thru	9/30/2018	
			\$	1,256,437
7. Total Net Worth			\$	3,466,251
<b>C. Total Reserves and Net Worth</b>			\$	8,770,354
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	7,504,071

### H. Changes in Total Net Worth

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayvie	License No. 2318	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	2,273,190
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,652,364
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,395,927
D. Net Income or Deficit			\$	1,256,437
E. Balance			\$	3,529,627
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Rent Adjustment			(50,000)	
Prior year expense adjmt - copier/acct'g, medical			(13,376)	
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(63,376)
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. <b><i>Balance at End of Period</i></b>		09/30/18	\$	3,466,251

### I. Preparer's/Reviewer's Certification

Name of Facility 301 Rope Ferry Road, LLC d/b/a Bayview	License No. 2318	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<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				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		