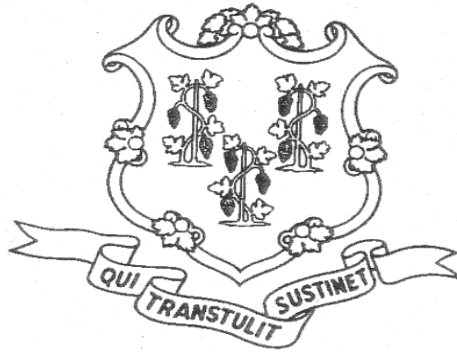


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) 845 Paddock Avenue Operations LLC, d/b/a Meriden Center	
Address (No. & Street, City, State, Zip Code) 845 Paddock Ave, Meriden, CT 06450	
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 2373	RHNS	(Specify)	Medicare Provider 07-5192
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 000008995	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

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) 845 Paddock Avenue Operations LLC, d/b/a Meriden C	License No. 2373	Report for Year Ended 9/30/2018	Page 1	of 37
--	---------------------	------------------------------------	-----------	----------

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 845 Paddock Avenue Operations LLC, d/b/a Meriden 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) Giovanna Griffin			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 845 Paddock Ave, Meriden, CT 06450				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/21/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	3,243,128	3,243,128	
5. All other wages paid	\$	363,883	363,883	
6. Total Wages Paid	\$	3,607,011	3,607,011	
7. Total salaries paid	\$	236,973	236,973	
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	3,843,984	3,843,984	

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-238-2645		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) 845 Paddock Avenue Operations LLC, d/b/a Meriden Center		Address (No. & Street, City, State, Zip) 845 Paddock Ave, Meriden, CT 06450		
License Numbers:	CCNH 2373	RHNS (Specify)	Medicare Provider No. 07-5192	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Giovanna Griffin		Nursing Home Administrator's License No.:	1196	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a	License No. 2373	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation 845 Paddock Avenue Operations LLC, d/b/a Meriden Center	Business Address 101 East State Street, Kennett Square, PA 19348	State(s) in Which Incorporated PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
See Attached				

**General Information and Questionnaire
Related Parties***

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden C	License No. 2373	Report for Year Ended 9/30/2018	Page 4	of 37
--	---------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	377,024	377,024
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	465,749	465,749
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1	31,358	31,358
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	28,680	28,680
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	91%	Outside Agency	Pg 13/B11 pg 10-12, 15	2,711	2,711
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	40%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	13,765	13,765
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A	35,763	35,763
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* 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 845 Paddock Avenue Operations LLC, d/b/a M	License No. 2373	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center			License No. 2373			Report for Year Ended 9/30/2018		Page of 6 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							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input type="radio"/> No	Total ***

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

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

**General Information and Questionnaire
Accounting Basis**

Name of Facility 845 Paddock Avenue Operations L	License No. 2373	Report for Year Ended 9/30/2018	Page 7	of 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 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

Services Provided by This Firm (*describe fully*)

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

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

- Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Connecticut State Marshal and Meriden Probate Court 2 Morrow Morgan Smith Inc 3 4 5	Telephone Number 203-213-5535 860-678-1530
---	--

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

1 149 Cariati Blvd Meriden, CT. 06451
2 11 Talcott Notch Road 2nd FL Farmington, CT 06032
3
4
5

Services Provided by This Firm (*describe fully*)

1 Probate Court for the conservatorship	\$
2 Real Estate Tax Abatement-reduced the assessment values of Real Estate Tax	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$

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

- Yes No Legal Fees pg. 15 1-e

Schedule of Resident Statistics

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center		License No. 2373			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	130	130			130	130			130	130			
B. On last day of THIS report period	130	130			130	130			130	130			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	96	96			96	96			105	105			
B. As of midnight of THIS report period	100	100			105	105			100	100			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,845	1,845			1,498	1,498			347	347			
B. Medicaid (Conn.)	31,406	31,406			23,319	23,319			8,087	8,087			
C. Medicaid (other states)													
D. Private Pay	2,002	2,002			1,483	1,483			519	519			
E. State SSI for RCH													
F. Other (Specify)	1,965	1,965			1,577	1,577			388	388			
G. Total Care Days During Period (3A thru F)	37,218	37,218			27,877	27,877			9,341	9,341			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	3	3			1	1			2	2			
B. Other Bed Reserve Days	3	3			3	3							
5. Total Resident Days (3G + 4A + 4B)	37,224	37,224			27,881	27,881			9,343	9,343			

Schedule of Resident Statistics (Cont'd)

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a			License No. 2373			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? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			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-IID			
No. of Residents	3		90			7							
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	535.83		208.99			460.43							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,482	1,482			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									926	926			
C. Other									7,392	7,392			
D. Total Physical Therapy Treatments									9,800	9,800			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									420	420			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									128	128			
C. Other									938	938			
D. Total Speech Therapy Treatments									1,486	1,486			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,480	1,480			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									686	686			
C. Other									7,853	7,853			
D. Total Occupational Therapy Treatments									10,019	10,019			

Report of Expenditures - Salaries & Wages

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center	License No. 2373	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	126,462	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	128,853	6,030				
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	59,541	2,265				
b. Other Maintenance Workers	8,296	578				
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	110,511	2,102				
b. RN						
1. Direct Care	808,186	20,177				
2. Administrative**	6,426	168				
c. LPN						
1. Direct Care	884,881	29,284				
2. Administrative**						
d. Aides and Attendants	1,468,785	81,790				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	58,628	3,164				
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	108,566	3,846				
n. Marketing						
o. Other (Specify) See Attached Schedule	74,850	3,764				
<i>A-13. Total Salary Expenditures</i>	<i>3,843,984</i>	<i>155,254</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
Ward Clerks	0	\$ 32,458.84	1,607			\$ -	-
Central Supply	0	\$ 16,733.70	1,039			\$ -	-
Medical Records	0	\$ 25,657.65	1,118			\$ -	-
Total		\$ 74,850.19	3,764	\$ -	-	\$ -	-
			0		0		

Schedule of Other Fees (Page 13)

Service		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	\$ 991.39	n/a				
3010620020	Purchased Services	\$ 180.00	n/a				
3015620020	Purchased Services	\$ 10,113.50	n/a				
3155620020	Purchased Services	\$ 994.25	n/a				
	0	\$ -	n/a				
	0	\$ -	n/a				
	0	\$ -	0				
	0	\$ -	0				
	0	\$ -	0				
	0	\$ -	0				
Total		\$ 12,279	-	\$ -	-	\$ -	-
			0				

**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	
845 Paddock Avenue Operations LLC, d/b/a Meriden Center				2373	9/30/2018			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

**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	
845 Paddock Avenue Operations LLC, d/b/a Meriden Center				2373	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Giovanna Griffin	126,462				Management of Center	2,086	2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
845 Paddock Avenue Operations LLC, d/b/a Meride	2373	9/30/2018	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	12,814	88				
3. Pharmacist	10,739	219				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	399,102	5,467				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	45,009	238				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	47,902	614				
b. Other						
10. Occupational Therapist						
a. Resident Care	88,109	1,207				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	2,711	45				
2. Administrative***						
b. LPN						
1. Direct Care	197	5				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	12,279					
B-13 Total Fees Paid in Lieu of Salaries	618,862	7,883				

* 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
845 Paddock Avenue Operations LLC, d/b/a Mer	2373	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 155,845	155,845		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 45,884	45,884		
4. Social Security (F.I.C.A.)	\$ 282,510	282,510		
5. Health Insurance	\$ 329,658	329,658		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 119,809	119,809		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 14,810	14,810		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 190,903	190,903		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 16,780	16,780		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,813	20,813		
2. Cellular Phones	\$ 220	220		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 1,050	1,050		
3. Resident Day User Fee	\$ 695,194	695,194		
Subtotal	\$ 1,873,476	1,873,476		

* 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
845 Paddock Avenue Operations LLC, d/b/a Meriden	2373	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	1,873,476	1,873,476			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	451	451		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	2,578	2,578		
5. Education Expenses Related to Seminars and Conventions	\$	655	655		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	15,485	15,485		
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	\$	2,623	2,623		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	8,550	8,550		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	700	700		
9. Subscriptions	\$	316	316		
10. Contributions***	\$	1,729	1,729		
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	3,453	3,453		
12. Administrative Management Services**	\$	377,402	377,402		
13. Other (<i>Specify</i>)	\$	44,570	44,570		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	2,331,988	2,331,988		

* 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 C-1 - Management Services*

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a	License No. 2373	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	377,024	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	35,763	Capital Interest	pg 26 12-A-1

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
845 Paddock Avenue Operations LLC, d/b/a Meriden C	2373	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 174,496	174,496		
2. Non-Food Supplies	\$ 23,988	23,988		
3. Other (Specify) _____ Contra Meal Expense	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 572,941	572,941		
c. Other (Specify) _____	\$			
2D. Total Dietary Expenditures (2a + b + c)	\$ 771,425	771,425		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Ce		License No. 2373	Report for Year Ended 9/30/2018	Page 19	of 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. \$	4,852	4,852	
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. \$	5,193	5,193	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	198,073	198,073	
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	208,118	208,118	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
845 Paddock Avenue Operations LLC, d/b/a M		2373	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. \$	17,872	17,872		
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. \$	297,309	297,309		
c.	Other (<i>Specify</i>) T&E-Mileage/Parking/Tolls	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	315,181	315,181		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Neighborcare	\$	182,122	182,122		
b.	Medicine Cabinet Drugs	\$	17,808	17,808		
c.	Medical and Therapeutic Supplies	\$	113,277	113,277		
d.	Ambulance/Limousine***	\$	567	567		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	10,018	10,018		
f.	X-rays and Related Radiological Procedures***	\$	5,143	5,143		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	21,403	21,403		
i.	Recreation	\$	21,254	21,254		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (<i>Specify</i>)****	\$	72,063	72,063		
	Total Resident Care Expenditures					
5M.	Total Resident Care Expenditures (5a - 5j)	\$	443,655	443,655		

* 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.

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

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center			License No. 2373		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
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	198,073			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	297,309			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	569,882			18	2b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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
845 Paddock Avenue Operations LLC, d/b/a N	2373	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	88,415	88,415			
b. Heat	\$	46,232	46,232			
c. Light & Power	\$	138,700	138,700			
d. Water	\$	38,021	38,021			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	311,368	311,368			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	1,620	1,620			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	59,276	59,276			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	60,896	60,896			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	264,267	264,267			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	145,864	145,864			
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	471,027	471,027			

* 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 845 Paddock Avenue Operations LLC, d/b/a Meriden Center			License No. 2373		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				
A. Land Improvements												
1. Acquired prior to this report period	83,900		83,900	6,992	S/L	Various						
2. Disposals (attach schedule)	(83,900)		(83,900)	(6,992)								
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period	3,177,076		3,177,076	1,506,667	S/L	Various	(55)					
2. Disposals (attach schedule)	(3,177,076)		(3,177,076)	(1,506,667)								
3. Acquired during this report period (attach schedule)	55,023		55,023				1,675					
B-4. Subtotal								1,620				
C. Non-Movable Equipment												
1. Acquired prior to this report period	97,305		97,305	55,324	S/L	Various						
2. Disposals (attach schedule)	(97,305)		(97,305)	(55,324)								
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.									S/L	Various		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					658,120		658,120	495,116	S/L	Various	58,271	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					26,927		26,927				1,005	
D-3. Subtotal												59,276
E. Total Depreciation												60,896

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
845 Paddock Avenue Operations LLC, d/b/a Meriden Center			2373		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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 845 Paddock Avenue Operations LLC	License No. 2373	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Well Tower / Healthcare REIT, Inc	Building and Equipment	04/01/11	20	264,267
Address: One Seagate Suite 1500				
Toledo, OH 43603-1475				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
845 Paddock Avenue Operations LLC		2373	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 35,763	35,763		
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)			\$ 35,763	35,763		

(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
845 Paddock Avenue Operations L		2373		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				35,763	35,763		
12. C. Movable Equipment							
1. Automotive Equipment \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify) \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$							
12. D. Other Interest Expense (Specify) \$							
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$				35,763	35,763		
14. Insurance							
a. Insurance on Property (buildings only) \$				10,436	10,436		
b. Insurance on Automobiles \$							
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$ 201,069	201,069			
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. Total Insurance Expenditures (14a + b + c) \$				211,505	211,505		
15. Total All Expenditures (A-13 thru C-14) \$				9,562,877	9,562,877		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
845 Paddock Avenue Operations LLC, d/b/a Meriden Center			2373	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 27,467	27,467		
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 546,400	546,400		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 190,903	190,903		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 15,485	15,485		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,729	1,729		
21.			Unallowable Management Fees	\$ 377	377		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 34,540	34,540		
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)				\$ 816,901	816,901		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 27,467	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 27,467	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 84,854	0	0
13	5	Rehabilitation Services	\$ 314,247	0	0
13	9	Speech Therapist	\$ 47,902	0	0
13	10	Occupational Therapist	\$ 88,109	0	0
13	12	Other	\$ 180	0	0
13	12	Other	\$ 10,114	0	0
13	12	Respiratory Purchased Servies	\$ 994	0	0
				0	0
				0	0
				0	0
				0	0
Total Other Fees Adjustments			\$ 546,400	\$ -	\$ -
			\$ -		

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)	
16	m-8a	1020630310	Chamber of Commerce	\$ 700	0	0
16	m-13	1020630120	Collection Fees	\$ 19,614	0	0
16	m-13	1020660990	Estimated Accrual	\$ (2,893)	0	0
16	m-13	7010800030	Non-recurring Charge	\$ -	0	0
16	m-13	1020640080	Penalty and Fines	\$ 9,770	0	0
16	m-12	7010670040		\$ -	0	0
15	1-a-1	adj workers comp		\$ 7,349	0	0
0	0	0		\$ -	0	0
0	0	0		\$ -	0	0
Total Other A&G Adjustments			\$ 34,540	\$ -	\$ -	

0.00

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

Name of Facility				License No.	Report for Year Ended	Page	of
845 Paddock Avenue Operations LLC, d/b/a Meriden Center				2373	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 816,901	816,901		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 182,122	182,122		
28.	20	5-d	Ambulance/Limousine	\$ 567	567		
29.	20	5-f	X-rays, etc	\$ 5,143	5,143		
30.	20	5-h	Laboratory	\$ 21,403	21,403		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 10,018	10,018		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 36,013	36,013		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 12,103	12,103		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 190,792	190,792		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,275,062	1,275,062		

*** 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.

845 Paddock Avenue Operations LLC, d/b/a Meriden Center
 9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20.00	5-j	Consolidated Billing	18,480.40	3010610300	-
20.00	5-j	Respiratory Supplies	13,316.35	3155630530	-
20.00	5-j	Respiratory Rental	4,216.22	3155660080	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
Total Other Ancillary Costs			36,012.97	-	-

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			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27.00	14 c1	General liability Insurance Adjust	190,792.37	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
Total Other Adjustments			\$ 190,792	\$ -	\$ -
			\$ 190,792		

Schedule of Unallowable Building Interest

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

Schedule of Other - Miscellaneous - Indirect

Page Ref	Line Ref	Description	CCNH	RHNS	i
20.00	5-i	Cable TV	12,102.55	3005660130	allow \$3600
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
Total Other - Miscellaneous - Indirect			\$ 12,103	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
845 Paddock Avenue Operations LLC, d/12373		9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 12,861,546	12,861,546			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,381,435)	(6,381,435)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 840,517	840,517			
b. Medicare Room and Board Contractual Allowance **	\$ (237,890)	(237,890)			
4. a. Private-Pay Residents and Other	\$ 1,829,791	1,829,791			
b. Private-Pay Room and Board Contractual Allowance **	\$ (528,068)	(528,068)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 90,767	90,767			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (25,690)	(25,690)			
c. Prescription Drugs - Non-Medicare	\$ 116,596	116,596			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (36,600)	(36,600)			
2. a. Medical Supplies - Medicare	\$ 88	88			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (25)	(25)			
c. Medical Supplies - Non-Medicare	\$ 2	2			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1)	(1)			
3. a. Physical Therapy - Medicare	\$ 246,267	246,267			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (69,701)	(69,701)			
c. Physical Therapy - Non-Medicare	\$ 275,163	275,163			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (89,303)	(89,303)			
4. a. Speech Therapy - Medicare	\$ 91,332	91,332			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (25,850)	(25,850)			
c. Speech Therapy - Non-Medicare	\$ 66,388	66,388			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (21,207)	(21,207)			
5. a. Occupational Therapy - Medicare	\$ 277,999	277,999			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (78,682)	(78,682)			
c. Occupational Therapy - Non-Medicare	\$ 291,667	291,667			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (92,321)	(92,321)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 17,654	17,654			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 193,545	193,545			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,612,548	9,612,548			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 53	53			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 11,161	11,161			
8. Other (<i>Specify</i>)	\$ 3,627	3,627			
V. Total Other Revenue (1 thru 8)	\$ 14,842	14,842			
VI. Total All Revenue (III +V)	\$ 9,627,390	9,627,390			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	\$ 2,688	\$ -	\$ -
II-6-a	Medicare Part A	Laboratory	\$ 9,325	\$ -	\$ -
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	\$ 1,640	\$ -	\$ -
II-6-a	Medicare Part A	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Audiology	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Flu Shot	\$ 10,970	\$ -	\$ -
II-6-a	Contractual MedA	X-Ray	\$ (761)	\$ -	\$ -
II-6-a	Contractual MedA	Laboratory	\$ (2,639)	\$ -	\$ -
II-6-a	Contractual MedA	Respiratory Therapy & Supplie	\$ (464)	\$ -	\$ -
II-6-a	Contractual MedA	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Audiology	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Incontinency	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Ambulance	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Flu Shot	\$ (3,105)	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
Total Other Resident Revenue - Medicare			\$ 17,654	\$ -	\$ -
			\$ -		

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ (485)	\$ -	\$ -
II-6-b	Medicaid	Respiratory Therapy & Supplie	\$ 410	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	X-Ray	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Laboratory	\$ 241	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Respiratory Therapy & Supplie	\$ (203)	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Physician Visit	\$ -	\$ -	\$ -

II-6-b	Contractuals- Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	X-Ray	\$ 1,591	\$ -	\$ -
II-6-b	Private Insurance and Other	Laboratory	\$ 50,932	\$ -	\$ -
II-6-b	Private Insurance and Other	Respiratory Therapy & Supplie	\$ 513	\$ -	\$ -
II-6-b	Private Insurance and Other	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Audiology	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Incontinency	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Ambulance	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Capitation Contracts	\$ 219,078	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	X-Ray	\$ (459)	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Laboratory	\$ (14,699)	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Respiratory Therapy & Supplie	\$ (148)	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Capitation Contracts	\$ (63,225)	\$ -	\$ -
II-6-b	0	0	\$ -	\$ -	\$ -
Total Other Resident Revenue			\$ 193,545	\$ -	\$ -
			\$ -		

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Account	0	53	-	-
0	0	0	-	-	-
0	0	0	-	-	-
Total Interest Income			\$ 53	\$ -	\$ -
			\$ -		

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	REHABCARE SETTLEMENT	0	2,127	-
0	Donation	0	220	-
0	Rehab Screen	0	280	-
	Bon Venture Services LLC refund 630020 advertising		1,000	
Total Other Revenue		\$ 3,627	\$ -	\$ -
		\$ (0)		

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
845 Paddock Avenue Operations LLC, d	2373	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,190
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	947,751
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	3,551
4. Inventories			\$	19,361
5. Prepaid Expenses			\$	9,126
a. Prepaid Expenses				
b. Prepaid Prop Taxes	3,750			
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	5,376			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	983,978
B. Fixed Assets				
1. Land			\$	582,316
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>55,023</u>		\$	53,403
	Accum. Depreciation <u>1,620</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>685,047</u>		\$	130,655
	Accum. Depreciation <u>554,392</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	766,374

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility 845 Paddock Avenue Operations LLC,	License No. 2373	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,750,352
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date	\$	
			\$	
7. Other Assets (<i>itemize</i>)			\$	722,845
Intercompany		722,845	\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	722,845
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,473,197

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

G. Balance Sheet (cont'd)

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a N		License No. 2373	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	404,772
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	129,507
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	159
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>)				\$	427,607
Accr Exp Water and Sewer		12,285	Deferred Revenue	27,023	
Accr Exp Gas		1,941	Accrued Provider/Bed T;	182,958	
Accr Exp Electricity		6,205	Accr Exp Suspense		
Accr Sales and Use Tax - FY18		36	A/R Credit Gross Up Lia	197,159	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	962,045

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

(*Carry Total forward to next page*)

G. Balance Sheet (cont'd)

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a	License No. 2373	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				962,045
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
LT Debt-Financing Obligation		3,378,007		
Escheatable Funds		2,720		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,380,727
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,342,772

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

Name of Facility	License No.	Report for Year Ended	Page	of
845 Paddock Avenue Operations LLC	2373	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	2,461,560
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,266,619)
6. Gain or Loss for Period			\$	(64,516)
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(1,869,575)
C. Total Reserves and Net Worth			\$	(1,869,575)
D. Total Liabilities, Reserves, and Net Worth			\$	2,473,197

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
845 Paddock Avenue Operations LLC, d	2373	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(1,934,089)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	9,627,390
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,562,876
D. Net Income or Deficit			\$	64,514
E. Balance			\$	(1,869,575)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(1,869,575)
				09/30/18

I. Preparer's/Reviewer's Certification

Name of Facility 845 Paddock Avenue Operations LLC,	License No. 2373	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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan - Sr Director of Reimbursement				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	