

February 11, 2019

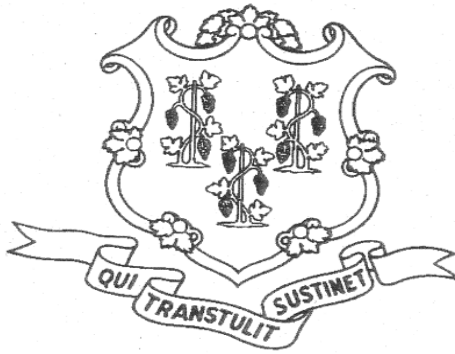
Mr. Chris LaVigne, Director
Office of Reimbursement and CON
Department of Social Services
55 Farmington Ave
Hartford, CT 06105

Dear Chris:

Enclosed please find the 2018 Medicaid Cost Report for Riverside Health & Rehabilitation Center.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Riverside Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 745 Main Street, East Hartford, CT 06108	
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 1000c	RHNS	(Specify)	Medicare Provider 075257
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Medicaid Provider Numbers:	CCNH 10009	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

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) Riverside Health Care Center, Inc.	License No. 1000c	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 Riverside Health Care Center, Inc. [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) Karen Chadderton			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Riverside Health Care Center, Inc.		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 745 Main Street, East Hartford, CT 06108				
Report Prepared By Blum, Shapiro & Company, P.C.		Phone Number 203-944-2100	Date 2/11/2019	
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. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-289-2791		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Riverside Health Care Center, Inc.		Address (No. & Street, City, State, Zip) 745 Main Street, East Hartford, CT 06108		
License Numbers:	CCNH 1000c	RHNS (Specify)	Medicare Provider No. 075257	
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 type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 Karen Chadderton		Nursing Home Administrator's License No.:	001221	
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 Riverside Health Care Center, Inc.	License No. 1000c	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	Business Address	State(s) in Which Incorporated		
Riverside Health Care Center, Inc	745 Main Street, East Hartford, CT 06108	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Dorris Laufer	1402 59th Street, Brooklyn, NY 11219	President	50	
Marvin Ostreicher	184 Wildacre Avenue, Lawrence, NY 11559	Secretary	200	
Nathan Pollack	2441 Beachwood Road, Beachwood, OH 44122	Director	100	
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	Director	56	
Names of Stockholders Owning at Least 10% of Shares				
Michael Pollack Life Estate Trust	2441 Beachwood Road, Beachwood, OH 44122	Director	100	
Marvin Ostreicher	184 Wildacre Avenue, Lawrence, NY 11559	Secretary	200	
Izak Keller	2417 Beachwood Boulevard, Beachwood, OH 44122		150	
H. Ostreicher	1 Lakeside Drive, East Lawrence, NY 11559	Director	166	

**General Information and Questionnaire
 Related Parties***

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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	%**				
See attachment		<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"/>					

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

**General Information and Questionnaire
Related Parties***

Name of Facility Riverside Health Care Center, Inc.	License No. 1000-C	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	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	PT,OT ST Services/Consulting	13 5a, 9, 10, 12	1,802,711	1,766,670
National Healthcare	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	1,507,515	1,507,515
20Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent, Other Expense	16 m12	44,796	44,796
850 Silas Deane	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent, Other Expense	16 m12	5,004	5,004
National Healthcare	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consulting Fees	16 m13	9,074	9,074
NOA Diagnostics	6851 Jericho Turnpike, Suite 150, Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Radiology	20 5f	24,849	23,208
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance	15 1a5	2,313,976	2,313,976
Riverside Realty Co.	745 Main Street, East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9	1,261,427	1,261,427
Water's Edge Center for Health & Rehabilitation	111 Church Street, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee-Marketing	16 m13	60,329	60,329
Maple View Manor of CT, LLC	856 Maple Street Rocky Hill CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee - Social Service	13 b6	19,334	19,334
Marlborough Health Care Center, Inc.	85 Stage Harbor Road Marlborough CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee - Social Service	13 b6	25,566	25,566
Procare LTC Pharmacy of CT	1492 Highland Avenue, Cheshire, CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs/OTC/RX Consult	20/13 5a2/b; /B3	668,149	622,866
National Healthcare Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Bank Transactions	16 m13	30,080	30,080

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 *** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire
Related Parties***

Name of Facility Riverside Health Care Center, Inc.		License No. 1000-C	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?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	%**				
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	32 D6	59,785	59,785
Maple View Manor of Connecticut, LLC	856 Maple Street, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	32 D6	53,427	53,427
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	32 D6	53,130	53,130
The Hebrew Center for Health & Rehabilitation	1 Abrahms Boulevard, West Hartford, CT 06117	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	32 D6	24,016	24,016
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts payable	33 A1	1,476,040	1,476,040
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	Due to Related	33 A12	219,683	219,683
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Due to Related	33 A12	5,404	5,404
Riverside Health Care Realty, LLC	745 Main Street, East Hartford, CT 06108	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	18,543	18,543
Hudson Pointe at Riverdale Center for Nursing and Rehabilitation, LLC	3220 Henry Hudson Parkway, Bronx, NY 10463	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	62	62
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33/34 A12/B4	195,797	195,797
Harbor Hill Care Center, Inc.	11 Church Street, Middletown, CT 06457	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	361,458	361,458
Milford Health Care Center, Inc.	195 Platt Street, Milford CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33 A12	21,945	21,945
Procure LTC Pharmacy of CT	1492 Highland Avenue Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33 A12	550,731	550,731
Procure LTC Pharmacy of MA	155 Northboro Road, STE 4, Southborough, MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33 A12	185	185

* Use additional sheets if necessary.

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

*** Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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.				
Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
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 type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

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 Riverside Health Care Center, Inc.			License No. 1000c	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						
Reliable Health Systems - Nostrand Avenue, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / ongoing	2,930	2,930	
Wescom Solutions - P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	Ongoing	Ongoing	73,423	73,423	
Leaf - 1720A Crete Street, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/16	39 months	11,716	10,740	
Leaf - 1720A Crete Street, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/16	39 months	7,208	7,208	
Toyota Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Car	03/16/15	36 months	4,644	4,257	
Nissan Motor Acceptance Corp - P.O. Box 371447, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Car	08/05/16	35 months	4,500	4,125	
Wells Fargo - P.O. Box 7777, San Francisco, CA 94120	<input type="radio"/>	<input checked="" type="radio"/>	Copier	08/01/16	39 months	1,613	1,613	
Advantage Toyota - 400 Sunrise Highway, Valley Streams, NY 11581	<input type="radio"/>	<input checked="" type="radio"/>	Car	09/01/18	35 months	5,148	429	
	<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
Total ***							104,725	

* 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.

MOTOR VEHICLE LEASE AGREEMENT NEW YORK



1. Parties

Lease Date 09/05/2018

LESSOR (DEALER) NAME AND ADDRESS ADVANTAGE TOYOTA SCION 400 SUNRISE HIGHWAY VALLEY STREAM NY 11581 PHONE NUMBER: <u>(516)887-8600</u>	LESSEE AND CO-LESSEE NAME AND LESSEE'S BILLING ADDRESS RIVERSIDE HEALTH CARE CENTER INC N/A 745 MAIN ST EAST HARTFORD CT 06108 COUNTY: <u>HARTFORD</u>	VEHICLE GARAGING ADDRESS, IF DIFFERENT THAN LESSEE'S BILLING ADDRESS COUNTY: <u>N/A</u>
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This is a Lease for the Vehicle described below. The words "you", "your" and "yours" refer to the Lessee and any Co-Lessee. The words "we", "us" and "our" refer to the Lessor, and after assignment, to the Toyota Lease Trust ("TLT") and any subsequent assignee. Toyota Motor Credit Corporation ("TMCC") will be servicing this Lease on behalf of TLT. By signing this Lease, you agree to lease the Vehicle described below from us under the terms of this Lease, to pay all amounts due and to perform all of your obligations under this Lease.

2. Description of Leased Vehicle

You are leasing from us, and received in satisfactory condition, the following Vehicle:

New, Used or Demo	Year	Make	Model	Body Style	Vehicle Identification No.	Odometer Mileage
NEW	2018	TOYOTA	SIENNA	SUBN	5TDJZ3DC2JS201946	12

Primary Use: Personal, Family or Household Business, Agricultural or Commercial

FEDERAL CONSUMER LEASING ACT SEGREGATED DISCLOSURES

3. Amount Due at Lease Signing or Delivery (Itemized in Section 7 below) \$ <u>3893.66</u>	4. Monthly Payments Your first Monthly Payment of \$ <u>428.99</u> is due on <u>09/05/2018</u> , followed by <u>35</u> payments of \$ <u>428.99</u> due on the <u>5th</u> of each month. The total of your Monthly Payments is \$ <u>15443.64</u> .	5. Other Charges (not part of your Monthly Payment) Disposition fee (if you do not purchase the Vehicle) Total \$ <u>350.00</u>	6. Total of Payments. (The amount you will have paid by the end of the Lease) \$ <u>19258.31</u>
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Itemization of Amount Due at Lease Signing or Delivery

7. Amount Due at Lease Signing or Delivery:	8. How the Amount Due at Lease Signing or Delivery will be Paid:
a. Capitalized Cost Reduction \$ <u>2727.17</u>	a. Net Trade-In Allowance
b. First Monthly Payment \$ <u>428.99</u>	Year <u>N/A</u> Make <u>N/A</u> Model <u>N/A</u>
c. Refundable Security Deposit \$ <u>N/A</u>	VIN <u>N/A</u>
d. Title Fees \$ <u>N/A</u>	(i) Agreed Upon Value \$ <u>N/A</u>
e. Registration Fees \$ <u>N/A</u>	(ii) Less: Pay Off \$ <u>N/A</u>
f. License Fees \$ <u>N/A</u>	(iii) Less: Cash to Lessee \$ <u>N/A</u>
g. Tax on Capitalized Cost Reduction \$ <u>N/A</u>	Net Trade In [(i) - (ii) - (iii), no less than 0] \$ <u>N/A</u>
h. Acquisition Fee \$ <u>650.00</u>	b. Rebates and Noncash Credits \$ <u>2250.00</u>
i. DOC \$ <u>75.00</u>	c. <u>N/A</u> \$ <u>N/A</u>
j. NYS TIRE FEE \$ <u>12.50</u>	d. <u>N/A</u> \$ <u>N/A</u>
k. <u>N/A</u> \$ <u>N/A</u>	e. <u>N/A</u> \$ <u>N/A</u>
l. <u>N/A</u> \$ <u>N/A</u>	f. Amount to be Paid in Cash \$ <u>1843.66</u>
m. Total \$ <u>3893.66</u>	g. Total \$ <u>3893.66</u>

People to Lessee

Your Monthly Payment is determined as shown below:

9a. Gross Capitalized Cost. The agreed upon value of the Vehicle (\$ <u>34655.49</u>) and any items you pay over the Lease Term (such as service contracts, insurance, and any outstanding prior credit or lease balance). For an itemization of this amount, see Section 13: \$ <u>35203.00</u>	e. Depreciation and any Amortized Amounts. The amount charged for the Vehicle's decline in value through normal use and for other items paid over the Lease Term. = \$ <u>12735.59</u>
b. Capitalized Cost Reduction. The amount of any net trade-in allowance, rebate, noncash credit, or cash you pay that reduces the Gross Capitalized Cost. - \$ <u>2727.17</u>	f. Rent Charge. The amount charged in addition to the Depreciation and any Amortized Amounts. + \$ <u>1786.09</u>
c. Adjusted Capitalized Cost. The amount used in calculating your Base Monthly Payment. = \$ <u>32475.83</u>	g. Total of Base Monthly Payments. The Depreciation and any Amortized Amounts plus the Rent Charge. = \$ <u>14521.68</u>
d. Residual Value. The value of the Vehicle at the end of the Lease used in calculating your Base Monthly Payment. - \$ <u>19740.24</u>	h. Lease Payments. The number of payments in your Lease. + <u>36</u>
	i. Base Monthly Payment = \$ <u>403.38</u>
	j. Monthly Sales/Use Tax + \$ <u>25.61</u>
	k. <u>N/A</u> + \$ <u>N/A</u>
	l. Total Monthly Payment ("Monthly Payment") = \$ <u>428.99</u>

Early Termination. You may have to pay a substantial charge if you end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be.

- Excessive Wear and Use.** You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 36000 miles over the odometer mileage disclosed above, at the rate of \$ 0.15 per mile.
- Purchase Option at End of Lease Term.** You have an option to purchase the Vehicle at the end of the Lease Term for \$ 19740.24. That amount does not include other charges you may be required to pay pursuant to Section 33.
- Other Important Terms.** Review this Lease for additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, and any security interest, if applicable.

Gross Capitalized Cost Itemization and Other Items

13. Itemization of Gross Capitalized Cost
You will pay for the following items over the Lease Term, as part of your Monthly Payment:

a. Agreed Upon Value of the Vehicle	\$ <u>34655.49</u>
-------------------------------------	--------------------

UNLESS WE MAKE A WRITTEN WARRANTY OR ENTER INTO A SERVICE CONTRACT WITHIN 90 DAYS FROM THE DATE OF THIS LEASE AND EXCEPT AS STATED IN THE PARAGRAPH IMMEDIATELY ABOVE, YOU ARE LEASING THIS VEHICLE "AS IS." THERE ARE NO WARRANTIES AS TO THE VEHICLE'S

your monthly payment.

a. Agreed Upon Value of the Vehicle	\$	34655.49
b. Taxes	+	220.01 (e)
c. Initial Title, License and Registration Fees	+	327.50
d. Optional Mechanical Breakdown Protection	+	N/A
e. Optional Maintenance Agreement	+	N/A
f. Optional Credit Life and/or Disability Insurance	+	N/A
g. Optional Guaranteed Automobile Protection	+	N/A
h. Optional Excess Wear and Use Protection Plan	+	N/A
i. Optional Tire and Wheel Protection Plan	+	N/A
j. Outstanding Prior Credit or Lease Balance	+	N/A
k. Acquisition Fee	+	N/A
l. N/A	+	N/A
m. N/A	+	N/A
n. N/A	+	N/A
o. N/A	+	N/A
p. Gross Capitalized Cost	=	35203.00

(e) means estimate

14. Lease Term and Scheduled Maturity Date

The Lease Term of this Lease is 36 months, and the Scheduled Maturity Date of this Lease is 09/04/2021

15. Required Insurance

You must provide the following insurance during the Lease Term, with the Lessee and/or Co-Lessee as an insured driver. No other types of insurance are required and no Required Insurance is provided by us in this Lease:

- a) primary automobile liability insurance with minimum limits for bodily injury or death of:
 - i) 20000.00 for any one person, and
 - ii) 40000.00 for any one accident, and
 - iii) 40000.00 for property damage; and
- b) physical damage insurance for the full value of the Vehicle, with a maximum deductible of \$1,000.

See Section 25 for additional information.

You have provided us today with the following insurance information:

CHUBB 73599965

Insurance Provider	Policy No.	Insurance Coverage Verification By: Dealer Employee
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Agent's Name / Address	Agent's Phone No.
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16. Charges for Late/Returned Payments

If we do not receive a full Monthly Payment within 10 days after it is due, you must pay a late payment charge of 5% of the unpaid amount or \$10, whichever is greater.

If any payment (including an electronic funds transfer) you make to us is not honored or returned to us for any reason, in addition to any late charges, you may be charged a fee of \$25, as permitted by law.

17. Estimated Official Fees and Taxes \$ 4144.17

This is an estimate of the total amount you will pay over the Lease Term for official and license fees, registration, title, and taxes (including personal property taxes), whether included in your Total Monthly Payment (Section 9.i); the Amount Due at Lease Signing or Delivery (Section 7) or billed separately. The actual total of Official Fees and Taxes may be higher or lower than this estimate depending on the tax rates in effect or the value of the Vehicle at the time a fee or tax is assessed. This estimate is based on your current address and may increase if you move or if tax rates change. You are responsible for paying any increases. See Section 28 for additional information.

18. Warranty

If the Vehicle is a new or a demo Vehicle, the Vehicle is subject to the standard new warranty from the manufacturer. If the Vehicle is used, it is not covered by a warranty unless required by law or identified below:

- Remainder of standard new vehicle warranty from manufacturer
- Used vehicle warranty from manufacturer

IMMEDIATELY ABOVE, YOU ARE LEASING THIS VEHICLE "AS IS." THERE ARE NO WARRANTIES AS TO THE VEHICLE'S CONDITION, MERCHANTABILITY, SUITABILITY, OR FITNESS FOR A PARTICULAR PURPOSE.

19. Optional Insurance and Other Products

You are not required to buy any of the Optional Insurance or Other Products listed below to enter into this Lease, and they are not a factor in our credit decision. These insurance and other products will not be provided unless the appropriate box is checked, all information is filled in, you initial below, and you are accepted by the Provider. By your initials below, you agree that you have received a notice of the terms of the insurance or product, and you want to obtain the insurance or product for the premium or charge shown. A portion of the premium or charge shown may be retained by the Lessor (Dealer).

Optional Credit Life Insurance \$ N/A Beginning Coverage
 N/A Insured(s)

N/A Provider \$ N/A Premium N/A Lessee / Co-Lessee Initials

Optional Credit Disability Insurance \$ N/A Maximum Monthly Coverage
 N/A Insured(s)

N/A Provider \$ N/A Premium N/A Lessee / Co-Lessee Initials

Optional Mechanical Breakdown Protection N/A miles/N/A months Coverage

N/A Provider \$ N/A Premium or Charge N/A Lessee / Co-Lessee Initials

Optional Guaranteed Automobile Protection (see Section 32)
 N/A Provider \$ N/A Premium or Charge N/A Lessee / Co-Lessee Initials

Optional Maintenance Agreement
 N/A Provider \$ N/A Premium or Charge N/A Lessee / Co-Lessee Initials

Optional Excess Wear and Use Protection Plan
 N/A Provider \$ N/A Premium or Charge N/A Lessee / Co-Lessee Initials

Optional Tire and Wheel Protection Plan
 N/A Provider \$ N/A Premium or Charge N/A Lessee / Co-Lessee Initials

Total Premiums and Charges \$ N/A

20. Complete Agreement or Modification

By your initials, you acknowledge that this Lease contains the entire agreement for the Lease of this Vehicle. There are no other agreements. Any change to this Lease must be in writing, and signed by you and by us.

21. Agreement to Arbitrate

By checking the "opt-in" box and initialing below, you agree that at the request of either you or us any controversy or claim between you and us shall be determined by neutral binding arbitration under the Federal Arbitration Act. See the Arbitration Provision in Section 4B for definitions, terms and conditions. IF YOU DO NOT WISH TO BE BOUND BY THE ARBITRATION PROVISION, CHECK THE "OPT-OUT" BOX AND INITIAL BELOW. By checking a box and initialing below, you agree that you have read and received the Arbitration Provision.

- OPT IN: You agree to be bound by the Arbitration Provision
- OPT OUT: You do not wish to be bound by the Arbitration Provision

New York State Motor Vehicle Retail Leasing Act Disclosures

Capitalized Cost. (The sum of the Adjusted Capitalized Cost and the Capitalized Cost Reduction. The Capitalized Cost and the amount of the Base Monthly Payment may be negotiable.) (Same as Gross Capitalized Cost, Section 9a).	\$ 35203.00
Adjusted Capitalized Cost. (The amount which is capitalized in connection with this Lease and is used in determining the amount of your Base Monthly Payment. This amount will be used in determining the legal limit on your early termination liability. Although the "Adjusted Capitalized Cost" is not referred to in the early termination provisions of this Lease, the "Adjusted Capitalized Cost" may be used to compare the early termination provisions of competing lessors.) (Same as Section 9c).	\$ 32475.83
Estimated Residual Value (Same as Residual Value, Section 9d).	\$ 19740.24

Lessee Signatures and Notices

PLEASE READ ALL PAGES FOR ADDITIONAL TERMS AND CONDITIONS

WARNING: Important consumer protections may not apply if this agreement indicates that you are leasing the Vehicle primarily for agricultural, business or commercial use.

NOTICE TO LESSEE AND CO-LESSEE: (1) DO NOT SIGN THIS LEASE BEFORE YOU READ ALL PAGES OR IF THIS LEASE CONTAINS ANY

General Information and Questionnaire
Accounting Basis

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
---	--

Services Provided by This Firm (<i>describe fully</i>)	
1 Compilation, preparation of Medicare and Medicaid cost reports, HUD audit, and year end tax services	\$ 31,514
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 31,514

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, line 1D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See attachment 2 3 4 5	Telephone Number
--	------------------

Address (<i>No. & Street, City, State, Zip Code</i>) 1 2 3 4 5	
---	--

Services Provided by This Firm (<i>describe fully</i>)	
1 See attachment	\$ 31,260
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 31,260

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, line 1E

General Information and Questionnaire
Accounting Basis

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2018	Page 7	of 37
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Byrne, Costello, & Pickard P.C.		(315) 474-6448	
2	Jackson Lewis		(404) 525-8200	
3	Jane Starkowski - Polvani, ESQ.		(860) 257-3807	
4	Berchem Moses PC		(203) 783-1200	
5	Goldman, Gruder & Wood		(203) 899-8900	
6	Treasurer, State of Connecticut			
7	Statewide Process Serving			
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	100 Madison Street, Ste 1600, Syracuse, NY 13202			
2	1155 Peachtree St, NE, Ste 1000, Atlanta GA 30309			
3	P.O. Box 290567, Wethersfield, CT 06129-0567			
4	75 Broad Street, Milford, CT 06460			
5	200 Connecticut Avenue Norwalk, CT. 06854			
6	Hartford, CT, 06106			
7	34 Connecticut Boulevard Suite #9 East Hartford, CT. 06108			
Services Provided by This Firm (<i>describe fully</i>)				
1	Conservator - Disallow		\$	4,070
2	Conservator - Disallow		\$	126
3	Conservator - Disallow		\$	1,000
4	Labor - Disallow		\$	90
5	Collections - Disallow		\$	23,171
6	Nonreimbursable - Disallow		\$	2,429
7	Nonreimbursable - Disallow		\$	374
			Charge for Services Provided	
			\$	31,260
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15 line 1e				

Schedule of Resident Statistics

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c			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	345	345			345	345			345	345		
B. On last day of THIS report period	345	345			345	345			345	345		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	321	321			321	321			323	323		
B. As of midnight of THIS report period	320	320			323	323			320	320		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,305	9,305			7,133	7,133			2,172	2,172		
B. Medicaid (Conn.)	104,976	104,976			79,153	79,153			25,823	25,823		
C. Medicaid (other states)												
D. Private Pay	3,836	3,836			2,502	2,502			1,334	1,334		
E. State SSI for RCH												
F. Other (Specify) Managed Care & Hospice	1,402	1,402			1,085	1,085			317	317		
G. Total Care Days During Period (3A thru F)	119,519	119,519			89,873	89,873			29,646	29,646		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	243	243			241	241			2	2		
B. Other Bed Reserve Days	13	13			13	13						
5. Total Resident Days (3G + 4A + 4B)	119,775	119,775			90,127	90,127			29,648	29,648		

Schedule of Resident Statistics (Cont'd)

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c			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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	16	292		12									
Per Diem Rate													
a. One bed rm.	PPS	244.34		465/520									
b. Two bed rms.	PPS	244.34		410/436/485									
c. Three or more bed rms.	PPS	244.34											
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									7,047	7,047			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									4,019	4,019			
C. Other									21,792	21,792			
D. Total Physical Therapy Treatments									32,858	32,858			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									785	785			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									416	416			
C. Other									2,680	2,680			
D. Total Speech Therapy Treatments									3,881	3,881			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									10,724	10,724			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									5,323	5,323			
C. Other									27,654	27,654			
D. Total Occupational Therapy Treatments									43,701	43,701			

Report of Expenditures - Salaries & Wages

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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)	47,633	75				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	181,654	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	129,382	2,080				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	494,050	20,709				
5. Dietary Service						
a. Head Dietitian	169,418	5,220				
b. Food Service Supervisor	208,316	8,907				
c. Dietary Workers	860,073	52,720				
6. Housekeeping Service						
a. Head Housekeeper	119,097	4,428				
b. Other Housekeeping Workers	1,222,279	68,473				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	79,431	2,120				
b. Other Maintenance Workers	147,482	6,709				
8. Laundry Service						
a. Supervisor	2,405	63				
b. Other Laundry Workers	431,579	22,116				
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	259,859	4,160				
b. RN						
1. Direct Care	1,472,158	35,558				
2. Administrative**	199,981	5,915				
c. LPN						
1. Direct Care	3,435,671	121,076				
2. Administrative**						
d. Aides and Attendants	5,591,281	306,283				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	421,669	18,370				
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	441,200	17,193				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	154,345	Disallowed				
<i>A-13. Total Salary Expenditures</i>	16,068,963	704,255				

* 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
Riverside Health Care Center, Inc.				1000c	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										
Marvin J. Ostreicher - 184 Wildacre Avenue, Lawrence, NY 11559	47,633			Similar to other employees	Supervises operations, deals with DNS & other patient care,	75	Pg. 16 line m	See attached		
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.

MARVIN J. OSTREICHER- OWNER
 TIME STUDY
 YEAR END SEPTEMBER 30, 2018

	BEDS	Total w/ Bnft
Augusta	72	45.19
Belair	102	50.90
Bethel	161	57.21
Bloomfield	120	53.32
Brattleboro	80	47.05
Brentwood	78	45.83
Brewer	111	53.11
Bristol	132	52.61
Cambridge	160	60.60
Catskill	136	55.04
Colony	92	51.58
Country	111	56.86
Dover	112	53.47
Eastside	69	46.37
Eliot	114	53.93
Glen Falls	120	53.32
Huntington	320	72.22
Kennebunk	78	50.58
Hebrew Home	257	75.23
Ludlowe	144	57.39
Maple View	120	52.32
Marlborough	120	50.32
Maywood	120	57.57
Milford	120	51.07
Newton Wellseley	110	51.76
Norway	70	46.23
Poughkeepsie	200	59.88
Regency	130	50.89
Reservoir	144	65.64
Riverside	345	74.64
Rutland	125	51.36
Sachem	111	49.36
Sands Point	180	61.74
Utica	117	46.00
Village Crest	95	51.40
Water's Edge	150	57.53
Westgate	104	49.61
Winship	72	45.44
Total	5,002	2,064.62
Vacation		
Sick		
Personal		
Holiday		
Total		

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

Name of Facility (as licensed) Riverside Health Care Center, Inc.				License No. 1000c	Report for Year Ended 9/30/2018			Page 12	of 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***										
Karen Chadderton	181,654			Similar to other employees	Management & supervision of healthcare facility	2,080	a2			
Section IV - Assistant Administrators										
Michael Bernardi	129,382			Similar to other employees	Assists in management and supervision of a	2,080	a3			

*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		
Riverside Health Care Center, Inc.	1000c	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	8,912	Disallowed				
3. Pharmacist	30,168	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	646,707	12,727				
b. Other						
6. Social Worker	44,900	3,333				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	112,210	149				
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	207,744	3,887				
b. Other						
10. Occupational Therapist						
a. Resident Care	922,916	18,159				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	50,960	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	2,024,517	38,255				

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

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

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

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

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Gerident Solutions - P.O. Box 290539, Wethersfield, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Procure LTC of CT - 111 Executive Boulevard, Farmingdale, NY 11735	Pharmacist / Consulting - Nursing / Rehabilitation	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Preferred Therapy Solutions - 850 Silas Deane Highway, Wethersfield, CT 06109	Physical Therapist, Occupational Therapist, Speech Therapist, Consulting	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Maple View Manor - 856 Maple Street, Rocky Hill, CT 06067	Social Worker	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Marlborough Health - 85 Stage Harbor Road, Marlborough, CT 06447	Social Worker	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Starling Physicians - 2110 Sillas Deane Highway, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Family Medicine Center - 893 Main Street, East Hartford, CT 06108	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Mouli Associates - 43 Wood Street, Hartford, CT 06105	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
University Physicians - P.O. Box 300611, Hartford, CT 06106	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Elmo Villanueva Collins Medical Associates - 506 Cromwell Avenue, Rocky Hill CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Fielding Johnson - 27 Sycamore Street, Glastonbury, CT 06033	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>			
Swallowing Diagnostics - P.O. Box 848, Manchester, CT 06040	Speech Therapist	<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"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 829,832	829,832		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 167,076	167,076		
4. Social Security (F.I.C.A.)	\$ 1,197,964	1,197,964		
5. Health Insurance	\$ 2,318,064	2,318,064		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 75,633	75,633		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 31,514	31,514		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 31,260	31,260		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 47,307	47,307		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 26,108	26,108		
2. Cellular Phones	\$ 7,495	7,495		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,782,769	1,782,769		
Subtotal	\$ 6,515,272	6,515,272		

* 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
Riverside Health Care Center, Inc.	1000c	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	6,515,272	6,515,272			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 8,053	8,053			
3. Gifts to Staff and Residents	\$ 30,093	30,093			
4. Employee Travel	\$ 11,918	11,918			
5. Education Expenses Related to Seminars and Conventions	\$ 2,462	2,462			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 4,488	4,488			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 60,854	60,854			
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	\$ 6,987	6,987			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 24,437	24,437			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 750	750			
9. Subscriptions	\$ 6,090	6,090			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 1,557,315	1,557,315			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 292,509	292,509			
C-14 Total Administrative & General Expenditures	\$ 8,521,228	8,521,228			

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Marketing	\$ 51,884		
Advertising Promotional - Administration	\$ 8,970		
Total Other Advertising	\$ 60,854	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 24,127		
Karen Chadderton - Disallowed	\$ 310		
Total Dues	\$ 24,437	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Consulting Fees - Administration	\$ 9,074		
Consulting Fees - Marketing - Disallowed	\$ 60,329		
IT Services - Administration	\$ 76,829		
Purchased Services - Administration	\$ 365		
Purchased Services - Fiscal Operations	\$ 44,496		
Licenses and Permits - Administration	\$ 3,997		
Penalties - Administration	\$ 1,360		
Bank Charges - Administration - Disallowed	\$ 62,837		
Background Check - Administration	\$ 5,574		
Crime Insurance - Administration - Disallowed	\$ 6,105		
Miscellaneous Expense - Administration - Disallowed	\$ 8,655		
Prior Period Expense - Administration - Disallowed	\$ 12,888		
Total Other Administrative and General	\$ 292,509	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	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 #	
National Healthcare	1,557,315	See attached	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.**

Start Date: 10/1/2017
End Date: 9/30/2018

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge
Beds	90	132	160	144	120	90	120	95	130	345	150
Bed %	1.78%	2.60%	3.16%	2.84%	2.37%	1.78%	2.37%	1.87%	2.56%	6.80%	2.96%
300001-0000-00-000-0	TROY Shared Cost										
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt. - - -	(1,943.94)	(2,742.10)	(3,324.01)	(2,991.65)	(2,493.45)	(1,943.94)	(2,493.45)	(1,973.65)	(7,167.87)	(3,116.89)
400000-0000-00-000-0	Salary-National Healthcare Management - - -	(1.81)	(2.65)	(3.21)	(2.89)	(2.41)	(1.81)	(2.41)	(1.91)	(2.61)	(6.92)
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Oper - -	17,230.93	23,620.40	28,632.84	25,769.50	21,476.78	17,230.93	21,476.78	17,000.17	23,262.74	26,845.71
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Oper - -	122.65	176.14	213.50	192.18	160.15	122.65	160.15	126.74	173.47	460.40
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Oper - -	925.43	1,370.82	1,661.73	1,495.53	1,246.47	925.43	1,246.47	986.69	1,350.09	3,583.22
401201-0000-00-000-0	SUI - NY-National Healthcare Management - - -	99.64	109.61	132.86	119.58	99.64	99.64	78.87	107.94	286.49	124.56
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - - -	513.04	687.23	833.06	749.74	624.88	513.04	624.88	494.61	676.82	1,796.39
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op - -	23,804.70	32,374.53	39,244.43	35,320.56	29,437.89	23,804.70	29,437.89	23,300.86	31,884.16	84,625.87
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op - -	(77.84)	168.85	204.88	184.32	153.83	(77.84)	153.83	121.79	166.50	441.80
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op - -	(2.29)	(2.52)	(3.05)	(2.75)	(2.29)	(2.29)	(2.29)	(1.81)	(2.48)	(6.58)
401700-0000-04-000-0	Pension-National Healthcare Managem-Fiscal Op - -	3,611.35	5,295.00	6,418.82	5,776.89	4,815.09	3,611.35	4,815.09	3,811.31	5,215.02	13,841.42
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op - -	765.51	962.82	1,166.99	1,050.39	875.37	765.51	875.37	692.88	948.16	2,516.49
402000-0000-04-000-0	Holiday Expense-National Healthcare -Fiscal Op - -	1,470.14	1,623.17	1,967.41	1,770.81	1,475.56	1,470.14	1,475.56	1,167.93	1,598.36	4,242.47
410000-0000-04-000-0	Supplies-National Healthcare Managem-Fiscal Op - -	1,113.16	1,446.66	1,753.81	1,578.28	1,315.29	1,113.16	1,315.29	1,041.26	1,424.67	3,781.51
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan - -	0.20	0.30	0.36	0.32	0.27	0.20	0.27	0.21	0.29	0.78
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep - -	18.93	26.69	32.38	29.13	24.28	18.93	24.28	19.20	26.30	69.81
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Oper - -	20.06	27.04	32.78	29.51	24.59	20.06	24.59	19.45	26.63	70.67
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op - -	3,349.05	4,263.06	5,167.60	4,650.98	3,876.11	3,349.05	3,876.11	4,198.32	11,143.22	4,845.38
432000-0000-03-000-0	Accounting Fees-National Healthcare -Administr - -	323.10	465.10	563.72	507.39	422.91	323.10	422.91	334.74	458.02	1,215.68
433000-0000-03-000-0	Legal Fees-National Healthcare Manag-Administr - -	24,519.09	33,704.09	40,856.21	36,771.08	30,647.18	24,519.09	30,647.18	24,257.98	33,193.69	88,101.52
433100-0000-03-000-0	Legal Fees - Labor-National Healthca-Administr - -	(20.11)	(29.49)	(35.75)	(32.18)	(26.82)	(20.11)	(26.82)	(21.23)	(29.05)	(77.09)
433300-0000-03-000-0	Legal Fees - Non-reimbursa-National -Administr - -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
440000-0000-03-000-0	Purch Services-National Healthcare M-Administr - -	8,110.46	10,634.36	12,890.41	11,601.74	9,669.40	8,110.46	9,669.40	7,653.29	10,473.00	27,796.95
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan - -	3,689.99	4,657.05	5,645.05	5,080.76	4,234.32	3,689.99	4,234.32	3,351.62	4,586.36	12,172.96
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep - -	550.95	707.55	857.74	771.99	643.33	550.95	643.33	509.19	696.80	1,849.61
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security - -	3.49	3.83	4.65	4.18	3.49	3.49	3.49	2.76	3.78	10.03
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance - -	18.23	25.09	30.45	27.37	22.84	18.23	22.84	18.05	24.71	65.63
441000-0000-03-000-0	Computer Expense-National Healthcare-Administr - -	9,602.89	13,073.52	15,847.76	14,263.11	11,887.53	9,602.89	11,887.53	9,409.41	12,875.56	34,173.29
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op - -	2,319.41	3,138.88	3,804.96	3,424.55	2,854.12	2,319.41	2,854.12	2,259.02	3,091.35	8,204.98
461000-0000-03-000-0	Telephone-National Healthcare Manage-Administr - -	2,817.94	3,819.97	4,630.55	4,167.56	3,473.48	2,817.94	3,473.48	2,749.31	3,762.17	9,985.33
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administr - -	1,536.11	2,072.18	2,511.95	2,260.77	1,884.24	1,536.11	1,884.24	1,491.39	2,040.77	5,416.67
462000-0000-25-000-0	Electric-National Healthcare Managem-Property - -	1,837.33	2,467.33	2,990.89	2,691.80	2,243.49	1,837.33	2,243.49	1,775.81	2,429.96	6,449.47
463000-0000-25-000-0	Gas-National Healthcare Management-Property - -	305.79	428.06	518.92	467.02	389.27	305.79	389.27	308.12	421.60	1,118.98
466000-0000-25-000-0	Water-National Healthcare Management-Property - -	132.24	179.75	217.90	196.11	163.47	132.24	163.47	129.35	177.04	469.89
471000-0000-25-000-0	Rent-National Healthcare Management-Property - -	14,794.21	19,905.81	24,129.69	21,717.14	18,100.00	14,794.21	18,100.00	14,326.56	19,604.14	52,032.82
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Op - -	820.78	1,099.95	1,333.33	1,199.88	1,000.03	820.78	1,000.03	791.68	1,083.24	2,875.08
473000-0000-25-000-0	Real Estate Taxes-National Healthcar-Fiscal Op - -	(716.91)	(780.76)	(946.34)	(851.77)	(709.74)	(716.91)	(709.74)	(561.77)	(768.82)	(2,040.66)
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op - -	582.08	940.32	1,139.91	1,025.95	855.15	582.08	855.15	676.88	926.15	2,458.10
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op - -	8,998.22	12,011.33	14,559.99	13,104.26	10,921.61	8,998.22	10,921.61	8,644.68	11,829.25	31,396.88
491000-0000-03-000-0	Dues and Subscriptions-National Hea-Administr - -	392.70	526.60	638.32	574.53	478.78	392.70	478.78	379.01	518.58	1,376.35
500000-0000-03-000-0	Licenses and Permits-National Health-Administr - -	123.38	176.67	214.25	192.80	160.69	123.38	160.69	127.18	174.03	461.97
501000-0000-03-000-0	Advertising Employment-National Hea-Administr - -	5,150.47	6,788.98	8,229.43	7,406.65	6,172.94	5,150.47	6,172.94	4,886.01	6,685.99	17,745.85
501100-0000-03-000-0	Advertising Promotional-National Hea-Administr - -	6,954.58	8,856.77	10,735.89	9,662.06	8,051.97	6,954.58	8,051.97	6,373.80	8,722.33	23,149.01
503000-0000-03-000-0	Interest-National Healthcare Managem-Administr - -	895.38	1,098.38	1,331.31	1,198.33	998.60	895.38	998.60	790.44	1,081.65	2,871.00
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration - -	757.75	1,056.89	1,281.21	1,153.05	961.02	757.75	961.02	760.70	1,040.90	2,762.72
504000-0000-03-000-0	Postage-National Healthcare Managem-Administr - -	939.48	1,285.69	1,558.48	1,402.60	1,168.99	939.48	1,168.99	925.33	1,266.22	3,360.57
509000-0000-03-000-0	Seminars-National Healthcare Managem-Administr - -	592.62	822.89	997.58	897.78	748.24	592.62	748.24	592.26	810.47	2,151.03
510000-0000-03-000-0	Liability Insurance-National Healthc-Administr - -	1,518.24	2,077.00	2,517.78	2,266.01	1,888.66	1,518.24	1,888.66	1,494.90	2,045.59	5,429.23
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administr - -	996.03	1,333.80	1,616.83	1,455.12	1,212.80	996.03	1,212.80	959.97	1,313.58	3,486.44
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administr - -	(442.70)	(430.00)	(521.18)	(469.13)	(390.86)	(442.70)	(390.86)	(309.32)	(423.38)	(1,123.82)
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administr - -	947.46	1,166.02	1,413.38	1,272.10	1,060.18	947.46	1,060.18	839.13	1,148.33	3,047.81
517000-0000-03-000-0	Wor' kmans Comp Insurance-National	278.49	306.35	371.32	334.21	278.49	278.49	278.49	220.42	301.67	800.70
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administr - -	530.80	907.18	1,099.76	989.67	825.02	530.80	825.02	653.07	893.56	2,371.43
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Administr - -	2,720.79	3,695.41	4,479.70	4,031.69	3,360.32	2,720.79	3,360.32	2,659.89	3,639.77	9,659.84
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administr - -	5,832.23	7,907.91	9,585.93	8,627.39	7,190.06	5,832.23	7,190.06	5,691.44	7,788.04	20,670.14
522000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administr - -	4,712.59	6,429.75	7,794.21	7,014.86	5,846.35	4,712.59	5,846.35	4,627.67	6,332.36	16,806.94
541000-0000-03-000-0	Misc. Expense-Nat. Mgmt.-Administration - -	777.96	1,039.12	1,259.58	1,133.63	944.89	777.96	944.89	747.81	1,023.30	2,716.08
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp - -	1,780.05	2,037.60	2,469.82	2,223.01	1,852.43	1,780.05	1,852.43	1,466.23	2,006.59	5,325.83
541001-0000-03-000-0	Political Contributions-Nat. Mgmt.-Administra - -	118.95	130.85	158.60	142.75	118.95	118.95	118.95	94.15	128.85	342.00
542000-0000-31-000-0	Corporate Tax - State-National Health-Misc. Exp - -	609.38	928.50	1,125.59	1,013.04	844.18	609.38	844.18	668.29	914.48	2,426.93
544000-0000-25-000-0	Sales Tax - Conn.-National Healthcar-Fiscal Op - -		5,023.32	6,089.14	5,480.29				3,615.61	4,947.70	13,129.66
310000-0000-00-000-0	Prior period shared costs	(1,333.06)	3,216.77	1,187.26	(2,621.81)	-1333.06	-3916.66	-3745.07	2,314.18	(2,118.67)	(400.50)
310000-0000-00-000-0	Prior period shared consulting	5,907.08	2,927.70	7,876.09	9,326.34	5907.08	8490.68	7772.04	2,460.43	8,651.34	7,383.71
Variance	196.34	215.98	261.79	235.63	196.34	196.34	196.34	155.41	212.68	564.51	245.45

TOTAL EXPENSES 437,200.21 601,924.95 731,270.49 656,693.44 541,725.02 437,200.21 541,177.97 433,571.91 593,291.76 1,557,315.44 684,131.78

Page 16 M12 Variance 437,200 0 601,926 (1) 731,271.00 (1) 656,694 (1) 541,725 0 437,199 1 541,178 (0) 433,572 (0) 593,

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

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c	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	\$ 931,158	931,158		
2.	Non-Food Supplies	\$ 91,029	91,029		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 1,022,187	1,022,187		
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.

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

Name of Facility Riverside Health Care Center, Inc.		License No. 1000c	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. \$	30,155	30,155		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$	2,342	2,342		
c. Other (<i>Specify</i>) Supplies \$23,501; Diapers \$166,057		\$	189,558	189,558		
3D. Total Laundry Expenditures (3a + b + c)		\$	222,055	222,055		
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 Riverside Health Care Center, Inc.		License No. 1000c	Report for Year Ended 9/30/2018		Page 20	of 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. \$	91,667	91,667		
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. \$	16	16		
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	91,683	91,683		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from PCA	\$	557,580	557,580		
b.	Medicine Cabinet Drugs	\$	43,645	43,645		
c.	Medical and Therapeutic Supplies	\$	414,486	414,486		
d.	Ambulance/Limousine***	\$	11,674	11,674		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	51,922	51,922		
f.	X-rays and Related Radiological Procedures***	\$	26,424	26,424		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	40,675	40,675		
i.	Recreation	\$	53,032	53,032		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	122,936	122,936		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,322,374	1,322,374		

* 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)
IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 49,735		
Purchased Services - Nursing	\$ 17,043		
Equipment Rental - Nursing	\$ 23,401		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 15,892		
Equipment Rental - Respiratory	\$ 16,865		
Total Other Resident Care	\$ 122,936	\$ -	\$ -

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

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c	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
MJ Daly	110 Mattatuck Heights, Waterbury, CT, 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC and Boiler Service	98,783			22	6A
Otis Elevator	P.O. Box 13716, Newark, NJ 07188	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Service	33,391			22	6A
Fire Protection Testing	1701 Highland Avenue, #4, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Alarm Maintenance and Monitoring	17,435			22	6A
Kone Inc.	47-36 36th Street, Long Island City, NY 11101	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	13,658			22	6A
Fire Protection Alarm, LLC	1701 Highland Avenue, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Smoke Detectors	14,898			22	6A
Lindquist Security	240 Hathaway Drive Stratford, CT 06615	<input type="radio"/>	<input checked="" type="radio"/>		Build Maintenance	12,440			22	6A
ADM Environmental	Avenue, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Removal / Recycling Services	49,331			22	6F
ADP	Philadelphia, PA 19170-0372	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	29,397			16	13
Integrated Health Systems	Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Computer Maintenance Systems	20,176			16	13
Smartlinx	333 Thornall Street, 4th Floor, Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Time & Attendance	19,510			16	13
		<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
Riverside Health Care Center, Inc.	1000c	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 287,473	287,473				
b. Heat	\$ 141,881	141,881				
c. Light & Power	\$ 530,890	530,890				
d. Water	\$ 131,685	131,685				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 104,725	104,725				
f. Other (<i>itemize</i>)	\$ 69,611	69,611				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,266,265	1,266,265				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 161,145	161,145				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 161,145	161,145				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 212,631	212,631				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 212,631	212,631				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,231,427	1,231,427				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 316,564	316,564				
c. Personal property taxes	\$ 42,744	42,744				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,964,511	1,964,511				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Ground Services - Maintenance	\$ 8,415		
Pest Control - Maintenance	\$ 5,206		
Carting - Maintenance	\$ 54,105		
Background Check - Security	\$ 96		
Short-Term Lease: Pitney Bowes	\$ 1,675		
IT Rentals	\$ 114		
Total Other Repairs and Maintenance	\$ 69,611	\$ -	\$ -

Depreciation Schedule

Name of Facility Riverside Health Care Center, Inc.			License No. 1000c			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													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			20,614,833		20,614,833	(Equity Purposes)							
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period			1,048,608		1,048,608	(Equity Purposes)							
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,969,642		1,969,642	1,166,194	SL	Various	153,941	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						104,277		104,277		SL	Various	7,204	
D-3. Subtotal													161,145
E. Total Depreciation													161,145

Riverside Health Care Center, Inc.
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2017	PC Connection PC	\$ 1,414	3	\$ 236
2/7/2017	Culinary Depot - Tray	\$ 7,886	15	\$ 263
4/28/2018	Culinary Depot - Conv Steamer	\$ 15,300	10	\$ 765
1/1/2018	Bed Full Electric	\$ 2,007	5	\$ 201
2/20/2018	Bed Full Electric 2	\$ 2,007	5	\$ 201
1/1/2018	Direct Supply-Comm Disposal	\$ 1,616	5	\$ 162
3/30/2018	Lat 7480 PC Softwar	\$ 1,435	5	\$ 143
1/1/2018	Din Rm Heat Pump	\$ 4,679	10	\$ 234
3/30/2018	Din Rm Heat Pump 2	\$ 5,641	10	\$ 282
5/9/2018	SmartCare-Disahwaser Motor	\$ 3,711	5	\$ 371
5/25/2018	Direct Supply-Foam Mattress	\$ 530	5	\$ 53
1/18/2018	Connection-PC Software	\$ 1,434	5	\$ 143
3/7/2018	Comm Disposal	\$ 1,578	5	\$ 158
1/10/2018	Defibrilator	\$ 995	5	\$ 100
4/28/2018	Cul Depot-sales tx see 1165	\$ 1,306	10	\$ 65
2/28/2018	MJ Daly-Heat Pump	\$ 4,679	10	\$ 234
4/4/2018	Daniels - UniMac	\$ 10,800	10	\$ 540
7/11/2018	McKesson-Pump Kangaroo	\$ 1,014	5	\$ 101
8/1/2018	Culinary Depot-ice Maker	\$ 2,839	5	\$ 284
5/31/2018	MJ Daly - Boiler Heater	\$ 1,595	5	\$ 160
6/30/2018	MJ Daly-Boiler R22	\$ 6,199	5	\$ 620
7/31/2018	MJ Daly-Boiler R22	\$ 1,639	5	\$ 164
7/31/2018	MJ Daly-Boiler Display Module	\$ 2,626	5	\$ 263
7/31/2018	MJ Daly-Boiler pilot/transform	\$ 1,265	5	\$ 127
7/31/2018	MJ Daly-Boiler wall unit	\$ 1,995	5	\$ 200
9/14/2018	MLK Lock-Security Camera	\$ 3,313	5	\$ 331
9/30/2018	MJ Daly- motor water tower	\$ 13,481	10	\$ 674
9/30/2018	McKesson- Scale	\$ 744	5	\$ 74
1/24/2018	McKesson-Kangaroo Pump	\$ 549	5	\$ 55
Total additions for Movable Equipment		\$ 104,277		\$ 7,204 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/6/2017	Vinyl Flooring for Rm369 Bath	\$ 1,466	10	\$ 73
11/7/2017	Vinyl Flooring Rm302 Bath	\$ 1,387	10	\$ 69
11/9/2017	(6) Door Handle Protectors	\$ 702	10	\$ 35
1/18/2018	Kone - Elevator Repair	\$ 14,213	10	\$ 711
4/2/2018	W.Reach Const-Door Replacement	\$ 14,485	10	\$ 725
3/30/2018	Kone-elev pow unit/soft start	\$ 9,069	10	\$ 454
3/28/2018	Cascade-W900 series controller	\$ 3,297	10	\$ 165
5/8/2018	Westreach-Sales tax asset 1167	\$ 920	10	\$ 46
2/13/2018	Magnum-Carpet	\$ 1,646	5	\$ 165
2/13/2018	Magnum - Carpet	\$ 5,530	5	\$ 553
3/19/2018	Kone-Elevator power unit	\$ 6,949	10	\$ 347
7/17/2018	M Bernard-Ktch	\$ 2,343	10	\$ 117
7/8/2018	Hathaway Landscape-sidewalk	\$ 1,600	10	\$ 80
6/27/2018	Fire Prot Alarms-Duct Detector	\$ 1,447	10	\$ 72
8/31/2018	MJ Daly-Ceiling	\$ 2,765	10	\$ 138
1/31/2018	MJ Daly-Pipes	\$ 2,642	10	\$ 132
9/28/2018	MJ Daly-Construction	\$ 5,322	10	\$ 266
9/28/2018	MJ Daly-Burner	\$ 2,545	10	\$ 127
9/21/2018	MJ Daly-Pipes	\$ 6,632	10	\$ 332
Total additions for Leasehold Improvement		\$ 84,960		\$ 4,607 *

Deletions:				
4/1/2000	NHCA LHI	\$ (9,496)		\$ (9,496)
4/1/2001	NHCA LHI	\$ (163)		\$ (163)
4/1/2002	NHCA LHI	\$ (527)		\$ (527)
4/1/2003	NHCA LHI	\$ (1,099)		\$ (1,099)
4/1/1999	NHCA LHI	\$ (6,519)		\$ (6,519)
Total deletions for Leasehold Improvement		\$ (17,804)		\$ (17,804)**

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Riverside Health Care Center, Inc.			1000c		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			Various	2,928,944	1,903,654	SL		225,828	
2. Disposals (attach schedule)				(17,804)	(17,804)			(17,804)	
3. Acquired during this report period (attach schedule)			Various	84,960		SL		4,607	
C-4. Subtotal									212,631
D. Total Amortization									212,631

* 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 Riverside Health Care Center, Inc.	License No. 1000c	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 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 NOT Original Owner, Date of Purchase		09/08/80		
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		345		
6. Square Footage		144,794		
7. Acquisition Cost				
a. Land		365,846		
b. Building		19,933,873		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		04/30/03		
c. Interest Rate for the Cost Year		3.75%		
d. Term of Mortgage (number of years)		34 years, 6 months		
e. Amount of Principal Borrowed		18,891,400		
f. Principal balance outstanding as of 9/30/18		14,648,666		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Riverside Health Care Center, Inc.		1000c	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. Total Building Interest Expense (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
Riverside Health Care Center, Inc.		1000c		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)				\$	9,528	9,528	
Equipment Loan Interest \$5,308; Interest Admin \$4,220							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	9,528	9,528	
14. Insurance							
a. Insurance on Property (buildings only)				\$	30,133	30,133	
b. Insurance on Automobiles				\$	7,929	7,929	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	46,800	46,800	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	227,074	227,074	
Liability Ins. \$158,080; Mortgage Ins. \$68,994							
14d. Total Insurance Expenditures (14a + b + c)				\$	311,936	311,936	
15. Total All Expenditures (A-13 thru C-14)				\$	32,825,247	32,825,247	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.				1000c	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.	10	12M	Salaries not related to Resident Care	\$ 45,714	45,714		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 154,345	154,345		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10	Occupational Therapy	\$ 922,916	922,916		
7.			Other - See attached Schedule	\$ 186,201	186,201		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1d	Accounting	\$			
10a.	15	1e	Legal	\$ 31,260	31,260		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 6,055	6,055		
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	M3	Unallowable Advertising *	\$ 60,854	60,854		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 250	250		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 653,778	653,778		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 487,483	487,483		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 2,548,856	2,548,856		

* 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	A12i4	Salary - Director Respiratory	\$ 113,234		
10	A12i4	Salary - Respiratory	\$ 41,111		
Total Other Salaries Adjustment			\$ 154,345	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B3	Pharmacist	\$ 30,168		
13	B12	Consulting Fees- Rehabilitation, Therapy and Ancillary	\$ 31,858		
13	B12	Consulting Fees - Nursing	19,102		
13	B2	Dentist	\$ 8,912		
13	B8a	Medical Director (over the limit)	\$ 87,181		
13	B6	Consulting Fees - Social Service	\$ 8,980		
Total Other Fees Adjustments			\$ 186,201	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a	Benefits on Salaries Not Related to Resident Care - Resp Therapy & Admin	\$ 54,070		
16	M13	Penalties - Administration	\$ 1,360		
16	M13	Bank Charges - Administration	\$ 62,837		
16	M13	Miscellaneous Expense - Administration	\$ 8,655		
16	M13	Crime Insurance - Administration	\$ 6,105		
16	I3	Gifts	\$ 30,093		
16	M8	Employees- disallowed dues	\$ 310		
16	M13	Consulting Fees - Marketing	\$ 60,329		
16	M9	Disallowed Dues - Chamber of Commerce	\$ 750		
16	L6	Auto Expense	\$ 4,488		
16	M13	Prior Period Expense	\$ 12,888		
15	1a1	Worker's Compensation Retro Expense	\$ 245,598		
Total Other A&G Adjustments			\$ 487,483	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.				1000c	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,548,856	2,548,856		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 557,580	557,580		
28.	20	5d	Ambulance/Limousine	\$ 11,674	11,674		
29.	20	5f	X-rays, etc	\$ 26,424	26,424		
30.	20	5h	Laboratory	\$ 40,675	40,675		
31.	20	5c	Medical Supplies	\$ 31,893	31,893		
32.	20	5e2	Oxygen (non emergency)	\$ 51,922	51,922		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 140,452	140,452		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 11,679	11,679		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 2,137	2,137		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 16,740	16,740		
Page 27 - Insurance							
40.			Mortgage Insurance	\$ 68,994	68,994		
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 10,599	10,599		
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)				\$ 3,519,625	3,519,625		

*** 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.

Riverside Health Care Center, Inc.
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	IV Therapy Supplies - Rehabilitation Therapy and Ancillary	\$ 49,735		
20	51	Equipment Rental - Nursing	\$ 23,401		
20	51	Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 15,892		
20 / 13	5a2 / B3	Disallowance on Procure Price Markups	\$ 639		
20	5i	Cable TV Expense - Resident Rooms	\$ 33,920		
20	51	Equipment Rental - Respiratory	\$ 16,865		
Total Other Ancillary Costs			\$ 140,452	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6d	Kore Balance System and Other Rehab Equipment, DVR, Mattress & TV's	\$ 11,679		
Total Excess Movable Equipment Depreciation			\$ 11,679	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Auto Lease Expense	\$ 8,811		
27	14b	Auto Insurance	\$ 7,929		
Total Other Property Adjustments			\$ 16,740	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV5	Interest Income	\$ 554		
30	IV8	Miscellaneous Other Income (Medical Records & Other)	\$ 5,825		
27	12d	Interest - Administration	\$ 4,220		
Total Other Adjustments			\$ 10,599	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Riverside Health Care Center, Inc.	1000c	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>)	\$ 42,644,496	42,644,496				
b. Medicaid Room and Board Contractual Allowance **	\$ (18,055,696)	(18,055,696)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,369,260	4,369,260				
b. Medicare Room and Board Contractual Allowance **	\$ 129,332	129,332				
4. a. Private-Pay Residents and Other	\$ 4,212,474	4,212,474				
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,298,454)	(1,298,454)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 387,932	387,932				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (386,900)	(386,900)				
c. Prescription Drugs - Non-Medicare	\$ 140,578	140,578				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (140,365)	(140,365)				
2. a. Medical Supplies - Medicare	\$ 534	534				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (534)	(534)				
c. Medical Supplies - Non-Medicare	\$ 11,293	11,293				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (11,293)	(11,293)				
3. a. Physical Therapy - Medicare	\$ 1,050,677	1,050,677				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (775,640)	(775,640)				
c. Physical Therapy - Non-Medicare	\$ 211,220	211,220				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (207,456)	(207,456)				
4. a. Speech Therapy - Medicare	\$ 288,639	288,639				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (158,337)	(158,337)				
c. Speech Therapy - Non-Medicare	\$ 48,981	48,981				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (45,837)	(45,837)				
5. a. Occupational Therapy - Medicare	\$ 1,500,025	1,500,025				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (895,098)	(895,098)				
c. Occupational Therapy - Non-Medicare	\$ 268,226	268,226				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (264,093)	(264,093)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 5,857	5,857				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 11,024	11,024				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 33,040,845	33,040,845				
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>)	\$ 554	554				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 119,284	119,284				
V. Total Other Revenue (1 thru 8)	\$ 119,838	119,838				
VI. Total All Revenue (III +V)	\$ 33,160,683	33,160,683				

* 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)
30, line II6a	Medicare Part A Contra Other	\$ (47,846)		
30, line II6a	Medicare Part A IV Therapy	\$ 10,820		
30, line II6a	Medicare Part A Laboratory	\$ 22,435		
30, line II6a	Medicare Part A X-Ray	\$ 14,591		
30, line II6a	Medicare Part A Settlement	\$ 9,292		
30, line II6a	Medicare Part B Flu / Pneumonia	\$ 5,954		
30, line II6a	Medicare Part B Prior Period	\$ (8,051)		
30, line II6a	Mgd Medicare Contra Other	\$ (23,979)		
30, line II6a	Mgd Medicare IV Therapy	\$ 3,861		
30, line II6a	Mgd Medicare Laboratory	\$ 12,614		
30, line II6a	Mgd Medicare Lglucose	\$ (1,413)		
30, line II6a	Mgd Medicare X-Ray	\$ 7,504		
30, line II6a	Mgd Medicare Flu / Pneumonia	\$ 75		
Total Other Resident Revenue - Medicare		\$ 5,857	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6b	Hospice Contra Other	\$ (14)		
30, line II6b	Hospice Laboratory	\$ 14		
30, line II6b	Medicaid Contra Other	\$ (4,252)		
30, line II6b	Medicaid IV Therapy	\$ 970		
30, line II6b	Medicaid Laboratory	\$ 2,998		
30, line II6b	Medicaid X-Ray	\$ 285		
30, line II6b	Private Glucose	\$ 1,298		
30, line II6b	Commercial Insurance Contra Other	\$ (4,360)		
30, line II6b	Commercial Insurance Laboratory	\$ 2,618		
30, line II6b	Commercial Insurance X-Ray	\$ 1,742		
30, line II6b	Patient Revenue	\$ 9,725		
Total Other Resident Revenue		\$ 11,024	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, line IV5	Interest Income		\$ 554		
Total Interest Income			\$ 554	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Miscellaneous Other Income (\$UHC \$46,750, Medical Records \$236; Other \$5,589)	\$ 52,575		
30, line IV8	Prior Period Other	\$ 3,221		
30, line IV8	Provision for Income Taxes	\$ 63,488		
Total Other Revenue		\$ 119,284	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	86,227
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,863,626
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	52,150
5. Prepaid Expenses			\$	575,220
a. Insurance	20,879			
b. Taxes (personal property, real estate, corp.)	357,594			
c. Management Fees	124,408			
d. See Schedule	72,339			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	630,033
Patient Funds	124,265			
Escrow Deposits	505,768			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,207,256
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>2,996,100</u>		\$	897,619
	Accum. Depreciation <u>2,098,481</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>2,073,919</u>		\$	746,580
	Accum. Depreciation <u>1,327,339</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,644,199

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	5,851,455
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	20,614,833		
	Accum. Depreciation	_____	Net	\$ 20,614,833
4. Non-Movable Equipment				
	*Historical Cost	1,048,608		
	Accum. Depreciation	_____	Net	\$ 1,048,608
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)			\$	21,663,441
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>)				
			\$	190,358
Name and Address	Amount	Loan Date		
Marlborough Health Care Center, Inc.	190,358	9/30/07		
7. Other Assets (<i>itemize</i>)				
Security Deposits	33,978			
Reserve for Replacement	562,019			
See Schedule	63,488			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	849,843
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	28,364,739

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.		1000c	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,335,974
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	1,263,238
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	2,171,205
Accrued Expenses		232,399	Accrued Pension	75,633	
Accrued Revenue Assessment		446,882	Due to Realty	18,543	
Accrued Accounting Fees		30,855	Due to Related - Short Te	1,185,567	
Patient Funds		124,265	See Schedule	57,061	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	6,770,417

* 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 Riverside Health Care Center, Inc.	License No. 1000c	Report for Year Ended 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			6,770,417	
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>)				\$
Due to Related - Long Term		169,698		
See Schedule				169,698
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 169,698
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,940,115

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

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	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			\$	20,614,833
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	1,048,608
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			\$	21,663,441
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	<i>(579,253)</i>
6. Gain or Loss for Period			\$	335,436
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	<i>(238,817)</i>
C. Total Reserves and Net Worth			\$	21,424,624
D. Total Liabilities, Reserves, and Net Worth			\$	28,364,739

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Riverside Health Care Center, Inc.	1000c	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(396,512)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	33,160,683
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	32,825,247
D. Net Income or Deficit			\$	335,436
E. Balance			\$	(61,076)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Tax Refund	37,460			
2. Other <i>(itemize)</i>				
Prior Period	19,799			
F-3. Total Additions			\$	57,259
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	240,000
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
Partner Drawings	Various	240,000		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	240,000
H. Balance at End of Period			\$	(243,817)

I. Preparer's/Reviewer's Certification

Name of Facility Riverside Health Care Center, Inc.	License No. 1000c	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				
Blum, Shapiro & Company, P.C.				
Address Address		Phone Number		
2 Enterprise Drive, Shelton, CT 06484		203-944-2100		
Annual Report Contact		Phone Number		
George Thomas		203-944-2100		
Annual Report Contact Email Address				
GTHOMAS@blumshapiro.com				