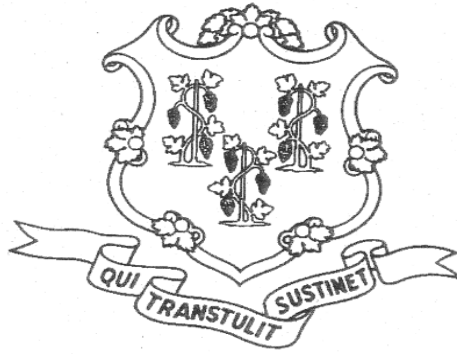


# State of Connecticut



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

Name of Facility (as licensed) Pope John Paul II Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 33 Lincoln Avenue, Danbury, CT 06810	
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 2324-C	RHNS	(Specify)	Medicare Provider 07-5354
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Medicaid Provider Numbers:	CCNH 10678	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

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### General Information

Name of Facility (as licensed) Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	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 Pope John Paul II Care and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Pasheluk, John N			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Pope John Paul II Care and Rehabilitation Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 33 Lincoln Avenue, Danbury, CT 06810				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/21/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	4,166,329	4,166,329	
5. All other wages paid	\$	736,803	736,803	
6. <b>Total Wages Paid</b>	\$	4,903,132	4,903,132	
7. Total salaries paid	\$	251,842	251,842	
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$	5,154,974	5,154,974	

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-797-9300		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Pope John Paul II Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 33 Lincoln Avenue, Danbury, CT 06810		
License Numbers:	CCNH 2324-C	RHNS (Specify)	Medicare Provider No. 07-5354	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Pasheluk, John N		Nursing Home Administrator's License No.:	001980	
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 Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	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 Pope John Paul II Care and Rehabilitation Center	Business Address 101 East State Street, Kennett Square, PA 19348	State(s) in Which Incorporated PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				





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

Name of Facility Pope John Paul II Care and Rehabilitation Center	License No. 2324-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	%**				
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	487,591	487,591
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	63%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	405,413	405,413
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1	5,647	5,647
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85%	Medical Director /NP	Pg 13/B8, Pg 10/A12	36,487	36,487
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	91%	Outside Agency	Pg 13/B11 pg 10-12, 15	22,549	22,549
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	40%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	6,977	6,977
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	265,805	265,805
Genesis Healthcare	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A	46,323	46,323
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Pope John Paul II Care and Rehabilitation Cent	License No. 2324-C	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Pope John Paul II Care and Rehabilitation Center			License No. 2324-C			Report for Year Ended 9/30/2018		Page of 6   37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>

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

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

Name of Facility Pope John Paul II Care and Rehabil	License No. 2324-C	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 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
---	---

Services Provided by This Firm (*describe fully*)

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

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 State of Connecticut Cour of Probate (Danbury) 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Probate Court for the Conservator	\$	401
2	\$	
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	401

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Legal Fees pg. 15 1-e

**Schedule of Resident Statistics**

Name of Facility Pope John Paul II Care and Rehabilitation Center		License No. 2324-C			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	141	141			141	141			141	141			
B. On last day of THIS report period	141	141			141	141			141	141			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	131	131			131	131			128	128			
B. As of midnight of THIS report period	129	129			128	128			129	129			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,388	2,388			1,570	1,570			818	818			
B. Medicaid (Conn.)	41,280	41,280			30,974	30,974			10,306	10,306			
C. Medicaid (other states)													
D. Private Pay	2,572	2,572			2,220	2,220			352	352			
E. State SSI for RCH													
F. Other (Specify)	1,086	1,086			800	800			286	286			
G. Total Care Days During Period (3A thru F)	47,326	47,326			35,564	35,564			11,762	11,762			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	10	10			2	2			8	8			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	47,336	47,336			35,566	35,566			11,770	11,770			

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

Name of Facility Pope John Paul II Care and Rehabilitation Ce			License No. 2324-C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID			
No. of Residents	10		115			4							
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	588.14		243.17			404.79							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,362	1,362			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									817	817			
C. Other									6,176	6,176			
D. <b>Total Physical Therapy Treatments</b>									8,355	8,355			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									269	269			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									163	163			
C. Other									1,093	1,093			
D. <b>Total Speech Therapy Treatments</b>									1,525	1,525			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,007	2,007			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									749	749			
C. Other									6,343	6,343			
D. <b>Total Occupational Therapy Treatments</b>									9,099	9,099			

### Report of Expenditures - Salaries & Wages

Name of Facility Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	127,839	2,078				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	207,580	9,287				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	64,598	2,055				
b. Other Maintenance Workers	46,439	2,297				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	124,003	2,152				
b. RN						
1. Direct Care	1,087,637	28,835				
2. Administrative**	88,553	2,162				
c. LPN						
1. Direct Care	1,233,333	42,104				
2. Administrative**						
d. Aides and Attendants	1,648,393	91,647				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	180,535	9,129				
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	237,650	8,041				
n. Marketing						
o. Other (Specify) See Attached Schedule	108,413	5,685				
<i>A-13. Total Salary Expenditures</i>	5,154,974	205,473				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.  
 \*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.  
 \*\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule of Other Salaries and Wages (Page 10)**

Position		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
Ward Clerks	0	\$ -	-	\$ -	-	\$ -	-
Other	0	\$ -	-	\$ -	-	\$ -	-
	0 Coordinator-Staffing Centers	\$ 30,030.26	1,455.31	\$ -	-	\$ -	-
	0 Nursing Unit Secretary	\$ 29,602.61	1,676.99	\$ -	-	\$ -	-
Central Supply	0	\$ 17,629.88	752.12	\$ -	-	\$ -	-
Medical Records	0	\$ 31,150.17	1,801.08	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
-	-	-	-	\$ -	-	\$ -	-
<b>Total</b>		\$ 108,413	\$ 5,685	\$ -	-	\$ -	-
		0	0				

**Schedule of Other Fees (Page 13)**

Service		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	\$ 752.35	n/a			\$ -	
3010620020	Purchased Services	\$ 1,380.00	n/a			\$ -	
3015620020	Purchased Services	\$ 7,699.50	n/a			\$ -	
3155620020	Purchased Services	\$ 920.45	n/a			\$ -	
-	-	-	n/a			\$ -	
-	-	-	n/a			\$ -	
-	-	-	-			\$ -	
<b>Total</b>		\$ 10,752	\$ -	\$ -	-	\$ -	-

10752



**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	
Pope John Paul II Care and Rehabilitation Center				2324-C	9/30/2018			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Pope John Paul II Care and Rehabilitation Center				2324-C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Pasheluk, John N	14,306				Management of Center	310	2			
Donna.Orefice 10/1/2017-7/11/2018	109,418				Management of Center	1,688	2			
Lathrop, Christopher George 7/11/2018-7/25/2018	4,115				Management of Center	80	2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2018	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	8,195	56				
3. Pharmacist	12,399	253				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	373,744	5,120				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,209	160				
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	38,133	489				
b. Other						
10. Occupational Therapist						
a. Resident Care	87,698	1,201				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,057	18				
2. Administrative***						
b. LPN						
1. Direct Care	87	2				
2. Administrative***						
c. Aides	21,491	880				
d. Other						
12. Other (Specify) See Attached Schedule	10,752					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>583,764</b>	<b>8,178</b>				

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

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

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



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

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 248,959	248,959		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 57,745	57,745		
4. Social Security (F.I.C.A.)	\$ 382,179	382,179		
5. Health Insurance	\$ 359,347	359,347		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 197,131	197,131		
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*	\$ 302,841	302,841		
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 400	400		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 31,395	31,395		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,433	15,433		
2. Cellular Phones	\$ 1,409	1,409		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 4,013	4,013		
3. Resident Day User Fee	\$ 929,273	929,273		
<b>Subtotal</b>	\$ 2,530,125	2,530,125		

\* 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
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,530,125	2,530,125			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,120	1,120		
5. Education Expenses Related to Seminars and Conventions	\$	1,085	1,085		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	526	526		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***	\$	15,377	15,377		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	2,519	2,519		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	11,512	11,512		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	1,963	1,963		
10. Contributions***	\$	1,850	1,850		
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	1,565	1,565		
12. Administrative Management Services**	\$	525,355	525,355		
13. Other ( <i>Specify</i> )	\$	60,100	60,100		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>3,153,098</b>	<b>3,153,098</b>		

\* 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)
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
<b>Total Other Travel and Entertainment</b>		\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description		CCNH	RHNS	(Specify)
1020630020	Advertising	\$ 2,592	\$ -	\$ -
1020630330	Marketing Expense	\$ 8,657	\$ -	\$ -
3165630330	Marketing Expense	\$ -	\$ -	\$ -
1020630331	Marketing Exp- Corporate Spend	\$ 4,127	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
<b>Total Other Advertising</b>		\$ 15,377	\$ -	\$ -

**Schedule of Dues**

Description		CCNH	RHNS	(Specify)
1020630310	Licenses and certification	\$ 11,512	\$ -	\$ -
-	-	\$ -	\$ -	\$ -



-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
<b>Total Dues</b>		\$ 11,512	\$ -	\$ -

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**Schedule of Contributions**

<b>Description</b>		<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
1020630130	Contributions	\$ -	\$ -	\$ -
1020630135	Political Contributions	\$ 1,850	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
<b>Total Contributions</b>		\$ 1,850	\$ -	\$ -

-----

**Schedule of Other Administrative and General**

<b>Description</b>		<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
1020630060	Bank Service Charges	\$ 3,025	\$ -	\$ -
1020630120	Collection Fees	\$ 20,882	self-disallowed	\$ -
1020630140	Education Expense	\$ 7	\$ -	\$ -
1020630180	Employee Physicals	\$ 13,987	\$ -	\$ -
1020630200	Employee Relations	\$ 2,734	\$ -	\$ -
1020630380	Printing	\$ 191	\$ -	\$ -
1020630610	Training Expense	\$ 648	\$ -	\$ -
1020640090	Miscellaneous	\$ (217)	\$ -	\$ -
1020660080	Rental Expense	\$ 6,479	\$ -	\$ -
1020660990	Accrued Expense Estimation	\$ (1,297)	self-disallowed	\$ -
1020720070	State Tax Annual Report Filing	\$ 840	\$ -	\$ -
5095720090	Landlord Operating Taxes	\$ 2,400	\$ -	\$ -
1020640080	Fines & Penalties	\$ 10,420	self-disallowed	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
<b>Total Other Administrative and General</b>		\$ 60,100	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Pope John Paul II Care and Rehabilitation	2324-C	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 #
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	487,591	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Healthcare , 101 East St., Kennett Square, PA 19348	46,323	Capital Interest	pg 26 12-A-1

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Pope John Paul II Care and Rehabilitation Center		2324-C	9/30/2018		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 194,282	194,282			
2.	Non-Food Supplies	\$ 28,902	28,902			
3.	Other (Specify) _____	\$ (1,111)	(1,111)			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 598,622	598,622			
c. Other (Specify) _____						
Other Books, Dues & Subscriptions		\$				
<b>2D. Total Dietary Expenditures (2a + b + c)</b>		<b>\$ 820,695</b>	<b>820,695</b>			
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 Pope John Paul II Care and Rehabilitation Center		License No. 2324-C	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. \$	5,924	5,924	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	20,171	20,171	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	206,229	206,229	
c. Other (Specify)		\$			
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	<b>232,324</b>	<b>232,324</b>	
<b>3F. Laundry Questionnaire</b>					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Pope John Paul II Care and Rehabilitation Cent		2324-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	17,530	17,530		
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. \$	309,345	309,345		
c.	Other ( <i>Specify</i> )		\$			
4D.	<b>Total Housekeeping Expenditures (4a + b + c)</b>		\$ 326,875	326,875		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	101,419	101,419		
b.	Medicine Cabinet Drugs	\$	18,399	18,399		
c.	Medical and Therapeutic Supplies	\$	90,132	90,132		
d.	Ambulance/Limousine***	\$	2,275	2,275		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	3,209	3,209		
f.	X-rays and Related Radiological Procedures***	\$	6,908	6,908		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	17,986	17,986		
i.	Recreation	\$	35,284	35,284		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	114,536	114,536		
5M.	<b>Total Resident Care Expenditures (5a - 5l)</b>		\$ 390,147	390,147		

\* 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)
3060610160	Incontinency	\$ 63,922.31	\$ -	\$ -
3080630030	Advertising-Help Wat	\$ 743.78	\$ -	\$ -
3080630140	Education Expense	\$ 15,570.16	\$ -	\$ -
3080630310	Licenses & Certificati	\$ -	\$ -	\$ -
3120630530	Supplies	\$ 2,868.18	\$ -	\$ -
3155630530	Supplies	\$ 11,722.88	\$ -	\$ -
3010630535	Office Supplies	\$ -	\$ -	\$ -
3090630535	Office Supplies	\$ -	\$ -	\$ -
3120630535	Office Supplies	\$ -	\$ -	\$ -
3165630535	Office Supplies	\$ -	\$ -	\$ -
3120660080	Rental Expense	\$ -	\$ -	\$ -
3155660080	Rental Expense	\$ 6,378.40	\$ -	\$ -
3010610300	Consolidated Billing	\$ 5,179.60	\$ -	\$ -
3170630530	Supplies	\$ 22.07	\$ -	\$ -
3225630630	Tuition Reimburseme	\$ (4,622.21)	\$ -	\$ -
3080630610	Training Expense	\$ 13,500.00	\$ -	\$ -
3080640090	Miscellaneous	\$ (845.21)	\$ -	\$ -
3165630530	Supplies	\$ 95.76	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
-	-	\$ -	\$ -	\$ -
<b>Total Other Resident Care</b>		\$ 114,536	\$ -	\$ -

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

Name of Facility Pope John Paul II Care and Rehabilitation Center			License No. 2324-C		Report for Year Ended 9/30/2018			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	206,229			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	309,345			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	594,198			18	2b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* 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
Pope John Paul II Care and Rehabilitation Cen	2324-C	9/30/2018			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	242,319	242,319			
b. Heat	\$	81,627	81,627			
c. Light & Power	\$	137,827	137,827			
d. Water	\$	53,450	53,450			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$					
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$</b>	<b>515,222</b>	<b>515,222</b>			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$	3,347	3,347			
b. Building & Building Improvements	\$	30,593	30,593			
c. Non-Movable Equipment	\$	7,137	7,137			
d. Movable Equipment	\$	27,574	27,574			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$</b>	<b>68,652</b>	<b>68,652</b>			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	2,017,220	2,017,220			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	184,000	184,000			
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$</b>	<b>2,269,872</b>	<b>2,269,872</b>			

\* 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**

<b>Account</b>	<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
<b>Total Other Repairs and Maintenance</b>		\$ -	\$ -	\$ -

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

\*\* \$ - \$ - \$ -

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

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

**Amortization Schedule\***

Name of Facility Pope John Paul II Care and Rehabilitation Center			License No. 2324-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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 Pope John Paul II Care and Rehabilitat	License No. 2324-C	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		141		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
SABRA, 101 Sun Ave. NE, Albuquerque, NM 87107	Facility Lease	11/15/10 - 6/30	127 months	2,017,220

**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
Pope John Paul II Care and Rehabilitation		2324-C	9/30/2018			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 46,323	46,323				
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 46,323	46,323				

*(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
Pope John Paul II Care and Rehabi		2324-C		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				46,323	46,323		
12. C. Movable Equipment							
1. Automotive Equipment \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify) \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$							
12. D. Other Interest Expense (Specify) \$							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b> \$				46,323	46,323		
14. Insurance							
a. Insurance on Property (buildings only) \$				7,995	7,995		
b. Insurance on Automobiles \$							
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$ 257,810	257,810			
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b> \$				265,805	265,805		
15. <b>Total All Expenditures (A-13 thru C-14)</b> \$				13,759,098	13,759,098		

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Pope John Paul II Care and Rehabilitation Center			2324-C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 25,775	25,775		
<b>Page 13 - Professional Fees</b>							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 509,574	509,574		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 302,841	302,841		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 15,377	15,377		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,850	1,850		
21.			Unallowable Management Fees	\$ 37,764	37,764		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 164,651	164,651		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,057,832	1,057,832		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0	\$ 25,774.93	\$ -	\$ -
0	0		0	\$ -	\$ -	\$ -
0	0		0	\$ -	\$ -	\$ -
0	0		0	\$ -	\$ -	\$ -
0	0		0	\$ -	\$ -	\$ -
0	0		0	\$ -	\$ -	\$ -
0	0		0	\$ -	\$ -	\$ -
<b>Total Other Salaries Adjustment</b>				\$ 25,775	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	\$ 69,634.11	\$ -	\$ -
13	5	Rehabilitation Services	3195620020	\$ 304,109.45	\$ -	\$ -
13	9	Speech Therapist	3170620020	\$ 38,132.80	\$ -	\$ -
13	10	Occupational Therapist	3105620020	\$ 87,697.79	\$ -	\$ -
13	12	Other	3010620020	\$ 1,380.00	\$ -	\$ -
13	12	Other	3015620020	\$ 7,699.50	\$ -	\$ -
13	12	Respiratory Purchased Services	3155620020	\$ 920.45	\$ -	\$ -
<b>Total Other Fees Adjustments</b>				\$ 509,574	\$ -	\$ -
				\$ -		

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
16	m-13	Collection Fees	1020630120	\$ 20,882.25	\$ -	\$ -
16	m-8a	Chamber of Commerce	1020630310	\$ -	\$ -	\$ -
16	m-13	Estimated Accrual	1020660990	\$ (1,296.52)	\$ -	\$ -
16	m-13	Fines & Penalties	1020640080	\$ 10,420.00	\$ -	\$ -
16	m-13	Non-recurring Charges	7010800030	\$ -	\$ -	\$ -
16	m-12		0	\$ -	\$ -	\$ -
15	1-a-1	adj workers comp	0	\$ 134,644.97	\$ -	\$ -
-	-		-	\$ -	\$ -	\$ -
-	-		-	\$ -	\$ -	\$ -
-	-		-	\$ -	\$ -	\$ -
-	-		-	\$ -	\$ -	\$ -
-	-		-	\$ -	\$ -	\$ -
-	-		-	\$ -	\$ -	\$ -
<b>Total Other A&amp;G Adjustments</b>				\$ 164,651	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation Center				2324-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,057,832	1,057,832		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 101,419	101,419		
28.	20	5-d	Ambulance/Limousine	\$ 2,275	2,275		
29.	20	5-f	X-rays, etc	\$ 6,908	6,908		
30.	20	5-h	Laboratory	\$ 17,986	17,986		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 3,209	3,209		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 23,281	23,281		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$ 20,849	20,849		
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 245,579	245,579		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49 Total Amount of Decrease (Items 1 - 48)</b>				\$ 1,479,337	1,479,337		

\*\*\* 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.

Pope John Paul II Care and Rehabilitation Center  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 5,179.60	3010610300	\$ -
20	5-j	Respiratory Supplies	\$ 11,722.88	3155630530	\$ -
20	5-j	Respiratory Rental	\$ 6,378.40	3155660080	\$ -
-	-	-	\$ -	\$ -	\$ -
-	-	-	\$ -	\$ -	\$ -
-	-	-	\$ -	\$ -	\$ -
-	-	-	\$ -	\$ -	\$ -
-	-	-	\$ -	\$ -	\$ -
-	-	-	\$ -	\$ -	\$ -
-	-	-	\$ -	\$ -	\$ -
<b>Total Other Ancillary Costs</b>			\$ 23,281	\$ -	\$ -
			\$ -		

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	\$ 245,579	-	-
-	-	-	\$ -	-	-
-	-	-	\$ -	-	-
-	-	-	\$ -	-	-
-	-	-	\$ -	-	-
-	-	-	\$ -	-	-
-	-	-	\$ -	-	-
-	-	-	\$ -	-	-
-	-	-	\$ -	-	-
<b>Total Other Property Adjustments</b>			\$ 245,579	\$ -	\$ -

**Other - Miscellaneous- In Direct**

Page Ref	Line Ref	Description	CCNH	RHNS	\$0.00
20	5-i	Cable TV	\$ 20,849	3005660130	allow \$3600

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

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Pope John Paul II Care and Rehabilitation	2324-C	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 16,099,403	16,099,403			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,197,742)	(6,197,742)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,123,462	1,123,462			
b. Medicare Room and Board Contractual Allowance **	\$ (251,980)	(251,980)			
4. a. Private-Pay Residents and Other	\$ 1,592,078	1,592,078			
b. Private-Pay Room and Board Contractual Allowance **	\$ (291,216)	(291,216)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 63,010	63,010			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (14,132)	(14,132)			
c. Prescription Drugs - Non-Medicare	\$ 47,181	47,181			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (12,070)	(12,070)			
2. a. Medical Supplies - Medicare	\$ 642	642			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (144)	(144)			
c. Medical Supplies - Non-Medicare	\$ 662	662			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (252)	(252)			
3. a. Physical Therapy - Medicare	\$ 300,421	300,421			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (67,381)	(67,381)			
c. Physical Therapy - Non-Medicare	\$ 144,271	144,271			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (35,982)	(35,982)			
4. a. Speech Therapy - Medicare	\$ 103,206	103,206			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (23,148)	(23,148)			
c. Speech Therapy - Non-Medicare	\$ 60,870	60,870			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (14,745)	(14,745)			
5. a. Occupational Therapy - Medicare	\$ 359,979	359,979			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (80,739)	(80,739)			
c. Occupational Therapy - Non-Medicare	\$ 159,358	159,358			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (38,959)	(38,959)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 19,727	19,727			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 258,770	258,770			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,304,550	13,304,550			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$ 6,089	6,089			
5. Interest Income ( <i>Specify</i> )	\$ 9	9			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 8,528	8,528			
8. Other ( <i>Specify</i> )	\$ 6,093	6,093			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 20,719	20,719			
<b>VI. Total All Revenue</b> (III +V)	\$ 13,325,269	13,325,269			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	4,426.76	-	0
II-6-a	Medicare Part A	Radiology Service	-	-	0
II-6-a	Medicare Part A	Outpatient Therapy Program	-	-	0
II-6-a	Medicare Part A	Laboratory	7,205.78	-	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	779.50	-	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	-	0
II-6-a	Medicare Part A	Audiology	401.39	-	0
II-6-a	Medicare Part A	Incontinency	-	-	0
II-6-a	Medicare Part A	Oxygen & Supplies	140.00	-	0
II-6-a	Medicare Part A	Physician Visit	-	-	0
II-6-a	Medicare Part A	Ambulance	801.56	-	0
II-6-a	Medicare Part A	Flu Shot	11,676.00	-	0
II-6-a	Contractuals-Medicare	X-Ray	(992.87)	-	0
II-6-a	Contractuals-Medicare	Radiology Service	-	-	0
II-6-a	Contractuals-Medicare	Outpatient Therapy Program	-	-	0
II-6-a	Contractuals-Medicare	Laboratory	(1,616.18)	-	0
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	(174.83)	-	0
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	-	0
II-6-a	Contractuals-Medicare	Audiology	(90.03)	-	0
II-6-a	Contractuals-Medicare	Incontinency	-	-	0
II-6-a	Contractuals-Medicare	Oxygen & Supplies	(31.40)	-	0
II-6-a	Contractuals-Medicare	Physician Visit	-	-	0
II-6-a	Contractuals-Medicare	Ambulance	(179.78)	-	0
II-6-a	Contractuals-Medicare	Flu Shot	(2,618.80)	-	0
<b>Total Other Resident Revenue - Medicare</b>			\$ 19,727	\$ -	\$ -
			\$ -		

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

**Related Exp**

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	1,128.14	-	-
II-6-b	Medicaid	Radiology Service	-	-	-
II-6-b	Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Medicaid	Laboratory	3,635.91	-	-
II-6-b	Medicaid	Respiratory Therapy & Supplie	1,038.17	-	-
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Medicaid	Audiology	-	-	-
II-6-b	Medicaid	Incontinency	-	-	-
II-6-b	Medicaid	Oxygen & Supplies	156.00	-	-
II-6-b	Medicaid	Physician Visit	-	-	-
II-6-b	Medicaid	Ambulance	-	-	-
II-6-b	Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals Medicaid	X-Ray	(434.30)	-	-
II-6-b	Contractuals Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Contractuals Medicaid	Laboratory	(1,399.71)	-	-
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	(399.66)	-	-
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals Medicaid	Audiology	-	-	-
II-6-b	Contractuals Medicaid	Incontinency	-	-	-
II-6-b	Contractuals Medicaid	Oxygen & Supplies	(60.05)	-	-



II-6-b	Contractuals Medicaid	Physician Visit	-	-	-
II-6-b	Contractuals Medicaid	Ambulance	-	-	-
II-6-b	Contractuals Medicaid	Flu Shot	-	-	-
II-6-b	Private and Other	X-Ray	2,099.85	-	-
II-6-b	Private and Other	Radiology Service	-	-	-
II-6-b	Private and Other	Outpatient Therapy Program	-	-	-
II-6-b	Private and Other	Laboratory	2,438.65	-	-
II-6-b	Private and Other	Respiratory Therapy & Supplie	410.00	-	-
II-6-b	Private and Other	Nursing Treatment Supplies	-	-	-
II-6-b	Private and Other	Audiology	-	-	-
II-6-b	Private and Other	Incontinency	-	-	-
II-6-b	Private and Other	Oxygen & Supplies	36.00	-	-
II-6-b	Private and Other	Physician Visit	-	-	-
II-6-b	Private and Other	Ambulance	3,107.80	-	-
II-6-b	Private and Other	Flu Shot	-	-	-
II-6-b	Private and Other	Capitation Contracts	304,122.00	-	-
II-6-b	Contractuals-Non-Medicaid	X-Ray	(384.10)	-	-
II-6-b	Contractuals-Non-Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals-Non-Medicaid	Outpatient Therapy Program	-	-	-
II-6-b	Contractuals-Non-Medicaid	Laboratory	(446.07)	-	-
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	(75.00)	-	-
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	(6.58)	-	-
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid	Ambulance	(568.47)	-	-
II-6-b	Contractuals-Non-Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(55,628.73)	-	-
<b>Total Other Resident Revenue</b>			<b>\$ 258,770</b>	<b>\$ -</b>	<b>\$ -</b>
			<b>\$ -</b>		

## Interest Income

### Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 30 line	430055	Interest On Overdue Accounts	\$ 8.71	\$ -	\$ -
-	-	-	\$ -	\$ -	\$ -
<b>Total Interest Income</b>			<b>\$ 9</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 30 line	REHAB CARE SETTLEM	-	599.99	-
Pg 30 line	Donations	-	25.93	-
Pg 30 line	Reclass to Equip Maintaince	-	\$667.13	-
Pg 30 line	GL 630610-3080 CNA CLA	-	\$3,000.00	-
Pg 30 line	Rehab Screen	-	\$1,800.00	-
Pg 30 line	-	-	\$0.00	-
Pg 30 line	-	-	\$0.00	-
Pg 30 line	-	-	\$0.00	-
Pg 30 line	-	-	\$0.00	-
Pg 30 line	-	-	\$0.00	-
Pg 30 line	-	-	\$0.00	-
Pg 30 line	-	-	\$0.00	-
<b>Total Other Revenue</b>			<b>\$ 6,093</b>	<b>\$ -</b>
			<b>\$ -</b>	

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitatio	2324-C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	7,281
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,763,306
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,382
4. Inventories			\$	28,424
5. Prepaid Expenses			\$	(1,441)
a. Prepaid Expenses				
b. #REF!		#REF!		
c. Prepaid Personal Property Tax		(309)		
d. Interest Receivable				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
Total Current Assets (Lines A1 thru 8)				
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	1,798,951
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	20,220		
	Accum. Depreciation	7,216		
	Net		\$	13,004
3. Buildings	*Historical Cost	295,018		
	Accum. Depreciation	31,697		
	Net		\$	263,321
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	144,395		
	Accum. Depreciation	80,158		
	Net		\$	64,237
6. Movable Equipment	*Historical Cost	209,552		
	Accum. Depreciation	111,881		
	Net		\$	97,671
7. Motor Vehicles	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	438,233

\* 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
Pope John Paul II Care and Rehabilitati	2324-C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	2,237,184
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	(3,620,260)
I/C Due to/Due From Owned		(3,620,260)		
I/C Due to/Due From Multicare				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	(3,620,260)
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	(1,383,075)

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

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

Name of Facility Pope John Paul II Care and Rehabilitation Center		License No. 2324-C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	384,126
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	237,222
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> )				\$	470,901
Accrued Provider/Bed Tax		227,121			
A/R Credit Gross Up Liability		152,253	Accr Exp Electricity	8,991	
Accr Gross Rec Tax-FY11 to FY18		18,840	Deferred Revenue	6,098	
Accr Exp Water and Sewer		8,902	Accr Exp Other	45,577	
Accr Exp Gas		3,119	#REF!	#REF!	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>1,092,249</b>

\* 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 Pope John Paul II Care and Rehabilitation C	License No. 2324-C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				1,092,249
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
LT Debt-Financing Obligation		467,723		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 467,723
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,559,972

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilita	2324-C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,509,217)
6. Gain or Loss for Period			\$	(433,831)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	(2,943,048)
<b>C. Total Reserves and Net Worth</b>			\$	(2,943,048)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	(1,383,076)

### H. Changes in Total Net Worth

Name of Facility Pope John Paul II Care and Rehabilitatio	License No. 2324-C	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(2,509,219)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	13,325,269
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	13,759,098
D. Net Income or Deficit			\$	(433,829)
E. Balance			\$	(2,943,048)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(2,943,048)
				09/30/18

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

Name of Facility Pope John Paul II Care and Rehabilitation	License No. 2324-C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan -Sr. Director of Reimbursement				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	