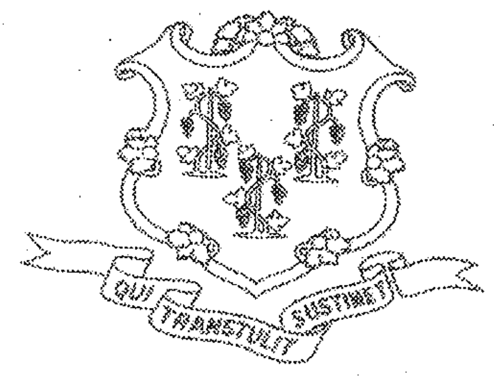
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as licensed) SecureCare Options, LLC	
Address (No. & Street, City, State, Zip Code) 60 West Street Rocky Hill CT	
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☑ Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH	RHNS	Other	Medicare Provider
	2389			07-5264

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID

For Department Use Only

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

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for SecureCare Options, LLC [facility name], for the cost report period beginning October 1, 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) Chris A. Wright	Date 2/13/19
Printed Name (Administrator) Jessica Dering			Printed Name (Owner) Chris Wright Manager	
Subscribed and Sworn to before me: Brenda Walsh	State of CT	Date 2/13/19	Signed (Notary Public) Brenda Walsh	Comm. Expires BRENDA WALSH Notary Public-Connecticut My Commission Expires February 29, 2020
Address of Notary Public 341 Bidwell St., Manchester, CT 06040				

(Notary Seal)

State of Connecticut
Annual Report of Long-Term Care Facility
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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	1	37

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Signed (Administrator)		Date	Signed (Owner)	Date
[signature]		2·1·19		
Printed Name (Administrator) Jessica Dering			Printed Name (Owner)	SANDRA M. HOLLIS NOTARY PUBLIC MY COMMISSION EXPIRES APR. 30, 2019
Subscribed and Sworn to before me:	State of CT	Date 02-01-19	Signed (Notary Public) [signature]	Comm. Expires / /
Address of Notary Public 341 BIDWELL STREET MANCHESTER, CT 06040				

(Notary Seal)

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

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility SecureCare Options, LLC	Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 60 West Street Rocky Hill CT			
Report Prepared By PKF O'Connor Davies, LLP	Phone Number 860-257-1875	Date 1/28/2019	

Item	Total	CCNH	RHNS	Other
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.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-243-9591	9/30/2018	2	37

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

License Numbers:	CCNH	RHNS	Other	Medicare Provider No.
	2389			07-5264

Type of Facility (Check appropriate box(es))

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

Type of Ownership (Check appropriate box)

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

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

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

Administrator

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

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

Name	License No.:

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	3	37

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

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

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	3A	37

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

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

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

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	3B	37

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

Owner(s) of Facility

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	4	37

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

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See attached pg 4		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					
		○	⊙					

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

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	5	37

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

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

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

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

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
   ⊙ Yes ○ No — If "No," explain fully why such allocation was not made.

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General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2018	6 / 37

Name and Address of Lessor	Related * to Owners, Operators, Officers: Yes	Related * to Owners, Operators, Officers: No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	○	⊙	Time Clocks and Payroll Punch Equip	07/01/13	60 months & automatic	2,641	2,641
Banker Leasing	○	⊙	Copier	04/01/14	Month to Month	3,795	3,795
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	○	⊙	Copier	05/01/13	36 months & automatic	4,941	4,941
Mail Finance/Neopost New England, 25881 Newtwork Place, Chicago, IL 60673	○	⊙	Postage Meter Rental	07/01/13	36 months & automatic	1,257	1,257
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
						Total ***	12,634

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ No

* 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.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	7	37

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

⊙ Accrual O Cash O Modified Cash

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

Independent Accounting Firm

	Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	PKF O'Connor, Davies LLP	100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
2		
3		
4		

Services Provided by This Firm (*describe fully*)

	Service	Amount
1	Taxes, financial statements, accounting support	$ 10,937
2		$
3		$
4		$
	Charge for Services Provided	$ 10,937

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

⊙ Yes O No 15D

Legal Services Information

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

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

1 341 Bidwell Street, Manchester CT
2 32 Main Street, Avon, CT
3 280 Trumbull St, Hartford, CT
4
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT

Services Provided by This Firm (*describe fully*)

	Service	Amount
1	Lease and contract issues, general legal advice, Labor Law	$ 1,858
2	Lease and contract issues, general legal advice, union funds advice	$ 15,360
3	Employment law, arbitrations, contract negotiations	$ 1,948
4	Employment Arbitrations, healthcare law	$ 1,653
5	Conservatorships & Collections	$ (0)
	Charge for Services Provided	$ 20,819

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

⊙ Yes O No 15E

Schedule of Resident Statistics

Name of Facility: SecureCare Options, LLC	License No.: 2389	Report for Year Ended: 9/30/2018	Page 8 of 37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	95	95			95	95			95	95		
B. On last day of THIS report period	95	95			95	95			95	95		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	75	75			75	75			84	84		
B. As of midnight of THIS report period	87	87			84	84			87	87		
3. Total Number of Days Care Provided During Period												
A. Medicare	878	878			678	678			200	200		
B. Medicaid (Conn.)	27,716	27,716			20,517	20,517			7,199	7,199		
C. Medicaid (other states)												
D. Private Pay	21	21							21	21		
E. State SSI for RCH												
F. Other (Specify) DMHAS	730	730			546	546			184	184		
G. Total Care Days During Period (3A thru F)	29,345	29,345			21,741	21,741			7,604	7,604		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. ***Total Resident Days* (3G + 4A + 4B)**	29,345	29,345			21,741	21,741			7,604	7,604		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	9	37

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

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

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	Other
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	Other	R.C.H.	ICF-MR
No. of Residents	4	82		1				
Per Diem Rate								
a. One bed rm.	457.00	443.00		607.00				
b. Two bed rms.								
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	Other
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	1,405	1,405		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,566	1,566		
2. Restorative Treatments	91	91		
C. Other	2,689	2,689		
D. ***Total Physical Therapy Treatments***	5,751	5,751		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	278	278		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	287	287		
2. Restorative Treatments	13	13		
C. Other	438	438		
D. ***Total Speech Therapy Treatments***	1,016	1,016		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	670	670		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,565	1,565		
2. Restorative Treatments	35	35		
C. Other	2,597	2,597		
D. ***Total Occupational Therapy Treatments***	4,867	4,867		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	10	37

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

Item	CCNH	Hours	RHNS	Hours	Other	Hours
	Total Cost and Hours					
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	157,245	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	260,903	8,264				
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	78,287	2,109				
b. Other Maintenance Workers	68,339	1,808				
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	339,802	6,136				
b. RN						
1. Direct Care	534,365	12,331				
2. Administrative**	543,670	12,747				
c. LPN						
1. Direct Care	1,063,640	33,262				
2. Administrative**						
d. Aides and Attendants	1,926,544	99,140				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists	462	11				
h. Recreation Workers	279,025	10,731				
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	621,310	20,225				
n. Marketing						
o. Other (Specify) See Attached Schedule	45,009	1,616				
A-13. Total Salary Expenditures	5,918,600	210,467				

* 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		Other	
	$	Hours	$	Hours	$	Hours
UNIT SECRETARIES SALARIES	$ 648	43				
	$ -	-				
CENTRAL SUPPLY SALARIES	$ 44,361	1,573				
	$ -	-				
Total	$ 45,009	1,616	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	$	Hours	$	Hours	$	Hours
MEDICAL RECORDS CONTRACT SERVICE	$ 80	(32)				
ADMISSIONS C/S LABOR	$ 30,232	663				
CENTRAL SUPPLY CONTRACT SERVICE	$ (8,708)	(259)				
SOCIAL SERVICE C/S I/C	$ (22,030)	(458)				
RESPIRATORY THERAPY CONTRACT SERVICES	$ 725	16				
NURSING C/S I/C	$ (137,103)	(3,197)				
Total	$ (136,805)	(3,266)	$ -	-	$ -	-

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

Name of Facility				License No.		Report for Year Ended			Page	of
SecureCare Options, LLC				2389		9/30/2018			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	Other							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	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	Other							
Section III - Administrators* **										
Jessica Dering	157,245			same as employees less union funds	Administrator	2,086	A2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
** Include **all** other employment worked during the cost year.
*** If more than one Administrator is reported, include dates of employment for each.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page 13 of 37
SecureCare Options, LLC	2389	9/30/2018	

Item	CCNH	Hours	RHNS	Hours	DMHAS	Hours
	Total Cost and Hours					
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	15,737	185				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	52,969	339			123,689	793
b. Other						
6. Social Worker	30,515	418				
7. Recreation Worker	22,723	35				
8. Physicians						
a. Medical Director (entire facility)	80,400	232				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	38,526	154				
9. Speech Therapist						
a. Resident Care	52,969	225			17,536	75
b. Other						
10. Occupational Therapist						
a. Resident Care					112,541	860
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	44,464	626				
2. Administrative***						
b. LPN						
1. Direct Care	34,631	740				
2. Administrative***						
c. Aides	1,883	54				
d. Other						
12. Other (Specify) See Attached Schedule	(136,805)	(3,266)				
B-13 Total Fees Paid in Lieu of Salaries	238,012	(259)			253,766	1,728

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Omnicare/ Pharm Scripts	Pharmacy Consulting	⊙	○	
Tocuhpoints Therapy	Therapy	⊙	○	Common Ownership
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver Springs, Westside Care Centers, iCare Health and iCAre Management, SecureCare Options, Home Care	Shared Employees	⊙	○	Common Ownership
Healthdrive Physician Services	Audiology, Dental and Podiatry	○	⊙	
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	○	⊙	
Starling Physicians	Medical Director	○	⊙	
Various patient entertainment activities	Recreation	○	⊙	
Marketplace Chaplins	Pastoral Care SW	○	⊙	
CT Rehabilitation Spasticity Care	Physician services	○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	15	37

Item		Total	CCNH	RHNS	Other
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	198,696	198,696		
2. Disability Insurance	$				
3. Unemployment Insurance	$				
4. Social Security (F.I.C.A.)	$	499,074	499,074		
5. Health Insurance	$	800,693	800,693		
6. Life Insurance (employees only) (not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$	181,702	181,702		
8. Uniform Allowance	$				
9. Other (*Specify*) See Attached Schedule	$	20,849	20,849		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	(10)	(10)		
d. Accounting and Auditing	$	10,937	10,937		
e. Legal (*Services should be fully described on Page 7)*	$	20,819	20,819		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	58,440	58,440		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	39,585	39,585		
2. Cellular Phones	$	2,332	2,332		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$	598,171	598,171		
Subtotal	$	2,431,287	2,431,287		

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

(Carry Subtotals forward to next page)

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

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Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
UNION TRAINING	$ 20,849		
Total	$ 20,849	$ -	$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Other
	$ -		$ -
Total	$ -	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	16	37

Item		Total	CCNH	RHNS	Other
Subtotals Brought Forward:		2,431,287	2,431,287		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	2,718	2,718		
3. Gifts to Staff and Residents	$	3,952	3,952		
4. Employee Travel	$	8,241	8,241		
5. Education Expenses Related to Seminars and Conventions	$	8,654	8,654		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*) See Attached Schedule	$	1,222	1,222		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	28,685	28,685		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)*** See Attached Schedule	$	5,921	5,921		
4. Fund-Raising***	$				
5. Medical Records	$	486	486		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	3,371	3,371		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	4,482	4,482		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$				
10. Contributions*** See Attached Schedule	$	300	300		
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	158,665	158,665		
12. Administrative Management Services**	$	372,143	372,143		
13. Other (*Specify*) See Attached Schedule	$	22,019	22,019		
C-14 Total Administrative & General Expenditures	$	3,052,147	3,052,147		

* 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	Other
MEALS	$ 1,222		
Total Other Travel and Entertainment	$ 1,222	$ -	$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
COMMUNICATIONS SPECIAL EVENTS	$ 5,921		
Total Other Advertising	$ 5,921	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	Other
CAHCF Dues	$ 4,322		
OTHER DUES	$ 160		
Total Dues	$ 4,482	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
CONTRIBUTIONS	$ 300		
Total Contributions	$ 300	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
	$ -		
	$ -		
EMPLOYEE RELATIONS	$ 3,022		
EMPLOYEE RELATIONS-OTHER	$ 1,674		
PERMITS & LICENSES	$ 770		
	$ -		
BANK FEES	$ 1,061		
ADMIN. C/S INTER FAC	$ (39,897)		
ADMIN. C/S LABOR	$ 54,827		
LATE FEES	$ 562		
	$ -		
Total Other Administrative and General	$ 22,019	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility SecureCare Options, LLC	License No. 2389	Report for Year Ended 9/30/2018	Page 17 of 37
Name & Address of Individual or Company Supplying Service	**Cost of Management Service**	**Full Description of Mgmt. Service Provided**	**Indicate Where Costs are Included in Annual Report Page #/Line #**
iCare Management, LLC/iCare Health Management, LLC	372,143	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	92,781	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	12,792	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2018	18 | 37

Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	27,255	27,255		
2. Non-Food Supplies	$				
3. Other (*Specify*) SUPPLIES, MINOR EQUIP, MAINT.	$	22,332	22,332		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	1,187,063	1,187,063		
c. Other (*Specify*)	$				
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	1,236,650	1,236,650		

2F. Dietary Questionnaire	Total	CCNH	RHNS	Other
G. Resident Meals: Total no. of meals served per day:*	241	241		

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

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

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2018	19 | 37

Item		Total	CCNH	RHNS	Other
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. $	83	83		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $				
b. Purchased Services *(by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	260,454	260,454		
c. Other *(Specify)* LAUNDRY MINOR EQUIPMENT	$				
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	260,538	260,538		

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

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

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	20	37

Item			Total	CCNH	RHNS	Other
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	49,398	49,398		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	227,224	227,224		
C. Other (*Specify*) HOUSEKEEPING MINOR EQUIPMENT		$				
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	276,622	276,622		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from OMNICARE PHARMACY		$	54,580	54,580		
b. Medicine Cabinet Drugs		$	14,730	14,730		
c. Medical and Therapeutic Supplies		$	116,251	116,251		
d. Ambulance/Limousine***		$				
e. Oxygen						
1. For Emergency Use		$	3,986	3,986		
2. Other***		$				
f. X-rays and Related Radiological Procedures***		$	3,967	3,967		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	10,103	10,103		
i. Recreation		$	17,956	17,956		
j. Direct Management Services*		$	92,781	92,781		
k. Indirect Management Services*		$	12,792	12,792		
l. Other (Specify)**** See Attached Schedule		$	116,198	116,198		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	443,343	443,343		

* 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.

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Schedule of Other Resident Care

Description	CCNH	RHNS	Other
NURSING ADMIN SUPPLIES	$ 1,126		
NURSING MINOR EQUIP	$ 9,513		
NON-COVERED PPS DR. VISITS (see pg 29)	$ 14,546		
CENTRAL SUPPLY MINOR EQUIPMENT	$ 7,041		
CENTRAL SUPPLY REPAIRS MAINTENANCE	$ 18		
BILLABLE MEDICAL SUPPLIES	$ 13,504		
VACCINE RESIDENTS	$ 4,749		
PATIENT SPECIAL NEEDS	$ 15,811		
	$ -		
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	$ 21,207		
	$ -		
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	$ 5,319		
PEN THERAPY FOOD NOT BILLABLE TO PART B	$ 9,003		
	$ -		
IV THERAPY SUPPLIES	$ 3,513		
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	$ 10,712		
SOCIAL SERVICE SUPPLIES	$ 137		
Total Other Resident Care	$ 116,198	$ -	$ -

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

Name of Facility: SecureCare Options, LLC				License No. 2389	Report for Year Ended 9/30/2018				Page 21 of 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	Other	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	○	⊙	VENDOR	Housekeeping Services	227,224			20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	○	⊙	VENDOR	Laundry Services	260,454			19	3b
Eagle Elevator		○	⊙	VENDOR	Elevator Contract	1,009			22	6F
Bioserve, Inc.		○	⊙	VENDOR	Medical Waste	1,154			22	6F
Plummer All Season Landscaping		○	⊙	VENDOR	Snow Removal/Landscaping	22,113			22	6F
All West Inc		○	⊙	VENDOR	Trash removal	14,995			22	6F
American HealthTech		○	⊙	VENDOR	Software Maintenance Contract	8,712			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	○	⊙	VENDOR	Payroll Services	41,106			16	M11
National Datacare Corp		○	⊙	VENDOR	Resident Trust Software	2,613			16	M11
Prime Care Technologuy services		○	⊙	VENDOR	Computer Consulting Services	52,574			16	M11
Priotiry Express		○	⊙	VENDOR	Courier Services	2,134			16	M11
		⊙	○	VENDOR						
US Security Inc		○	⊙	VENDOR	Security Contract Services	284,655			22	6F
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	○	⊙	VENDOR	Dietary	1,187,063			18	2b

* 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
SecureCare Options, LLC	2389	9/30/2018	22 | 37

Item		Total	CCNH	RHNS	Other
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	42,935	42,935		
b. Heat	$	30,114	30,114		
c. Light & Power	$	80,627	80,627		
d. Water	$	48,217	48,217		
e. Equipment Lease (*Provide detail on page 6*)	$	12,634	12,634		
f. Other (*itemize*)	$	360,128	360,128		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	574,655	574,655		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$				
c. Non-Movable Equipment	$				
d. Movable Equipment	$	66,870	66,870		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	66,870	66,870		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$	100,886	100,886		
b. Mortgage Expense	$				
c. Leasehold Improvements	$	47,760	47,760		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	148,646	148,646		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	351,645	351,645		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	187,790	187,790		
c. Personal property taxes	$	8,854	8,854		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	763,805	763,805		

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

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Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Other
			$ -
PLANT CONTRACT SERVICE LABOR	$ (415)		$ -
ELEVATOR CONTRACT SERVICE	$ 1,009		$ -
FIRE/SPRINKLER CONTRACT SERVICE	$ 15,827		$ -
LANDSCAPING CONTRACT SERVICE	$ 13,238		$ -
SNOW REMOVAL CONTRACT SERVICE	$ 8,875		$ -
TRASH REMOVAL CONTRACT SERVICE	$ 15,139		$ -
SECURITY CONTRACT SERVICE DMHAS	$ 119,043		$ -
SECURITY CONTRACT SERVICE DSS	$ 165,612		$ -
PLANT CONTRACT SERVICE OTHER	$ 13,684		$ -
MEDICAL WASTE CONTRACT SERVICE	$ 1,154		$ -
	$ -		$ -
RENT EQUIPMENT	$ 6,962		$ -
	$ -		$ -
Total Other Repairs and Maintenance	$ 360,128	$ -	$ -

Depreciation Schedule

Name of Facility SecureCare Options, LLC	License No. 2389	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								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. **Non-Movable Equipment**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					584,656		584,656	313,215			64,876	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					27,016						1,994	
D-3. Subtotal												66,870
E. ***Total Depreciation***												66,870

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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:				
10/30/2017	Mobile Chart Rack: Direct Supply	$ 3,999	60	$ 733
4/16/2018	Ice-Cuber: Direct Supply	$ 3,612	120	$ 150
4/25/2018	Mattress: Direct Supply	$ 4,214	60	$ 351
6/14/2018	BEDS: Medline	$ 15,192	60	$ 760
Total additions for Movable Equipment		$ 27,016		$ 1,994 *
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:				
6/8/2018	Repair AC: Saucier Mechanical	$ 4,195	180	$ 70
Total additions for Leasehold Improvement		$ 4,195		$ 70 *
Deletions:				
Total deletions for Leasehold Improvement		$ -		$ - **

*Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility SecureCare Options, LLC			License No. 2389		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							
A. **Organization Expense**									
1. Organization Expense - Start-up Co			5	870,024	765,093			104,931	
2. Organization Expense - Start-up Co			5	4,271	3,772			499	
3. Organization Expense - Start-up Co				(9,555)	(5,011)			(4,544)	
A-4. Subtotal									100,886
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period				516,073	243,449			47,690	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				4,195				70	
C-4. Subtotal									47,760
D. ***Total Amortization***									148,646

* 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	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⊙ No — If "Yes," complete Part B. If "No," complete Part C.

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

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	11/13/12
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	95
6. Square Footage	60,838
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed HUD			
b. Date Mortgage Obtained	05/30/13			
c. Interest Rate for the Cost Year	3.25%			
d. Term of Mortgage (number of years)	24			
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of ______				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2018	26 | 37

Item		Total	CCNH	RHNS	Other
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)

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

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2018	27 | 37

Item				Total	CCNH	RHNS	Other
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*) INTEREST Related Party			$	387	387		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D)			$	387	387		
14. Insurance a. Insurance on Property (buildings only)			$	15,978	15,978		
b. Insurance on Automobiles			$				
c. Insurance other than Property (as specified above) 1. Umbrella (*Blanket Coverage*)			$	67,702	67,702		
2. Fire and Extended Coverage			$				
3. Other (*Specify*) Other insurance, crime			$	5,541	5,541		
14d. ***Total Insurance Expenditures (14a + b + c)***			$	89,221	89,221		
15. ***Total All Expenditures (A-13 thru C-14)***			$	13,107,744	12,853,978		253,766

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2018	28 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages								
1.			Outpatient Service Costs	$				
2.			Salaries not related to Resident Care	$				
3.			Occupational Therapy	$				
4.			Other - See attached Schedule	$				
Page 13 - Professional Fees								
5.			Resident Care Physicians **	$				
6.			Occupational Therapy	$				
7.			Other - See attached Schedule	$				
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	$				
9.			Bad Debts	$				
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	m3	Unallowable Advertising *	$	5,921	5,921		
19.			Income Tax / Corporate Business Tax	$				
20.			Fund Raising / Contributions	$				
21.			Unallowable Management Fees	$				
22.			Barber and Beauty	$				
23.			Other - See attached Schedule	$	19,223	19,223		
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)	$	25,144	25,144		

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Fees Adjustments			$ -	$ -	$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
			$ -		$ -
16a		LATE FEES	$ 562		$ -
		Provider Use Fees for Medicare Days	$ 18,661		
					$ -
Total Other A&G Adjustments			$ 19,223	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	29	37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	Other
			Subtotals Brought Forward	$	25,144	25,144		
Page 20 - Resident Care Supplies*								
27.			Prescription Drugs	$				
28.			Ambulance/Limousine	$				
29.			X-rays, etc	$				
30.			Laboratory	$				
31.			Medical Supplies	$				
32.			Oxygen (non emergency)	$				
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	14,546	14,546		
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	$				
36.			Depreciation on Unallowable Motor Vehicles	$				
37.			Unallowable Property and Real Estate Taxes	$				
38.			Rental of Building Space or Rooms	$				
39.			Other - See Attached Schedule	$				
Page 27 - Insurance								
40.			Mortgage Insurance	$				
41.			Property Insurance	$				
Other - Miscellaneous								
42.			Other - Indirect	$				
43.			Interest Income on Account Rec.	$				
44.			Other - Miscellaneous Administrative	$				
45.			Management Fees Direct	$				
46.			Management Fees Indirect	$				
47.			Other - Direct	$				
Not For Profit Providers Only								
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	$				
49.			***Total Amount of Decrease (Items 1 - 48)***	$	39,690	39,690		

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

Attachment Page 29

SecureCare Options, LLC
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	5J	Non -covered PPS DR. Visits	14,546.00		
Total Other Ancillary Costs			$ 14,546	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			$ -	$ -	$ -

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
			$ -		
Total Other Adjustments			$ -	$ -	$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			$ -	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2018	30 | 37

Item		Total	CCNH	RHNS	Other
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	12,126,160	12,126,160		
b. Medicaid Room and Board Contractual Allowance **	$				
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	384,597	384,597		
b. Medicare Room and Board Contractual Allowance **	$				
4. a. Private-Pay Residents and Other	$	1,176,954	1,176,954		
b. Private-Pay Room and Board Contractual Allowance **	$	(695,148)	(695,148)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	24,423	24,423		
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$	63,640	63,640		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$				
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	450	450		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	83,060	83,060		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	68,564	68,564		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	33,719	33,719		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	29,519	29,519		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	56,156	56,156		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$	70,886	70,886		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	(115,682)	(115,682)		
b. Other *(Specify)* - Non-Medicare	$	(164,024)	(164,024)		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	13,143,273	13,143,273		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$				
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	194,368	194,368		
V. Total Other Revenue (1 thru 8)	$	194,368	194,368		
VI. Total All Revenue (III +V)	$	13,337,642	13,337,642		

* *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	Other
	Lab Medicare	$ 4,341		
		$ -		
	Oxygen Medicare	$ 36		
		$ -		
	Equipment rental	$ 295		
		$ -		
		$ -		
	Medicare Ancillay C/A	$ (122,966)		
	Radiology Medicare	$ 2,612		
		$ -		
		$ -		
		$ -		
		$ -		
		$ -		
		$ -		
		$ -		
		$ -		
		$ -		
Total Other Resident Revenue - Medicare		$ (115,682)	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Lab	2,908.35		
	Oxygen	$ 439		
	Equipment rental	$ 9,996		
		$ -		
	Radiology	$ 1,590		
		$ -		
	Medical Transportation	$ 1,814		
	IV therapy	$ 535		
	Prior Period Payor Change	$ 13,903		
	DHMAS Ancillary Reveneu	$ 15,063		
	Medicaid Ancillary C/A	$ (200,154)		
	DHMAS C/A	$ (10,118)		
		$ -		
Total Other Resident Revenue		$ (164,024)	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
			$ -		
Total Interest Income			$ -	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	Prior Period Rate Adjustments	$ 75,000		
	DHMAS ORGANIZATIONAL REVENUE	$ 119,368		
		$ -		
		$ -		
		$ -		
		$ -		
		$ -		
Total Other Revenue		$ 194,368	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	31	37

Account			Amount
Assets			
A. Current Assets			
1. Cash (*on hand and in banks*)			$ 1,814,191
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			$ 1,374,788
3. Other Accounts Receivable (Excluding Owners or Related Parties)			$
4 Inventories			$ 8,896
5. Prepaid Expenses			$ 200,732
a. Prepaid Insurance		146,394	
b. Prepaid Property Taxes		50,699	
c. Prepaid Expenses Other		3,638	
d. See Schedule			
6. Interest Receivable			$
7. Medicare Final Settlement Receivable			$
8. Other Current Assets (*itemize*)			$ (2,202,007)
Due From (to) Related Parties		146,516	
Other Owners reserves		(2,348,522)	
See Schedule			
A-9. ***Total Current Assets*** (Lines A1 thru 8)			$ 1,196,600
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 Accum. Depreciation	520,269 291,208 Net	$ 229,061
5. Non-Movable Equipment	*Historical Cost Accum. Depreciation	Net	$
6. Movable Equipment	*Historical Cost Accum. Depreciation	611,673 380,085 Net	$ 231,587
7. Motor Vehicles	*Historical Cost Accum. Depreciation	Net	$
8. Minor Equipment-Not Depreciable			$
9. Other Fixed Assets (*itemize*)			$ (113,495)
Construction in Progress		(113,495)	
See Schedule			
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)			$ 347,153

* 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
SecureCare Options, LLC	2389	9/30/2018	32	37

Account				Amount
			Total Brought Forward:	$ 1,543,753
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost			
	Accum. Depreciation		Net	$
3. Buildings	*Historical Cost			
	Accum. Depreciation		Net	$
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost	864,740		
	Accum. Depreciation	864,740	Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$ 30,733
Patient Trust Funds		30,733		
Long Term Deposit - primecare				
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 30,733
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 1,574,486

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2018	33 | 37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 385,926
2. Notes Payable (*itemize*)				$
Working Capital Line of Credit				
See Schedule				
3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 193,716
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$
7. Medicare Final Settlement Payable				$
8. Medicare Current Financing Payable				$
9. Mortgage Payable (*Current Portion*)				$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
11. Accrued Income Taxes*				$
12. Other Current Liabilities (*itemize*)				$ 866,465
Related Party Payables		60,256		
Accrued Expenses		540,245		
Accrued Resident User Fees		155,384		
Accrued Workers Comp Expense		110,581	See Schedule	
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 1,446,107

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
SecureCare Options, LLC	2389	9/30/2018	34 of 37

Account	Amount
Total Brought Forward:	1,446,107
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

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

Name and Address of Lender	Amount	Loan Date

Account		Amount
4. Other Long-Term Liabilities (*itemize*)		$ 30,733
Patient Trust Funds	30,733	
See Schedule		
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 30,733
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 1,476,840

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

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	35	37

Account					Amount
A.	**Reserves**				
	1. Reserve for value of leased land				$
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				$
	3. Reserve for depreciation value of leased personal property *(Equity)*				$
	4. Reserve for leasehold real properties on which fair rental value is based				$
	5. Reserve for funds set aside as donor restricted				$
	6. Total Reserves				$
B.	**Net Worth**				
	1. Owner's Capital				$ 5,000
	2. Capital Stock				$
	3. Paid-in Surplus				$
	4. Treasury Stock				$
	5. Cumulated Earnings				$ (137,252)
	6. Gain or Loss for Period	10/1/2017	thru	9/30/2018	$ 229,899
	7. Total Net Worth				$ 97,647
C.	***Total Reserves and Net Worth***				$ 97,647
D.	***Total Liabilities, Reserves, and Net Worth***				$ 1,574,487

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	36	37

	Account		Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2017		$
B.	Total Revenue (*From Statement of Revenue Page 30*)		$ 13,337,642
C.	Total Expenditures (*From Statement of Expenditures Page 27*)		$ 13,107,744
D.	Net Income or Deficit		$ 229,898
E.	Balance		$ 229,898
F.	Additions		
	1. Additional Capital Contributed (*itemize*)		
	rounding	1	
	2. Other (*itemize*)		
F-3.	Total Additions		$ 1
G.	Deductions		
	1. Drawings of Owners/Operators/Partners (*Specify*)		$

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

	Account	Amount
	2. Other Withdrawings *(Specify)*	$

Purpose	Amount

	Account		Amount
	3. Total Deductions		$
H.	***Balance at End of Period***	09/30/18	$ 229,899

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
SecureCare Options, LLC	2389	9/30/2018	37	37

Check appropriate category

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

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed

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