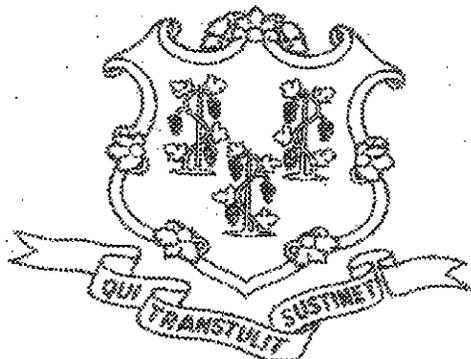


State of Connecticut



15-12

Annual Report of Long-Term Care Facility Cost Year 2015

RECEIVED

DEC 31 2015

DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

Name of Facility (as licensed) 1145 Poquonock Road Operations LLC ,d/b/a Groton center	
Address (No. & Street, City, State, Zip Code) 1145 Poquonock Road, Groton, CT 06340	
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 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2374	RHNS	(Specify)	Medicare Provider 07-5270
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Medicaid Provider Numbers:	CCNH 000020355	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton	2374	9/30/2015	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 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 1145 Poquonnock Road Operations LLC ,d/b/a Groton center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) Diane Thomas			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		11/13/2015
Subscribed and Sworn to before me:	State of PA	Date 11/13/15	Signed (Notary Public)		Comm. Expires / /
Address of Notary Public			<p style="text-align: center;">COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL OLUSEGUN A. OMOLAJA, Notary Public Upper Darby Twp., Delaware County My Commission Expires May 28, 2017</p>		

(Notary Seal)

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General Information

Name of Facility (as licensed) 1145 Poquonnock Road Operations LLC ,d/b/a Groton	License No. 2374	Report for Year Ended 9/30/2015	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 1145 Poquonnock Road Operations LLC ,d/b/a Groton center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) Diane Thomas			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 1145 Poquonnock Road, Groton, CT 06340				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/20/2015	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 657,854	480,233		177,621
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 4,511,954	4,089,504		422,450
5. All other wages paid	\$ 682,259	477,117		205,142
6. Total Wages Paid	\$ 5,852,067	5,046,854		805,213
7. Total salaries paid	\$ 336,450	294,386		42,064
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 6,188,517	5,341,240		847,277

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-446-9960		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) 1145 Poquonnock Road Operations LLC ,d/b/a Groton center		Address (No. & Street, City, State, Zip) 1145 Poquonnock Road, Groton, CT 06340		
License Numbers:	CCNH 2374	RHNS (Specify)	Medicare Provider No. 07-5270	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Diane Thomas		Nursing Home Administrator's License No.:	1616	
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 1145 Poquonnock Road Operations LLC ,d/b/	License No. 2374	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
1145 Poquonnock Road Operations LLC ,d/b/a Groton center	101 East State Street, Kennett Square, PA 19348	PA		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
See Attached				

**General Information and Questionnaire
 Related Parties***

Name of Facility 1145 Poquonnock Road Operations LLC, d/b/a Groton	License No. 2374	Report for Year Ended 9/30/2015	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 Health Ventures	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Home Office	Pg 16/m12	780,344	780,344
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	1,161,774	1,161,774
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	55% Staffing Pool	Pg 10/A12		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	85% Case Management	Pg 13/B8, Pg 10/A12	78,120	78,120
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Staffing Pool	Pg 13/B11 a,b,c		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	43% Respiratory Therapy	Pg 13/B12, Pg 20/C5E	102,057	102,057
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Insurance	Pg 27/14	257,849	257,849
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Capital Interest	Pg 17 and Pg26-12a1	72,240	72,240

* 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 1145 Poquonnock Road Operations LLC ,d/b/a	License No. 2374	Report for Year Ended 9/30/2015	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
Accounting Basis

Name of Facility 1145 Poquonnock Road Operation	License No. 2374	Report for Year Ended 9/30/2015	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 - Court of Probate 2 Bloom & Witkin 3 4 5	Telephone Number 617-456-0500
--	----------------------------------

Address (<i>No. & Street, City, State, Zip Code</i>) 1 45 Fort Hill Road Groton, CT 06340 2 175 Federal Street Boston, MA 02110 3 4 5
--

Services Provided by This Firm (*describe fully*)

1 Conservatorship & Marshall fees	\$	450
2 Real Estate Tax Abatement-reduced the assessment values of Real Estate Tax	\$	
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	450

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 (Cont'd)

Name of Facility 1145 Poquonnock Road Operations LLC ,d/b	License No. 2374	Report for Year Ended 9/30/2015	Page 9	of 37
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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	(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	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID
No. of Residents	14		109		19			47	
Per Diem Rate									
a. One bed rm.					332.00		122.00		
b. Two bed rms.	487.49		202.65		317.61		115.00	94.00	
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,822	3,822		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	823	823		
C. Other	21,253	21,253		
D. Total Physical Therapy Treatments	25,898	25,898		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	934	934		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	87	87		
C. Other	4,837	4,837		
D. Total Speech Therapy Treatments	5,858	5,858		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,784	2,784		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	808	808		
C. Other	21,232	21,232		
D. Total Occupational Therapy Treatments	24,824	24,824		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
1145 Poquonnock Road Operations LLC ,d/b/a Groton center	2374	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	83,570	1,523			30,909	563
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	30,159	842			11,155	311
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	158,159	7,621			58,497	2,819
5. Dietary Service						
a. Head Dietitian	19,931	508			7,372	188
b. Food Service Supervisor	50,094	1,654			18,528	612
c. Dietary Workers	410,208	28,646			151,721	10,595
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	22,434	920			17,627	723
b. Other Maintenance Workers	46,519	2,684			36,551	2,108
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	180,657	4,008				
b. RN						
1. Direct Care	944,370	26,869				
2. Administrative**	160,990	4,452				
c. LPN						
1. Direct Care	1,130,527	38,749			82,311	2,928
2. Administrative**						
d. Aides and Attendants	1,809,980	120,099			324,000	20,383
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	109,134	6,101			40,365	2,257
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	140,870	5,921			52,103	2,190
n. Marketing						
o. Other (Specify)						
See Attached Schedule	43,636	2,347			16,139	868
A-13. Total Salary Expenditures	5,341,240	252,944			847,277	46,546

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

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

Name of Facility		License No.		Report for Year Ended		Page	of		
1145 Poquonnock Road Operations LLC ,d/b/a Groton center		2374		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of		
1145 Poquonnock Road Operations LLC, d/b/a Groton center		2374		9/30/2015		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	RENS (Specify)							
Section III - Administrators***									
Diane Thomas	83,570	30,909		Management of Center	2,086	2			
Section IV - Assistant Administrators									
Patrick Townsend	30,159	11,155		Management of Center	1,153	3			

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
1145 Poquonnock Road Operations LLC ,d/b/a Grot	2374	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	865	23				
2. Dentist	17,655	121				
3. Pharmacist	13,187	269				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,001,590	13,720				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	105,720	559				
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	66,018	846				
b. Other						
10. Occupational Therapist						
a. Resident Care	96,667	1,324				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	53,629					
B-13 Total Fees Paid in Lieu of Salaries	1,355,331	16,864				

* 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
1145 Poquonnock Road Operations LLC ,d/b/a G	2374	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 289,483	248,955		40,528
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 147,540	126,884		20,656
4. Social Security (F.I.C.A.)	\$ 450,497	387,427		63,070
5. Health Insurance	\$ 625,738	538,135		87,603
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
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*	\$ 161,505	117,899		43,606
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 451	329		122
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 34,577	25,241		9,336
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 38,905	28,401		10,504
2. Cellular Phones	\$ 4,138	3,021		1,117
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	\$ 346	253		93
3. Resident Day User Fee	\$ 874,579	874,579		
Subtotal	\$ 2,627,759	2,351,124		276,635

* 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
1145 Poquonnock Road Operations LLC ,d/b/a Grotol	2374	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,627,759	2,351,124		276,635	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 172	126		46	
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,701	1,242		459	
5. Education Expenses Related to Seminars and Conventions	\$ 392	286		106	
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>)	\$ 35	26		9	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 10,089	7,365		2,724	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,080	3,708		1,372	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,136	8,859		3,277	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 250	183		68	
9. Subscriptions	\$ 179	131		48	
10. Contributions*** See Attached Schedule	\$ 2,226	2,226			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 2,949	2,153		796	
12. Administrative Management Services**	\$ 692,393	505,447		186,946	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 50,884	37,145		13,739	
C-14 Total Administrative & General Expenditures	\$ 3,406,245	2,920,021		486,224	

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

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

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

Schedule C-1 - Management Services*

Name of Facility 1145 Poquonnock Road Operations LLC	License No. 2374	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	780,344	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	72,240	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
1145 Poquonnock Road Operations LLC ,d/b/a Groton	2374	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 343,630	250,850		92,780
2. Non-Food Supplies	\$ 33,688	24,592		9,096
3. Other (Specify) _____	\$ (1,349)	(985)		(364)
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 4,495	3,281		1,214
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 380,464	277,738		102,726
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton c		2374	9/30/2015		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	9,460	6,906		2,554
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. \$	2,686	1,961		725
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	268,111	195,721		72,390
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	280,257	204,588		75,669
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LLC ,d/b/a		2374	9/30/2015		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. \$	37,975	21,266		16,709
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. \$	397,319	222,499		174,820
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	435,294	243,765		191,529
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	396,321	396,321		
b.	Medicine Cabinet Drugs	\$	32,049	32,049		
c.	Medical and Therapeutic Supplies	\$	157,660	157,660		
d.	Ambulance/Limousine***	\$	26,257	26,257		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	32,239	32,239		
f.	X-rays and Related Radiological Procedures***	\$	17,264	17,264		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	72,250	72,250		
i.	Recreation	\$	55,616	31,145		24,471
j.	Other (Specify)**** See Attached Schedule	\$	102,359	57,321		45,038
5K.	Total Resident Care Expenditures (5a - 5j)	\$	892,015	822,506		69,509

* 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	41,030.63	-	32,238.36
3060610161	Incontinency - Rebates	(2,624.65)	-	(2,062.22)
3080630030	Advertising-Help War	371.01	-	291.50
3080630140	Education Expense	152.76	-	120.02
3080630140	Education Expense	87.20	-	68.51
3080630140	Education Expense	338.44	-	265.92
3120630530	Supplies	1,105.55	-	868.64
3155630530	Supplies	2,817.16	-	2,213.48
3155630530	Supplies	4,417.36	-	3,470.79
3170630530	Supplies	484.50	-	380.67
3090630535	Office Supplies	140.04	-	110.03
3165630535	Office Supplies	87.92	-	69.08
3120660080	Rental Expense	702.19	-	551.72
3120660080	Rental Expense	942.21	-	740.31
3155660080	Rental Expense	115.23	-	90.53
3155660080	Rental Expense	4,740.70	-	3,724.84
0	0	2,412.61	-	1,895.63
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	-	-	-
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
0	0	0.00	0.00	0.00
Total Other Resident Care		\$ 57,321	\$ -	\$ 45,038

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

Name of Facility	License No.	Report for Year Ended			Page	of
1145 Poquonnock Road Operations LLC ,d/b/a	2374	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 206,330	115,545		90,785		
b. Heat	\$ 48,415	27,112		21,303		
c. Light & Power	\$ 288,511	161,566		126,945		
d. Water	\$ 61,225	34,286		26,939		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 604,481	338,509		265,972		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 209	117		92		
b. Building & Building Improvements	\$ 905,149	506,883		398,266		
c. Non-Movable Equipment	\$ 27,309	15,293		12,016		
d. Movable Equipment	\$ 104,377	58,451		45,926		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 1,037,044	580,744		456,300		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 2,654,195	1,486,349		1,167,846		
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 277,908	155,628		122,280		
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 3,969,147	2,222,721		1,746,426		

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

Amortization Schedule*

Name of Facility 1145 Poquonock Road Operations LLC, d/b/a Groton center	Date of Acquisition		Length of Amortization	License No. 2374	Report for Year Ended 9/30/2015			Page 24	of 37
	Month	Year			Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate Amortization %		
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 1145 Poquonnock Road Operations LI	License No. 2374	Report for Year Ended 9/30/2015	Page 25	of 37			
11. Property Questionnaire							
Part A							
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.			
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.							
Description	Total						
1. Date Land Purchased							
2. Date Structure Completed							
3. If NOT Original Owner, Date of Purchase							
4. Date of Initial Licensure							
5. Total Licensed Bed Capacity	243						
6. Square Footage							
7. Acquisition Cost							
a. Land							
b. Building							
Part B - Owner and Related Parties							
1. Financing	1st Mortgage				2nd Mortgage	3rd Mortgage	4th Mortgage
a. Type of Financing (e.g., fixed, variable)							
b. Date Mortgage Obtained							
c. Interest Rate for the Cost Year							
d. Term of Mortgage (number of years)							
e. Amount of Principal Borrowed							
f. Principal balance outstanding as of							
Complete if Mortgage was Refinanced During Current Cost Year							
g. Type of Financing (e.g., fixed, variable)							
h. Date of Refinancing							
i. New Interest Rate							
j. Term of Mortgage (number of years)							
k. Amount of Principal Borrowed							
l. Principal Outstanding on Note Paid-Off							
Part C - Arms-Length Leases for Real Property Improvements Only							
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease			
Healthcare REIT, Inc	Building and Equipment	04/01/11	20	2,654,195			
Address: One Seagate Suite 1500							
Toledo, OH 43603-1475							

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
1145 Poquonnock Road Operations LI		2374	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 72,241	40,455		31,786
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)			\$ 72,241	40,455		31,786

(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
1145 Poquonnock Road Operations	2374	9/30/2015			27	37
Item	Total	CCNH	RHNS	(Specify)		
Subtotals Brought Forward:	72,241	40,455		31,786		
12. C. Movable Equipment						
1. Automotive Equipment	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$					
12. D. Other Interest Expense (Specify)	\$					
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	72,241	40,455		31,786	
14. Insurance						
a. Insurance on Property (buildings only)	\$	32,638	18,277		14,361	
b. Insurance on Automobiles	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$	225,211	126,118		99,093	
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$					
14d. Total Insurance Expenditures (14a + b + c)	\$	257,849	144,395		113,454	
15. Total All Expenditures (A-13 thru C-14)	\$	17,841,841	13,911,269		3,930,572	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC ,d/b/a Groton center				2374	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 12,424	12,424		
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,217,033	1,217,033		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 117,899	117,899		
10.			Accounting & 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 *	\$ 7,365	7,365		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,226	2,226		
21.			Unallowable Management Fees	\$ 764,634	764,634		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 13,907	13,907		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 2,135,488	2,135,488		

* 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	12424	0
0	0	Assistant Administrator's salary disa	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other Salaries Adjustment			\$ 12,424	\$	\$

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	118455	0
13	5	Rehabilitation Services	3195620020	883134.7	0
13	9	Speech Therapist	3170620020	66017.56	0
13	10	Occupational Therapist	3105620020	96666.58	0
13	12	Other	3010620020	20.24	0
13	12	Other	3015620020	0	0
13	12	Respiratory Purchased Services	3153620020	52738.42	0
				0	0
				0	0
				0	0
				0	0
				0	0
Total Other Fees Adjustments			\$ 1,217,033	\$	\$

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	1020630310	Chamber of Commerce	250	0
16	m-13	1020630120	Collection Fees	10555.85	0
16	m-13	1020660990	Estimated Accrual	1370.81	0
16	m-13	7010800030	Non-recurring charges	0	0
16	m-13	1020640080	Penalty and Fines	1730	0
16	m-12	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other A&G Adjustments			\$ 13,907	\$	\$

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

Name of Facility			License No.	Report for Year Ended	Page	of	
1145 Poquonnock Road Operations LLC ,d/b/a Groton centre			2374	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,135,488	2,135,488		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 396,321	396,321		
28.	20	5-d	Ambulance/Limousine	\$ 26,257	26,257		
29.	20	5-f	X-rays, etc	\$ 17,264	17,264		
30.	20	5-h	Laboratory	\$ 72,250	72,250		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 32,239	32,239		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 69,898	69,898		
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.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 172,957	172,957		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 2,922,673	2,922,673		

*** 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.

1145 Poquonock Road Operations LLC ,d/b/a Groton center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	4308.24	3010610300	0
20	5-j	Respiratory Supplies	12918.79	3155630530	0
20	5-j	Respiratory Rental	8671.3	3155660080	0
20	5-i	Cable TV	43999.5	3005660130	allow \$3600
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
Total Other Ancillary Costs			\$ 69,898	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)-RCH
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14.c1	General liability Insurance Adjust	172956.5359	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
0	0		0	0	0
Total Other Adjustments			\$ 172,957	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
0	0		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility: 1145 Pogunonock Road Operations LLC 2374 License No. 9/30/2015 Report for Year Ended 30 Page of 37

Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (CT only)	\$ 10,819,314	8,763,644		2,055,670
b. Medicaid Room and Board Contractual Allowance **	\$ (3,660,690)	(2,965,159)		(695,531)
2. a. Medicaid (All other states)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (all inclusive)	\$ 3,426,913	3,426,913		
b. Medicare Room and Board Contractual Allowance **	\$			
4. a. Private-Pay Residents and Other	\$ 4,408,214	2,733,093		1,675,121
b. Private-Pay Room and Board Contractual Allowance **	\$ (439,132)	(272,262)		(166,870)
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$ 348,389	348,389		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (98,677)	(98,677)		
c. Prescription Drugs - Non-Medicare	\$ 96,341	53,951		42,390
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (12,595)	(7,053)		(5,542)
2. a. Medical Supplies - Medicare	\$ 416	416		
b. Medical Supplies - Medicare Contractual Allowance **	\$ (118)	(118)		
c. Medical Supplies - Non-Medicare	\$ 222	124		98
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (64)	(36)		(28)
3. a. Physical Therapy - Medicare	\$ 1,088,288	1,088,288		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (308,244)	(308,244)		
c. Physical Therapy - Non-Medicare	\$ 250,216	140,121		110,095
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (33,829)	(18,944)		(14,885)
4. a. Speech Therapy - Medicare	\$ 438,950	438,950		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (124,327)	(124,327)		
c. Speech Therapy - Non-Medicare	\$ 64,000	35,840		28,160
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (8,662)	(4,851)		(3,811)
5. a. Occupational Therapy - Medicare	\$ 1,119,015	1,119,015		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (316,947)	(316,947)		
c. Occupational Therapy - Non-Medicare	\$ 272,678	152,700		119,978
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (36,988)	(20,713)		(16,275)
6. a. Other (Specify) - Medicare	\$ 283,551	158,788		124,762
b. Other (Specify) - Non-Medicare	\$ 90,513	50,687		39,826
III. Total Resident Revenue (Section I thru Section II)				
	\$ 16,696,117	13,402,959		3,293,158
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	\$ 6,141	3,439		2,702
5. Interest Income (Specify)	\$ 840	840		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (Specify)	\$ 1,764	1,764		
V. Total Other Revenue (1 thru 8)	\$ 8,745	6,043		2,702
VI. Total All Revenue (III + V)	\$ 16,704,862	13,409,002		3,295,860

* Facility should offset 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	X-Ray	10867.64	0	8538.86
II-6-a	Medicare	Laboratory	179425.4392	0	140977.1308
II-6-a	Medicare	Respiratory Therapy & Supplie	23996.7896	0	18854.6204
II-6-a	Medicare	Nursing Treatment Supplies	0	0	0
II-6-a	Medicare	Audiology	122.3264	0	96.1136
0	Medicare	Incontinency	0	0	0
0	Medicare	Oxygen & Supplies	3766.224	0	2959.176
0	Medicare	Physician Visit	0	0	0
0	Medicare	Ambulance	0	0	0
0	Medicare	Flu Shot	3357.2	0	2637.8
0	Contractuals-Medicare	X-Ray	-3078.123783	0	-2418.525829
0	Contractuals-Medicare	Laboratory	-50820.02271	0	-39930.01785
0	Contractuals-Medicare	Respiratory Therapy & Supplie	-6796.792015	0	-5340.336583
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	0	0	0
II-6-a	Contractuals-Medicare	Audiology	-34.64743045	0	-27.22298107
II-6-a	Contractuals-Medicare	Incontinency	0	0	0
0	Contractuals-Medicare	Oxygen & Supplies	-1066.736078	0	-838.1497752
0	Contractuals-Medicare	Physician Visit	0	0	0
0	Contractuals-Medicare	Ambulance	0	0	0
0	Contractuals-Medicare	Flu Shot	-950.8851198	0	-747.1240227
0	0	0	0	0	0
Total Other Resident Revenue - Medicare			\$ 158,788	\$ -	\$ 124,762

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	49.84	0	39.16
II-6-b	Medicaid	Laboratory	1579.76	0	1241.24
II-6-b	Medicaid	Respiratory Therapy & Supplie	4455.22	0	3500.53
II-6-b	Medicaid	Nursing Treatment Supplies	0	0	0
II-6-b	Medicaid	Audiology	0	0	0
II-6-b	Medicaid	Incontinency	0	0	0
II-6-b	Medicaid	Oxygen & Supplies	6553.176	0	5148.924
II-6-b	Medicaid	Physician Visit	0	0	0
II-6-b	Medicaid	Ambulance	0	0	0
II-6-b	Medicaid	Flu Shot	0	0	0
II-6-b	Contractuals-Medicaid	X-Ray	(16.86)	0	-13.2496944
II-6-b	Contractuals-Medicaid	Laboratory	(534.51)	0	-419.9706507
II-6-b	Contractuals-Medicaid	Respiratory Therapy & Supplie	(1,507.41)	0	-1184.396138
II-6-b	Contractuals-Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals-Medicaid	Audiology	-	0	0
II-6-b	Contractuals-Medicaid	Incontinency	-	0	0
II-6-b	Contractuals-Medicaid	Oxygen & Supplies	(2,217.25)	0	-1742.126392
II-6-b	Contractuals-Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals-Medicaid	Ambulance	-	0	0
II-6-b	Contractuals-Medicaid	Flu Shot	-	0	0
II-6-b	Private,insurance, other	X-Ray	2,349.26	0	1845.844

II-6-b	Private, insurance, other	Laboratory	35,223.50	0	27675.6084
II-6-b	Private, insurance, other	Respiratory Therapy & Supplie	8,085.34	0	6352.7684
II-6-b	Private, insurance, other	Nursing Treatment Supplies	-	0	0
II-6-b	Private, insurance, other	Audiology	-	0	0
II-6-b	Private, insurance, other	Incontinency	-	0	0
II-6-b	Private, insurance, other	Oxygen & Supplies	1,350.05	0	1060.752
II-6-b	Private, insurance, other	Physician Visit	-	0	0
II-6-b	Private, insurance, other	Ambulance	-	0	0
II-6-b	Private, insurance, other	Flu Shot	-	0	0
II-6-b	Contractuals-Non-Medicaid	X-Ray	(234.03)	0	-183.8769595
II-6-b	Contractuals-Non-Medicaid	Laboratory	(3,508.85)	0	-2756.953852
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	(805.44)	0	-632.8420701
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	0	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	0	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	0	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	(134.49)	0	-105.6686549
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	0	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	0	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	-	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other Resident Revenue			\$ 50,687	\$ -	\$ 39,826

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest on Overdue Accts	Interest	839.81	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Interest Income			\$ 840	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	SALON RENT	0	1,100.00	-
IV-8	Medical Record	0	635.38	-
0	0	0	-	-
0	saline irrigation	0	28.88	-
0	0	0	-	-
0	0	0	-	-
IV-8	0	0	-	-
0	0	0	-	-
0	0	0	-	-
0	0	0	-	-
0	0	0	-	-
0	0	0	-	-
Total Other Revenue		\$ 1,764	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LL	2374	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	14,272
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,292,793
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	15,264
4. Inventories			\$	74,063
5. Prepaid Expenses			\$	90,146
a. Prepaid Expenses				
b. Prepaid Property Tax	81,169			
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	8,977			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,486,538
B. Fixed Assets				
1. Land			\$	1,750,000
2. Land Improvements	*Historical Cost	4,185	\$	3,453
	Accum. Depreciation	732		
	Net			
3. Buildings	*Historical Cost	16,607,021	\$	13,291,644
	Accum. Depreciation	3,315,377		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
5. Non-Movable Equipment	*Historical Cost	221,885	\$	122,246
	Accum. Depreciation	99,639		
	Net			
6. Movable Equipment	*Historical Cost	909,086	\$	543,786
	Accum. Depreciation	365,300		
	Net			
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
PPE CIP				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	15,711,129

* 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
1145 Poquonnock Road Operations LLC	2374	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	17,197,667
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care <i>(itemize)</i>				
\$				
6. Loans to Owners or Related Parties <i>(itemize)</i>				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets <i>(itemize)</i>				
\$				
(130,606)				
O L/T A Suspense				
96				
I/C Due to/Due From Owned				
(130,701)				
I/C Due to/Due From Multicare				
\$				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$				
(130,606)				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$				
17,067,061				

* 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 1145 Poquonnock Road Operations LLC ,d/b/a		License No. 2374	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	552,095
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>)				\$	225,445
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	72
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>)				\$	475,338
Accr Exp Other		33,426	Accr Exp Suspense	(4,076)	
Accr Exp Water and Sewer		10,069	Deferred Revenue	78,994	
Accr Exp Gas		2,984	A/R Credit Gross Up Lia	115,886	
Accr Exp Electricity		8,748	Accrued Provider/Bed Te	229,307	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,252,950

* 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 1145 Poquonnock Road Operations LLC ,d/		License No. 2374	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,252,950	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment <i>(temize)</i>					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties <i>(temize)</i>				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities <i>(temize)</i>				\$ 24,252,706	
LT Debt-Financing Obligation		24,252,706			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 24,252,706	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 25,505,656	

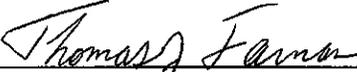
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LI	2374	9/30/2015	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			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(4,490,840)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,810,774)
6. Gain or Loss for Period			\$	(1,136,978)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(8,438,593)
C. Total Reserves and Net Worth			\$	(8,438,593)
D. Total Liabilities, Reserves, and Net Worth			\$	17,067,063

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
1145 Poquonnock Road Operations LLC	2374	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(7,301,614)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	16,704,861
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	17,841,840
D. Net Income or Deficit			\$	(1,136,979)
E. Balance			\$	(8,438,593)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(8,438,593)
	09/30/15			

I. Preparer's/Reviewer's Certification

Name of Facility 1145 Poquonnock Road Operations LLC		License No. 2374	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title Sr. Director of Reimbursement	Date Signed 12/28 / 2015		
Printed Name of Preparer Thomas Farnan Title -Sr. Director of Reimbursement					
Address Address 200 Brickstone Square, Andover, MA 01810			Phone Number 978-247-5029		