

State of Connecticut Long-Term Care Facility  
RATE COMPUTATION REPORT  
Based on 10/01/2014 through 09/30/2015

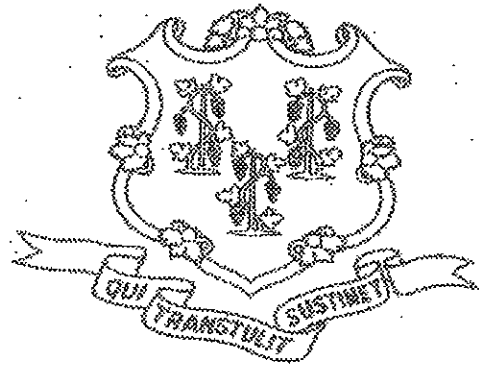
**DRAFT**

Saint John Paul II Center

Facility: 287  
Page: 22  
Date: 01/26/2016

<u>Page - Lic. Type - Rate Yr</u>	<u>Error Message</u>
3-CCH	Physician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
3-CCH	Dietician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
4-CCH	Physician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
4-CCH	Dietician Hourly Limit Cost Year Variable is 0, hourly limits cannot be checked
4-CCH	OT fees do not agree to OT fee adjustment
16-CCH	(2,760), Television Revenue is greater than reported on page 13
17	Administrator's salary needs to be entered
DRD	Bed Capacity not entered in the DRD
18	Annual Report Fair Rent (pg. 23, 24) Additions total (23,579) does not match Real Property Additions on pg. 18 of Rate Comp. (0)
RC-Nurs Fac-CCH	No Self Pay rates entered

# State of Connecticut



15-18

## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Pope John Paul II Care and Rehabilitation Center		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>RECEIVED</b>                   DEC 31 2015                   DEPT. OF SOCIAL SERVICES                  OFFICE OF CON AND RATE SETTING             </div>
Address (No. & Street, City, State, Zip Code) 33 Lincoln Avenue, Danbury, CT 06810		
Type of Facility		
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015	

License Numbers:	CCNH 2324-C	RHNS	(Specify)	Medicare Provider 07-5354
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Medicaid Provider Numbers:	CCNH 10678	RHNS	ICF-IID
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**For Department Use Only**

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

RECEIVED

JAN 05 2016

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**General Information**

Name of Facility (as licensed) Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2015	Page 1	of 37
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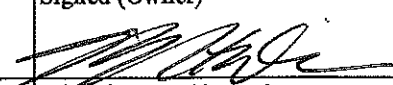
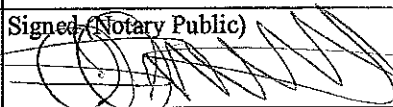
**Administrator's/Owner's Certification**

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 Pope John Paul II Care and Rehabilitation 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
					11/2/2015
Printed Name (Administrator) Courtney Young			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of PA	Date 11/13/15	Signed (Notary Public) 		Comm. Expires / /
Address of Notary Public					

**COMMONWEALTH OF PENNSYLVANIA**  
 NOTARIAL SEAL  
 OLUSEGUN A. OMOLAJA, Notary Public  
 Upper Darby Twp., Delaware County  
 My Commission Expires May 28, 2017

(Notary Seal)

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**General Information**

Name of Facility (as licensed) Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2015	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 Pope John Paul II Care and Rehabilitation 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) Courtney Young			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Pope John Paul II Care and Rehabilitation Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 33 Lincoln Avenue, Danbury, CT 06810				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/20/2014	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 454,748	454,748		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 4,319,873	4,319,873		
5. All other wages paid	\$ 784,470	784,470		
6. <b>Total Wages Paid</b>	<b>\$ 5,559,091</b>	<b>5,559,091</b>		
7. Total salaries paid	\$ 225,892	225,892		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$ 5,784,983</b>	<b>5,784,983</b>		

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-797-9300		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Pope John Paul II Care and Rehabilitation Center		Address (No. & Street, City, State, Zip ) 33 Lincoln Avenue, Danbury, CT 06810		
License Numbers:	CCNH 2324-C	RHNS (Specify)	Medicare Provider No. 07-5354	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Courtney Young		Nursing Home Administrator's License No.:	1838	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









## General Information and Questionnaire Related Parties\*

Name of Facility Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	Report for Year Ended 9/30/2015	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	551,551	551,551
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	576,222	576,222
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	45,479	45,479
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	42,599	42,599
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	52,073	52,073
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	36,455	36,455
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Insurance	Pg 27/14	188,461	188,461
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	Capital Interest	Page 17, page 26-12A	53,347	53,347

\* Use additional sheets if necessary.

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

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

Name of Facility Pope John Paul II Care and Rehabilitation Center	License No. 2324-C	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 (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? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				

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

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

Name of Facility		License No.	Report for Year Ended	Page	of	
Pope John Paul II Care and Rehabilitation Center		2324-C	9/30/2015	6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
			<input type="radio"/> Yes	<input type="radio"/> No	<b>Total ***</b>	

Is a Mileage Log Book Maintained for All Leased Vehicles ?

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

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

Name of Facility Pope John Paul II Care and Rehabi	License No. 2324-C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis: <input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
<b>Independent Accounting Firm</b> Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4 Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103				
<b>Services Provided by This Firm (describe fully)</b>				
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. <input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 GOLDMAN GRUDER & WOOD, LLC 2 3 State of Connecticut Cour of Probate (Danbury) 4 5			Telephone Number (203) 899-8900	
Address (No. & Street, City, State, Zip Code ) 1 200 Connecticut Ave. Norwalk, CT 06854 2 3 4 5				
<b>Services Provided by This Firm (describe fully)</b>				
1 Applications and affidavits of debt, Probate Court conferences and correspondence, review title search			\$	
2			\$	
3 Probate Court for the Conservator			\$	
4			\$	
5			\$	
			Charge for Services Provided	
			\$	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No    Legal Fees pg. 15 1-e				

**Schedule of Resident Statistics**

Name of Facility Pope John Paul II Care and Rehabilitation Center	License No. 2324-C		Report for Year Ended 9/30/2015				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
				Total	CCNH	RHNS			(Specify)
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	141	141		141	141		141	141	
B. On last day of THIS report period	141	141		141	141		141	141	
2. Number of Residents									
A. As of midnight of PREVIOUS report period	123	123		123	123		127	127	
B. As of midnight of THIS report period	129	129		127	127		129	129	
3. Total Number of Days Care Provided During Period									
A. Medicare	5,574	5,574		4,548	4,548		1,026	1,026	
B. Medicaid (Comm.)	38,591	38,591		28,553	28,553		10,038	10,038	
C. Medicaid (other states)									
D. Private Pay	2,076	2,076		1,700	1,700		376	376	
E. State SSI for RCH									
F. Other (Specify)	1,535	1,535		1,170	1,170		365	365	
G. Total Care Days During Period (3A thru F)	47,776	47,776		35,971	35,971		11,805	11,805	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days	77	77		77	77				
B. Other Bed Reserve Days	18	18		18	18				
5. Total Resident Days (3G + 4A + 4B)	47,871	47,871		36,066	36,066		11,805	11,805	

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

Name of Facility Pope John Paul II Care and Rehabilitation Ce	License No. 2324-C	Report for Year Ended 9/30/2015	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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	15		107		7				
Per Diem Rate									
a. One bed rm.					482.00				
b. Two bed rms.	510.56		237.78		388.16				
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,920	1,920		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	354	354		
C. Other	11,108	11,108		
D. <b>Total Physical Therapy Treatments</b>	13,382	13,382		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	339	339		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	91	91		
C. Other	2,007	2,007		
D. <b>Total Speech Therapy Treatments</b>	2,437	2,437		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	729	729		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	183	183		
C. Other	10,508	10,508		
D. <b>Total Occupational Therapy Treatments</b>	11,420	11,420		



### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Pope John Paul II Care and Rehabilitation Center	2324-C	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	70,942	1,470				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	25,790	584				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	242,352	10,741				
5. Dietary Service						
a. Head Dietitian	35,746	1,138				
b. Food Service Supervisor	64,114	2,174				
c. Dietary Workers	354,887	25,201				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	66,762	2,171				
b. Other Maintenance Workers	84,878	4,242				
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	129,160	2,792				
b. RN						
1. Direct Care	1,247,359	34,251				
2. Administrative**	93,920	2,309				
c. LPN						
1. Direct Care	1,154,917	41,662				
2. Administrative**						
d. Aides and Attendants	1,744,454	107,543				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	164,905	8,474				
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	225,573	7,753				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	79,223	4,171				
<i>A-13. Total Salary Expenditures</i>	<i>5,784,983</i>	<i>256,677</i>				

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



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

Name of Facility		License No.		Report for Year Ended		Page	of		
Pope John Paul II Care and Rehabilitation Center		2324-C		9/30/2015		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)							
<b>Section I - Operators/Owners</b>									
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>									

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

State of Connecticut  
 Annual Report of Long-Term Care Facility  
 CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page	of	
Pope John Paul II Care and Rehabilitation Center		2324-C		9/30/2015		12	37	
Name	Salary Paid		Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)						
<b>Section III - Administrators***</b>								
Courtney Young 06/15/2015- 9/30/15	32,577		Management of Center	630	2			
Vitko-Aniolek, Stephanie 10/1/2014-2/4/15	38,365		Management of Center	840	2			
<b>Section IV - Assistant Administrators</b>								
Patrick Townsend 2/5/15- 6/14/2015	25,790		Management of Center	584	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		
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	1,222	33				
2. Dentist	15,570	107				
3. Pharmacist	10,829	221				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	555,359	7,608				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	42,599	225				
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	42,250	542				
b. Other						
10. Occupational Therapist						
a. Resident Care	35,152	482				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,751	113				
2. Administrative***						
b. LPN						
1. Direct Care	102,084	2,410				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	2,624					
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>814,441</b>	<b>11,740</b>				

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

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

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



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

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
<b>I. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 344,711	344,711		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 117,425	117,425		
4. Social Security (F.I.C.A.)	\$ 421,909	421,909		
5. Health Insurance	\$ 305,071	305,071		
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>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$			
<b>c. Bad Debts*</b>	\$ 178,942	178,942		
<b>d. Accounting and Auditing</b>	\$			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$			
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$			
<b>g. Office Supplies</b>	\$ 28,070	28,070		
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 32,850	32,850		
2. Cellular Phones	\$ 2,166	2,166		
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$			
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 3,564	3,564		
3. Resident Day User Fee	\$ 864,132	864,132		
<b>Subtotal</b>	\$ 2,298,840	2,298,840		

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

(Carry Subtotals forward to next page)





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

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	2,298,840	2,298,840		
<b>l. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 4,670	4,670		
5. Education Expenses Related to Seminars and Conventions	\$ 156	156		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 28,409	28,409		
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	\$ 4,437	4,437		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 9,957	9,957		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 6,010	6,010		
10. Contributions*** See Attached Schedule	\$ 1,943	1,943		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 2,505	2,505		
12. Administrative Management Services**	\$ 610,574	610,574		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,210,626	1,210,626		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,178,127	4,178,127		

\* 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	License No.	Report for Year Ended	Page of
Pope John Paul II Care and Rehabilitation	2324-C	9/30/2015	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	551,551	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	53,347	Capital Interest	pg 26 12-A-1

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation Center	2324-C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 230,464	230,464		
2. Non-Food Supplies	\$ 22,371	22,371		
3. Other (Specify) _____	\$ (2,718)	(2,718)		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 4,313	4,313		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 254,431	254,431		
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
Pope John Paul II Care and Rehabilitation Center		2324-C	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. \$	5,965	5,965		
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. \$	-11,401	-11,401		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	195,548	195,548		
c. Management Services**	\$				
d. Other (Specify)	\$				
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	<b>\$</b>	<b>190,113</b>	<b>190,113</b>		
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
Poppe John Paul II Care and Rehabilitation Cente		2324-C	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. \$	20,863	20,863		
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. \$	292,895	292,895		
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	313,758	313,758		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	231,640	231,640		
b.	Medicine Cabinet Drugs	\$	20,721	20,721		
c.	Medical and Therapeutic Supplies	\$	163,839	163,839		
d.	Ambulance/Limousine***	\$	4,580	4,580		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	20,900	20,900		
f.	X-rays and Related Radiological Procedures***	\$	28,000	28,000		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	38,874	38,874		
i.	Recreation	\$	23,018	23,018		
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	100,583	100,583		
5K.	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	632,155	632,155		

\* 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**

<b>Description</b>		<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
3060610160	Incontinency	\$ 56,304.52	\$ -	\$ -
3060610161	Incontinency - Rebates	\$ (3,600.96)	\$ -	\$ -
3080630030	Advertising-Help War	\$ 1,125.54	\$ -	\$ -
3080630140	Education Expense	\$ 3,038.41	\$ -	\$ -
3080630140	Education Expense	\$ 151.08	\$ -	\$ -
3080630140	Education Expense	\$ 590.37	\$ -	\$ -
3080630310	Licenses & Certificatio	\$ 476.25	\$ -	\$ -
3120630530	Supplies	\$ 4,407.84	\$ -	\$ -
3155630530	Supplies	\$ 65.68	\$ -	\$ -
3155630530	Supplies	\$ 8,486.95	\$ -	\$ -
3170630530	Supplies	\$ 284.75	\$ -	\$ -
3080630550	T&E-Lodging/transpo	\$ 4,202.61	\$ -	\$ -
3120660080	Rental Expense	\$ 100.00	\$ -	\$ -
3155660080	Rental Expense	\$ 1,201.48	\$ -	\$ -
3155660080	Rental Expense	\$ 7,476.00	\$ -	\$ -
3010610300	Consolidated Billing	\$ 16,272.18	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
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<b>Total Other Resident Care</b>		<b>\$ 100,583</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility			License No.	Report for Year Ended	Page of				
Pope John Paul II Care and Rehabilitation Center			2324-C	9/30/2015	21	37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RENS (Specify)	Pg	Line
		Yes	No						
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	195,548			19 3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	292,895			20 4b
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						

\* List all contracted services over \$10,000. Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.  
 \*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Pope John Paul II Care and Rehabilitation Cen	2324-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 234,134	234,134				
b. Heat	\$ 124,952	124,952				
c. Light & Power	\$ 137,117	137,117				
d. Water	\$ 52,454	52,454				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$					
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 548,656	548,656				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ (1,801)	(1,801)				
b. Building & Building Improvements	\$ (43,096)	(43,096)				
c. Non-Movable Equipment	\$ 15,108	15,108				
d. Movable Equipment	\$ 14,916	14,916				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ (14,873)	(14,873)				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,988,530	1,988,530				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 176,221	176,221				
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 2,149,878	2,149,878				

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

**Schedule of Other Repairs and Maintenance**

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

-----

**Depreciation Schedule**

Name of Facility		License No.	Report for Year Ended				Page	of			
Pope John Paul II Care and Rehabilitation Center		2324-C	9/30/2015				23	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			
									Yes	No	Month
<b>A. Land Improvements</b>											
1. Acquired prior to this report period	19,173		19,173	1,801	S/L	Various	(0)				
2. Disposals (attach schedule)	(19,173)		(19,173)				(1,801)				
3. Acquired during this report period (attach schedule)	19,422		19,422								
A-4. Subtotal								(1,801)			
<b>B. Building and Building Improvements</b>											
1. Acquired prior to this report period	291,423		291,423	43,167	S/L	Various	0				
2. Disposals (attach schedule)	(291,423)		(291,423)				(43,167)				
3. Acquired during this report period (attach schedule)	4,157		4,157				71				
B-4. Subtotal								(43,096)			
<b>C. Non-Movable Equipment</b>											
1. Acquired prior to this report period	135,970		135,970	27,698	S/L	Various	15,108				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal								15,108			
<b>D. Movable Equipment</b>											
1. Motor Vehicles (Specify name, model and year of each vehicle)	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								
a.											
b.								S/L	Various		
c.											
d.											
<b>2. Movable Equipment</b>											
a. Acquired prior to this report period											
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)											
D-3. Subtotal											684
<b>E. Total Depreciation</b>											
										14,916	
										(14,873)	

Pope John Paul II Care and Rehabilitation Center  
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
9/30/2015	Sep 2015 Actuals	\$ 19,422.00	10	\$ -
Total additions for Land Improvements		\$ 19,422.00		\$ -
<b>Deletions:</b>				
10/1/2014	Exterior signage	\$ (3,811.00)	10.00	\$ (476.38)
10/1/2014	Concrete compactor pad	\$ (12,017.55)	10.00	\$ (1,101.61)
10/1/2014	New rails around compactor in back of	\$ (3,344.71)	10.00	\$ (222.98)
Total deletions for Land Improvements		\$ (19,173)		\$ (1,801)

\*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
<b>Additions:</b>				
2/28/2015	Motherboard in fire alarm panel	\$ 2,373.73	20	\$ 69.23
8/31/2015	KABA Heavy Duty Mechanical Push	\$ 363.59	20	\$ 1.51
9/30/2015	Ceiling fixtures	\$ 1,419.77	10	\$ -
Total additions for Building Improvements		\$ 4,157		\$ 71
<b>Deletions:</b>				
10/1/2014	Concrete pad for compactor	(8,508.00)	20.00	(567.20)
10/1/2014	Engineering services	(1,710.00)	20.00	(106.88)
10/1/2014	Engineering services	(155.00)	20.00	(9.69)
10/1/2014	Big dryer grease trap	(7,203.75)	20.00	(450.23)
10/1/2014	Project Manager Time Allocation	(623.23)	20.00	(38.95)
10/1/2014	Professional Services	(490.00)	20.00	(10.30)
10/1/2014	Sun Valuation - PPE Building Imp 15	(213,040.00)	10.00	(35,506.66)
10/1/2014	Flooring wall treatments etc	(18,451.73)	10.00	(2,152.70)
10/1/2014	Cabinets counters ceiling tiles paint	\$ (18,452)	10	\$ (1,999)
10/1/2014	window treatment	\$ (325)	10	\$ (32)
10/1/2014	Cabinets flooring and wall treatments	\$ (18,452)	10	\$ (1,538)
10/1/2014	GENERATOR	\$ (4,313)	10	\$ (755)
Total deletions for Building Improvements		\$ (291,423)		\$ (43,167)

\*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
<b>Additions:</b>				
Total additions for Non-Movable Equipment		\$ -		\$ -
<b>Deletions:</b>				

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/31/2015	Sales and Use Tax Jan 2015	724.00	7.00	68.95
10/31/2014	Electric range dishwasher and refrigerator	1,650.52	10.00	151.30
12/31/2014	(2) 1.6 cu medical grade refrigerators	1,055.08	10.00	79.13
2/28/2015	window treatments	446.67	10.00	26.06
7/31/2015	Insignia 32i Residential LED HDTV	261.45	7.00	6.23
7/31/2015	Attendant Vital Signs Monitor and cart	2,155.74	7.00	51.33
7/31/2015	Attendant Vital Signs Monitor and cart	2,155.74	7.00	51.33
7/31/2015	Continuus 24i Long Term Care and c	722.41	7.00	17.20
7/31/2015	Outdoor furniture	3,440.05	7.00	81.91
7/31/2015	2 Resident Item Cart, Six Basket	812.61	10.00	13.54
7/31/2015	Solutions Seating High Back Swivel T	3,007.58	10.00	50.13
7/31/2015	HON Volf Synchro-Tilt Task Chair	356.35	10.00	5.94
8/31/2015	Rice Lake Digital Chair Scale	1,136.93	7.00	13.53
8/31/2015	25 dining chairs	6,646.31	10.00	55.39
8/31/2015	Height Adjustable Work/Activity Table	398.38	10.00	3.37
8/31/2015	Solutions Seating Guest Chair	1,073.07	10.00	8.94
9/30/2015	Tracker II Wheelchair 20-22-24	355.98	10.00	-
9/30/2015	2 PANACEA LIGHTWEIGHT WHE	352.98	10.00	-
9/30/2015	Easy Tilt Shower Chair	547.68	5.00	-
Total additions for Movable Equipment		\$ 27,300		\$ 684 *
<b>Deletions:</b>				
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
<b>Additions:</b>				
Total additions for Leasehold Improvement		\$ -		\$ - *
<b>Deletions:</b>				
Total deletions for Leasehold Improvement		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Pope John Paul II Care and Rehabilitation Center	Date of Acquisition		Length of Amortization	License No. 2324-C	Report for Year Ended 9/30/2015	Basis for Computing Amortization**	Rate Amortization % for This Year	Page 24	of 37
	Month	Year							
<b>A. Organization Expense</b>					Accumulated Amort. to Beginning of Year's Operations				
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.  
 \*\* Specify which of the following bases were used:  
 A. Minimum of 5 years or 60 months.  
 B. Life of mortgage; OR  
 C. Remaining Life of Lease; OR  
 D. Actual Life if owned by Related Party.

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

Name of Facility Pope John Paul II Care and Rehabilital	License No. 2324-C	Report for Year Ended 9/30/2015	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes	<input checked="" type="radio"/> No
			If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	141			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
SABRA, 101 Sun Ave. NE, Albuquerque, NM 87107	Facility Lease	11/15/10 - 6/30	127 months	1,988,530

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



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

Name of Facility		License No.	Report for Year Ended		Page	of
Pope John Paul II Care and Rehabilital		2324-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 53,347	53,347		
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)			\$ 53,347	53,347		

(Carry Subtotals forward to next page )

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabil	2324-C	9/30/2015	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	53,347	53,347		
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	<b>\$ 53,347</b>	<b>53,347</b>		
14. Insurance				
a. Insurance on Property (buildings only)	\$ 17,850	17,850		
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$ 170,612	170,612		
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	<b>\$ 188,462</b>	<b>188,462</b>		
15. <b>Total All Expenditures (A-13 thru C-14)</b>	<b>\$ 15,108,350</b>	<b>15,108,350</b>		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation Center				2324-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 634,704	634,704		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 178,942	178,942		
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 *	\$ 28,409	28,409		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,943	1,943		
21.			Unallowable Management Fees	\$ 663,921	663,921		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,165,063	1,165,063		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 2,672,983	2,672,983		

\* 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	\$ -	\$ -
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	\$ -	\$ -
<b>Total Other Salaries Adjustment</b>				\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	\$ 63,719.77	\$ -
13	5	Rehabilitation Services	3195620020	\$ 491,639.19	\$ -
13	9	Speech Therapist	3170620020	\$ 42,250.09	\$ -
13	10	Occupational Therapist	3105620020	\$ 35,151.76	\$ -
13	12	Other	3010620020	\$ 860.00	\$ -
13	12	Other	3015620020	\$ -	\$ -
13	12	Respiratory Purchased Services	3155620020	\$ 1,082.95	\$ -
<b>Total Other Fees Adjustments</b>				\$ 634,704	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-13	Collection Fees	1020630120	\$ 18,722.18	\$ -
16	m-3a	Chamber of Commerce	1020630310	\$ -	\$ -
16	m-13	Estimated Accrual	1020660990	\$ 1,175.22	\$ -
16	m-13	Fines & Penalties	1020640080	\$ 34,280.00	\$ -
16	m-13	Non-recurring Charges	7010800030	#####	\$ -
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	0	0	\$ -	\$ -
0	0	0	0	\$ -	\$ -
<b>Total Other A&amp;G Adjustments</b>				\$ 1,165,063	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation Center				2324-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,672,983	2,672,983		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5-a-2	Prescription Drugs	\$ 231,640	231,640		
28.	20	5-d	Ambulance/Limousine	\$ 4,580	4,580		
29.	20	5-f	X-rays, etc	\$ 28,000	28,000		
30.	20	5-h	Laboratory	\$ 38,874	38,874		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 20,900	20,900		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 43,659	43,659		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			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	\$ 154,944	154,944		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 3,195,580	3,195,580		

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

Pope John Paul II Care and Rehabilitation Center  
9/30/2015

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-1	Consolidated Billing	\$ 16,272.18	3010610300	\$ -
20	5-1	Respiratory Supplies	\$ 8,552.63	3155630530	\$ -
20	5-1	Respiratory Rental	\$ 8,677.48	3155660080	\$ -
20	5-1	Cable TV	\$ 10,156.26	3005660130	allow \$3600
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
0	0-Jan		0 \$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 43,659	\$ -	\$ -

#### Schedule of Excess Movable Equipment Depreciation

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

#### Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 cl	General liability Insurance Adjust	154944.2442	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
0	0-Jan		0	\$ -	\$ -
<b>Total Other Adjustments</b>			\$ 154,944	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Pope John Paul II Care and Rehabilitation	2324-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 14,542,097	14,542,097				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,497,047)	(5,497,047)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,547,573	2,547,573				
b. Medicare Room and Board Contractual Allowance **	\$ (705,035)	(705,035)				
4. a. Private-Pay Residents and Other	\$ 1,653,697	1,653,697				
b. Private-Pay Room and Board Contractual Allowance **	\$ (395,372)	(395,372)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 194,382	194,382				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (53,795)	(53,795)				
c. Prescription Drugs - Non-Medicare	\$ 75,958	75,958				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (20,656)	(20,656)				
2. a. Medical Supplies - Medicare	\$ 362	362				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (100)	(100)				
c. Medical Supplies - Non-Medicare	\$ 122	122				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (38)	(38)				
3. a. Physical Therapy - Medicare	\$ 566,990	566,990				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (156,913)	(156,913)				
c. Physical Therapy - Non-Medicare	\$ 135,757	135,757				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (35,264)	(35,264)				
4. a. Speech Therapy - Medicare	\$ 205,291	205,291				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (56,814)	(56,814)				
c. Speech Therapy - Non-Medicare	\$ 82,359	82,359				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (21,249)	(21,249)				
5. a. Occupational Therapy - Medicare	\$ 502,779	502,779				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (139,143)	(139,143)				
c. Occupational Therapy - Non-Medicare	\$ 138,952	138,952				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (34,804)	(34,804)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 48,643	48,643				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 147,873	147,873				
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 13,726,604	13,726,604				
<b>IV. Other Revenue *</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 2,760	2,760				
5. Interest Income ( <i>Specify</i> )	\$ 72	72				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 1,614	1,614				
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 4,447	4,447				
<b>VI. Total All Revenue (III +V)</b>	\$ 13,731,051	13,731,051				

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

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



**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	32,179.37	0
II-6-a	Medicare Part A	Radiology Service	-	0
II-6-a	Medicare Part A	Outpatient Therapy Program	-	0
II-6-a	Medicare Part A	Laboratory	26,813.42	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplie	448.41	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	0
II-6-a	Medicare Part A	Audiology	-	0
II-6-a	Medicare Part A	Incontinency	-	0
II-6-a	Medicare Part A	Oxygen & Supplies	307.50	0
II-6-a	Medicare Part A	Physician Visit	-	0
II-6-a	Medicare Part A	Ambulance	2,506.68	0
II-6-a	Medicare Part A	Flu Shot	5,000.40	0
II-6-a	Contractuals-Medicare	X-Ray	(8,905.56)	0
II-6-a	Contractuals-Medicare	Radiology Service	-	0
II-6-a	Contractuals-Medicare	Outpatient Therapy Program	-	0
II-6-a	Contractuals-Medicare	Laboratory	(7,420.53)	0
II-6-a	Contractuals-Medicare	Respiratory Therapy & Supplie	(124.10)	0
II-6-a	Contractuals-Medicare	Nursing Treatment Supplies	-	0
II-6-a	Contractuals-Medicare	Audiology	-	0
II-6-a	Contractuals-Medicare	Incontinency	-	0
II-6-a	Contractuals-Medicare	Oxygen & Supplies	(85.10)	0
II-6-a	Contractuals-Medicare	Physician Visit	-	0
II-6-a	Contractuals-Medicare	Ambulance	(693.72)	0
II-6-a	Contractuals-Medicare	Flu Shot	(1,383.85)	0
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 48,643</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	-	-
II-6-b	Medicaid	Radiology Service	-	-
II-6-b	Medicaid	Outpatient Therapy Program	-	-
II-6-b	Medicaid	Laboratory	-	-
II-6-b	Medicaid	Respiratory Therapy & Supplie	9,356.35	-
II-6-b	Medicaid	Nursing Treatment Supplies	-	-
II-6-b	Medicaid	Audiology	-	-
II-6-b	Medicaid	Incontinency	-	-
II-6-b	Medicaid	Oxygen & Supplies	-	-
II-6-b	Medicaid	Physician Visit	-	-
II-6-b	Medicaid	Ambulance	-	-
II-6-b	Medicaid	Flu Shot	-	-
II-6-b	Contractuals Medicaid	X-Ray	-	-
II-6-b	Contractuals Medicaid	Radiology Service	-	-
II-6-b	Contractuals Medicaid	Outpatient Therapy Program	-	-
II-6-b	Contractuals Medicaid	Laboratory	-	-
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplie	(3,612.39)	-
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	-
II-6-b	Contractuals Medicaid	Audiology	-	-
II-6-b	Contractuals Medicaid	Incontinency	-	-
II-6-b	Contractuals Medicaid	Oxygen & Supplies	-	-
II-6-b	Contractuals Medicaid	Physician Visit	-	-

II-6-b	Contractuals-Medicaid	Ambulance	-	-	-
II-6-b	Contractuals-Medicaid	Flu Shot	-	-	-
II-6-b	Private and Other	X-Ray	-	-	-
II-6-b	Private and Other	Radiology Service	-	-	-
II-6-b	Private and Other	Outpatient-Therapy Program	-	-	-
II-6-b	Private and Other	Laboratory	9,001.71	-	-
II-6-b	Private and Other	Respiratory Therapy & Supplie	1,111.97	-	-
II-6-b	Private and Other	Nursing Treatment Supplies	-	-	-
II-6-b	Private and Other	Audiology	-	-	-
II-6-b	Private and Other	Incontinency	-	-	-
II-6-b	Private and Other	Oxygen & Supplies	-	-	-
II-6-b	Private and Other	Physician Visit	-	-	-
II-6-b	Private and Other	Ambulance	-	-	-
II-6-b	Private and Other	Flu Shot	-	-	-
II-6-b	Private and Other	Capitation Contracts	176,409.50	-	-
II-6-b	Contractuals-Non-Medicaid	X-Ray	-	-	-
II-6-b	Contractuals-Non-Medicaid	Radiology Service	-	-	-
II-6-b	Contractuals-Non-Medicaid	Outpatient-Therapy Program	-	-	-
II-6-b	Contractuals-Non-Medicaid	Laboratory	(2,152.16)	-	-
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplie	(265.85)	-	-
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	-
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	-	-
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	-	-	-
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	-	-
II-6-b	Contractuals-Non-Medicaid	Ambulance	-	-	-
II-6-b	Contractuals-Non-Medicaid	Flu Shot	-	-	-
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(42,176.58)	-	-
<b>Total Other Resident Revenue</b>			<b>\$ 147,873</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Page Ref:	Account:	0	CCNH	RHNS	(Specify)
Pg 30 line 1	430055	Interest On Overdue Accounts	\$ 72.47	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
<b>Total Interest Income</b>			<b>\$ 72</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
Pg 30 line 1	Medical Record	430060	1,514.47	-
Pg 30 line 1	SOLANA UNIT	0	100.00	-
Pg 30 line 1	0	0	\$0.00	-
Pg 30 line 1	0	0	\$0.00	-
Pg 30 line 1	0	0	\$0.00	-
Pg 30 line 1	0	0	\$0.00	-
Pg 30 line 1	0	0	\$0.00	-
Pg 30 line 1	0	0	\$0.00	-
Pg 30 line 1	0	0	\$0.00	-
Pg 30 line 1	0	0	\$0.00	-
Pg 30 line 1	0	0	\$0.00	-
Pg 30 line 1	0	0	\$0.00	-
<b>Total Other Revenue</b>			<b>\$ 1,614</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation	2324-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	4,910
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,254,977
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(30,852)
4. Inventories			\$	37,379
5. Prepaid Expenses			\$	
a. Prepaid Expenses				
b. Prepaid Personal Property Tax				
c. Prepaid Personal Property Tax				
d. Interest Receivable				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
Total Current Assets (Lines A1 thru 8)				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	1,266,413
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost	19,422		
	Accum. Depreciation			
	Net		\$	19,422
3. Buildings	*Historical Cost	4,157		
	Accum. Depreciation	71		
	Net		\$	4,086
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	135,970		
	Accum. Depreciation	42,805		
	Net		\$	93,165
6. Movable Equipment	*Historical Cost	121,097		
	Accum. Depreciation	52,722		
	Net		\$	68,375
7. Motor Vehicles	*Historical Cost			
	Accum. Depreciation			
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	185,048

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

(Carry Total forward to next page)

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

Name of Facility		License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitatio		2324-C	9/30/2015	32	37
Account				Amount	
Total Brought Forward:				\$	1,451,461
<b>C. Leasehold or like property recorded for Equity Purposes.</b>					
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					
				\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>					
				\$	
<b>D. Investment and Other Assets</b>					
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>					
				\$	(1,649,110)
I/C Due to/Due From Owned				(1,649,110)	
I/C Due to/Due From Multicare					
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>					
				\$	(1,649,110)
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>					
				\$	(197,649)

\* 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	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitation Cent	2324-C	9/30/2015	33	37
<b>Account</b>			<b>Amount</b>	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	383,689
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> )			\$	361,148
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	266
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> )			\$	592,622
Accrued Provider/Bed Tax			218,482	
A/R Credit Gross Up Liability			194,808	Accr Exp Electricity 10,034
Accr Exp Cable TV				Deferred Revenue 24,694
Accr Exp Water and Sewer			10,244	Accr Exp Other 118,191
Accr Exp Gas			4,529	Accr Sales and Use Tax 11,640
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>1,337,725</b>

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

*(Carry Total forward to next page)*

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

Name of Facility Pope John Paul II Care and Rehabilitation C		License No. 2324-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,337,725	
<b>Liabilities (cont'd)</b>					
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> )					
LT Debt-Financing Obligation		362,582	\$ 362,582		
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 362,582	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,700,307	

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

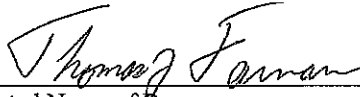
Name of Facility	License No.	Report for Year Ended	Page	of
Pope John Paul II Care and Rehabilitat	2324-C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property <del>(equity)</del>			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(520,660)
6. Gain or Loss for Period			\$	(1,377,297)
	10/1/2014	thru 9/30/2015		
7. Total Net Worth			\$	(1,897,957)
<b>C. Total Reserves and Net Worth</b>			\$	(1,897,957)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	(197,650)

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Pope John Paul II Care and Rehabilitation	2324-C	9/30/2015	36	37	
<b>Account</b>			<b>Amount</b>		
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$ (520,658)		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$ 13,731,051		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$ 15,108,350		
D. Net Income or Deficit			\$ (1,377,299)		
E. Balance			\$ (1,897,957)		
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. <i>Balance at End of Period</i>			\$ (1,897,957)		
			09/30/15		



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

Name of Facility Pope John Paul II Care and Rehabilitation	License No. 2324-C	Report for Year Ended 9/30/2015	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Sr. Director of Reimbursement	Date Signed 12/28/2015		
Printed Name of Preparer Thomas Farnan -Sr. Director of Reimbursement				
Address Address 200 Brickstone Square, Andover, MA 01810		Phone Number 978-247-5029		