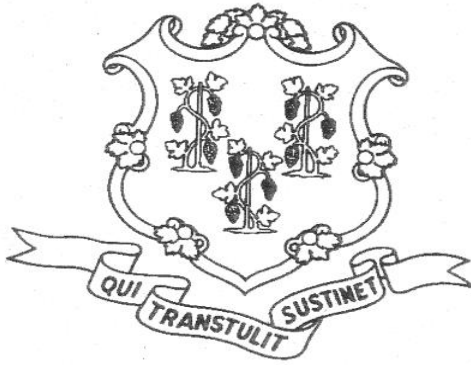


# State of Connecticut



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

Name of Facility (as licensed) Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	
Address (No. & Street, City, State, Zip Code) 111 Church Street, Middletown, CT 06457	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> 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 2097-C	RHNS	(Specify)	Medicare Provider 07-5381
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Medicaid Provider Numbers:	CCNH 75381	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc DBA Water's Edge Center	2097-C	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 Bloomfield Health [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.

*Harbor Hill Care Center, Inc.*

Signed (Administrator)		Date	Signed (Owner)		Date
		2/6/16			09/09/16
Printed Name (Administrator)			Printed Name (Owner)		
Richard Demio			Marvin Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	N.Y.	2/8/16		7/01/18	
Address of Notary Public					

(Notary Seal)

GLORIA G. ALARIO  
 NOTARY PUBLIC STATE OF NEW YORK  
 NO. 01AL6077129 NASSAU COUNTY  
 TERM EXPIRES JULY 01, 2018

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 111 Church Street, Middletown, CT 06457				
Report Prepared By Blum Shapiro & Co.		Phone Number 860-561-4000	Date 2/8/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-347-7286		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health			Address (No. & Street, City, State, Zip) 111 Church Street, Middletown, CT 06457		
License Numbers:		CCNH 2097-C	RHNS	(Specify)	Medicare Provider No. 07-5381
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No   If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Richard Demio			Nursing Home Administrator's License No.:	001740	
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 Harbor Hill Care Center, Inc. d/b/a Water's Edge	License No. 2097-C	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		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	111 Church Street, Middletown, CT 06457	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	200	
Isak Keller	1200 NE Miami Garden, Miami, FL	Director	150	
M. Pollack	2441 Beachwood Blvd, Beachwood, NY	Director	100	
Doris Laufer	1402 59th Street, Brooklyn, NY 11219	President	50	
Agnes Zitter	9 Dogwood Lane, Lawrence, NY 11559	Director	56	
Names of Stockholders Owning at Least 10% of Shares				
Marvin Ostreicher	184 Wildacre Ave, Lawrence, NY 11559	Secretary	200	
Isak Keller - Life Estate Trust	1200 NE Miami Garden, Miami, FL	Director	150	
M. Pollack - Life Estate Trust	2441 Beachwood Blvd, Beachwood, NY	Director	100	
Helen Ostreicher	1 Lakeside Drive, Lawrence, NY 11559		166	





### General Information and Questionnaire Related Parties\*

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Cente	License No. 2097-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	%**				
See attachment.		<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"/>					

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

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

Name of Facility Harbor Hill	License No. 2097-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	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, CT 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	575,796	547,442
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79%	Radiology	20 5f	11,598	10,653
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	760,367	760,367
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	10,434	10,434
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	2,962	2,962
Middletown Realty	111 Church Street, Middletown, CT 06547	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9, 10b	720,000	720,000
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	534,952	534,952
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,972	1,972
Stauderman Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	6,127	6,127
Maple View Center for Health & Rehabilitation	856 Maple Street, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee: Social Services	13 B6	40,224	40,224
Bloomfield Healthcare Center	355 Park Avenue, Bloomfield, CT 06002	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee: Social Services	13 B6	25,254	25,254
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	83%	Drugs/OTC's/Supplies/Consult/Supplies/Fees	20/13 5a2,b,i/B3,12	305,085	286,336

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge	License No. 2097-C	Report for Year Ended 9/30/2015	Page 5	of 37
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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?  Yes  No If "No," explain fully why such allocation was not made.

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

Shared Expenses, allocated by bed size. See page 17 attachment

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes  No If "No," explain fully why such allocation was not made.

N/A

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

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

Name of Facility			License No.	Report for Year Ended			Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for			2097-C	9/30/2015			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Reliable - 2610 Nostrand Ave Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/05	60 months / Ongoing	12,659	12,659	
Toshiba - PO Box 41608 Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/12	36 months	6,249	1,562	
De Lage Landen Financial Svces, Inc.-1111 Old Eagle School Road Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/14/14	39 months	709	709	
De Lage Landen Financial Svces, Inc.-1111 Old Eagle School Road Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	01/01/15	39 months	5,557	4,168	
Leaf -1720A Crete Street, Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/21/15	39 months	1,973	1,480	
	<input type="radio"/>	<input checked="" 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"/>						
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>							20,578	

\* 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.

LESSEE	Full Legal Name HARBOR HILL CARE CENTER, INC.				Phone Number 8603465589		
	Billing Address 111 CHURCH STREET, MIDDLETOWN, CT, 06447				Purchase Order Requisition Number		
	Equipment Location (if not same as above)				Send Invoice to Attention of		
EQUIPMENT INFORMATION	Equipment Make	Model Number	Serial Number	Quantity	Description (Attach separate Schedule A if Necessary)		
	Toshiba	e-Studio477S	Copier				
PAYMENT INFORMATION	Number of Lease Payments	Lease Payment (PLUS)	Applicable Sales Tax (EQUALS)	Total Lease Payment	Term of Lease in Months	End of Lease Option	Payment Frequency
	39	55.59 +	3.53	= 59.12	39	Fair Market Value	Monthly
					Security Deposit (PLUS)	First Period (PLUS) Payment	Other (EQUALS) Total Payment Enclosed

TERMS AND CONDITIONS

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date, as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your Lease obligations are absolute, unconditional and are not subject to cancellation, reduction, offset or counterclaim. You agree to pay us a fee of \$75 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. Security deposits are non-interest-bearing and may be applied to cure a Lease default. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 10% of the payment or \$10, whichever is greater. We will charge you a fee of \$25 for any check that is returned. ONLY WE ARE AUTHORIZED TO WAIVE OR CHANGE ANY TERM, PROVISION OR CONDITION OF THE LEASE.

2. Title: Unless you have a \$100 purchase option, we will have title to the Equipment. If you have a \$100 purchase option and/or the lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the equipment.

3. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. If the Lease Payment includes the cost of maintenance and/or service provided by a third party, you agree that we are not responsible to provide the maintenance or service and you will make all claims related to maintenance and service to the third party. You agree that any claims related to maintenance or service will not impact your obligation to pay all Lease Payments when due.

4. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. Risk of Loss and Insurance: You are responsible for all risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance, and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain such insurance, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity

will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. Taxes: You agree to pay when due, either directly or as reimbursement to us, all sales, use and personal property taxes and charges in connection with ownership and use of the Equipment. We may charge you a processing fee for administering property tax filings. You will indemnify us on an after-tax basis against the loss of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions.

7. End of Lease: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial Lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's fair market value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods.

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease Payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease Payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease Payments and the Residual discounted to the date of default at the lesser of (A) a per annum interest rate equivalent to that of a U.S. Treasury constant maturity obligation (as reported by the U.S. Treasury Department) that would have a repayment term equal to the remaining Lease term, all as reasonably determined by us, or (B) 6% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; and (iv) require that you immediately return the Equipment to us or we may peacefully repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us.

9. Miscellaneous: You agree the Lease is a Finance Lease as defined in Article 2A of the "UCC". You acknowledge we have given you the name of the Equipment supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. If requested, you will sign a separate Equipment acceptance certificate. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree to waive any and all rights and remedies granted to you under Sections 2A-508 through 2A-522 of the UCC - you agree that the Equipment will only be used for business purposes and not for personal, family or household use and will not be moved from the above location without our consent. You agree that a facsimile copy of the Lease with facsimile signatures may be treated as an original and will be admissible as evidence of the Lease. We may inspect the Equipment during the Lease term.

You agree that this is a non-cancelable lease. The Equipment is:  NEW  USED

LESSEE SIGNATURE  
 Lessee (Full Legal Name)  
 HARBOR HILL CARE CENTER, INC.  
 Signature  
 Print Name  
 Title  
 Date

LESSOR  
 DE LAGE LANDEN FINANCIAL SERVICES, INC.  
 Lease Processing Center: 1111 Old Eagle School Road, Wayne, PA  
 19087-8808  
 PHONE: (800) 735-3273 • FAX: (800) 776-2329  
 Commencement Date  
 Lease Number  
 Accepted By

GUARANTY  
 I unconditionally guaranty prompt payment of all the Lessee's obligations. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the laws of the Commonwealth of Pennsylvania and I consent to non-exclusive jurisdiction in any state or federal court in Pennsylvania and waive trial by jury.  
 Signature  
 Date  
 Print Name

ACCEPTANCE  
 The equipment has been received, put in use, is in good working order and is satisfactory and acceptable.  
 Signature  
 Date  
 Print Name  
 Title

Corporate Office  
 45 Corporate Avenue  
 Plainville, CT 06062  
 800-634-4810  
 P: 860-793-9994 F: 860-793-9954  
 www.theofficeworksinc.com



Branch Office  
 100 Mill Plain Road, 3rd Floor  
 Danbury, CT 06810  
 P: 203-942-2640

**SALES ORDER**

Date 9/30/2014 PO# \_\_\_\_\_ Terms \_\_\_\_\_

BILL TO Waters Edge Rehabilitation Center SHIP TO \_\_\_\_\_

Address 111 Church Street Address \_\_\_\_\_

City Middletown State CT 06457 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Contact \_\_\_\_\_ Ship to Phone \_\_\_\_\_

Billing Phone 860-347-7286 Ship to Fax \_\_\_\_\_

ITEM DESCRIPTION	SERIAL NUMBER	QTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio477S Digital Copier		1		39 Month Lease
				\$55.59 per month
				Zero Down
				FMV Lease End Option

1) The Seller retains a security interest in all the equipment and supplies described in this Agreement until the purchase price is paid in full.  
 2) In the event Buyer makes default in payment the Buyer will be liable for the payment of any legal fees or costs incurred in sustaining or protecting the security interest or in enforcing the terms of the security agreement, and upon demand the Buyer agrees to make the equipment available to the Seller at a location to be determined by seller.  
 3) If there is a third party associated with this transaction, the lessee shall abide by the terms of the lease agreement. The Office Works, Inc. shall in no way be held responsible if the lessee fails to fulfill any terms set forth in the associated lease agreement.

Returned Equipment	Make/Model _____	Equip. ID# & Serial Number _____	End Meter _____
Hard-drive Options Upon Equipment Removal	Remove & Replace _____	Erase _____	Ignore _____

Notes / Provisions:  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Customer Authorization</b>	<b>The Office Works, Inc. Authorization</b>
Authorized Signature <u>[Signature]</u>	Accepted By _____
Print Name / Title <u>M. BOKOW</u>	Print Name _____
Date <u>9/30/14</u>	Title _____

**THE OFFICEWORKS**

**MASTER MAINTENANCE AGREEMENT**

The Office Works, Inc.  
Farmington Valley Corporate Park  
45 Corporate Avenue  
Plainville, CT 06062  
800-834-4810  
P: 860-793-9994 F: 860-793-9954  
www.theofficeworksinc.com

**BILLING INFORMATION**

**EQUIPMENT LOCATION**

BILL TO Waters Edge Rehabilitation Center SHIP TO \_\_\_\_\_  
Address 111 Church Street Address \_\_\_\_\_  
City Middletown State CT Zip 06457 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Contact 860-347-7286 Meter Contact \_\_\_\_\_  
\*Please Select Preferred Method of Contact Below

Lease Billed By De Lage Landen Financial Services

PO # \_\_\_\_\_  Meter Contact E-mail \_\_\_\_\_

Machine ID # \_\_\_\_\_  Meter Contact Fax \_\_\_\_\_

Serial # \_\_\_\_\_  Meter Contact Phone \_\_\_\_\_

Make/Model Toshiba e-Studio477S

ALL INCLUSIVE SERVICE MAINTENANCE AGREEMENT  Includes labor, travel, parts & supplies, excludes paper, staples and freight.

FULL SERVICE MAINTENANCE AGREEMENT  Includes labor, travel and parts, excludes supplies and freight.

Notes State sales tax will be applied when applicable.

Start Meter \_\_\_\_\_ Contract Effective Dates \_\_\_\_\_ to \_\_\_\_\_

Base Charge \_\_\_\_\_ M \_\_\_\_\_ Overage Billed \_\_\_\_\_  
A S Q M\* A S Q M\* \*A= annually, S= semi-annually, Q= quarterly, M= monthly

**COPIES**

Black Copy Allowance \_\_\_\_\_

Color Copy Allowance \_\_\_\_\_

Overage Rates 0.0065  
BLACK COLOR

**PRINTS**

Black Print Allowance \_\_\_\_\_

Color Print Allowance \_\_\_\_\_

Overage Rates \_\_\_\_\_  
BLACK COLOR

FOR THE FIXED CHARGES THAT ARE SUBJECT TO THE TERMS SET FORTH IN THIS AGREEMENT THE OFFICE WORKS, INC'S FIELD SERVICE DEPARTMENT WILL PROVIDE TECHNICAL REPAIR SERVICE IN ORDER TO MAINTAIN THE ABOVE "EQUIPMENT" IN PROPER OPERATING CONDITION. CUSTOMER ACKNOWLEDGES TO HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT WHICH ARE CONTAINED ON BOTH SIDES OF THIS DOCUMENT AND WHICH CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES, THERE ARE NO ORAL UNDERSTANDINGS, TERMS OR CONDITIONS; AND THE PARTIES MAY NOT RELY UPON ANY REPRESENTATIONS, EXPRESSED OR IMPLIED, NOT CONTAINED IN THIS AGREEMENT. THIS AGREEMENT IS NOT VALID UNTIL ACCEPTED BY THE OFFICE WORKS, INC.

**CUSTOMER AUTHORIZATION**

Authorized Signature [Signature] Title \_\_\_\_\_

Print Name M BOKOW Date \_\_\_\_\_

At this time I decline Maintenance Agreement Coverage \_\_\_\_\_ Initials \_\_\_\_\_

**THE OFFICE WORKS, INC AUTHORIZATION**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## TERMS AND CONDITIONS

**EFFECTIVE DATE OF AGREEMENT:** The undersigned hereby requests that the equipment listed on the reverse side hereof, be placed under maintenance agreement and billed according to the terms and conditions of this agreement. The term of this agreement shall commence upon the date indicated on the front of this agreement and The Office Works, Inc.'s acceptance of the contract. This agreement will automatically renew for successive (1) year terms and number of copy/prints allowance proportional and subject to the receipt by The Office Works, Inc. of the maintenance charge in effect at the renewal date, provided the customer is not then in default. This agreement will be coterminous with the equipment lease, if applicable.

**GENERAL SCOPE OF COVERAGE:** This agreement covers labor and all parts for adjustments and repairs as required by normal use of the equipment except as hereinafter provided. Damage to the equipment or its parts arising from misuse, abuse, negligence, or causes beyond The Office Works, Inc.'s control are not covered. The Office Works, Inc. may terminate this agreement in the event the equipment is modified, damaged, altered or serviced by personnel other than those employed by The Office Works, Inc., or if parts, accessories or components not authorized by The Office Works, Inc. are fitted to the equipment.

No change, alteration or amendment of the terms or conditions of this agreement are authorized or effective unless they have been agreed to in writing by an officer of The Office Works, Inc. No course of dealing of any other customer shall constitute an amendment to the terms hereof or alter any of the terms of this agreement.

No terms or warranties are authorized unless they appear on the original of this agreement. The Office Works, Inc. disclaims all warranties, expressed or implied, including any implied warranties of merchantability, fitness for use, or fitness for particular purpose. The Office Works, Inc. shall not be responsible for direct, incidental or consequential damages, including but not limited to damages arising out of the use or performance of the equipment or the loss of use of the equipment.

Authorization to move equipment may be subject to the terms and conditions of lease contracts. Customer shall give The Office Works, Inc. thirty (30) days prior written notice if customer desires to move equipment covered under this agreement. The Office Works, Inc., at its option, may terminate service under this agreement in whole or in part in the event the equipment is moved without consent of The Office Works, Inc. The Office Works, Inc. reserves the right to increase the cost of this agreement for servicing equipment in a new location. A relocation, removal and/or reinstallation fee will be charged.

Reinstallation of drivers and/or installation of connected devices due to changes in network operating systems or malfunction of devices other than listed on this contract are not covered and will be billed by The Office Works, Inc. at the current published hourly rates.

**EXTENT OF SERVICES:** Labor performed during a service call includes lubrication and cleaning of the equipment, adjustments and repair or replacement of parts required by wear and tear resulting from normal use. Replaced parts become the property of The Office Works, Inc. Unlimited service calls, including travel time and mileage under this agreement will be made during normal business hours at the customer's installation address. The Office Works, Inc.'s normal business hours for service are from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding holidays. Customer understands that alterations, attachments, specification changes, parts or service necessitated by negligence, accident, use of unsuitable supplies or unauthorized interference with the equipment will be charged the rates in effect at the time of service.

**REPAIR AND REPLACEMENT OF PARTS:** All parts necessary to the operation of the equipment, with the exception of the exclusions listed below and subject to the general scope of coverage will be furnished free of charge during a service call included in the maintenance service provided by this agreement. When and in its sole discretion The Office Works, Inc. determines a shop reconditioning is necessary as a direct result of expected materials wear and age factors caused by normal office environment usage, to keep the equipment in working condition, The Office Works, Inc. will remove equipment from customer environment and return to our shop for repair. If the customer does not authorize such reconditioning, The Office Works, Inc. may discontinue service of the equipment under this agreement or may refuse to renew this agreement upon its expiration. Thereafter The Office Works, Inc. will be available on a "Per Call" basis at current published rates.

**EXCLUSIONS:** This agreement does not cover connected devices that allow the equipment to interface with networks and communications systems. The Office Works, Inc. will troubleshoot network related issues and perform maintenance on connected devices on a time and material billable basis.

External electrical, telephone or cabling are not covered under this agreement. Any charges by an outside source for improvements or repairs made to external electrical, telephone or cabling are solely the customer's responsibility. All equipment is required to have electrical connections through a power surge protector approved by The Office Works, Inc.

This agreement does not cover service necessitated as a result of malfunction of equipment when unauthorized parts, attachments or supplies that are not approved by The Office Works, Inc. are used with the equipment. This agreement does not cover service required as a result of alterations or malfunctioning computer or network hardware or network operating system, application, and/or network operating software. If it is determined that such changes, alterations or malfunctions make it impractical for The Office Works, Inc. to continue service, The Office Works, Inc. reserves the right to terminate this agreement.

This agreement does not cover the cost of overhaul, rebuild, remove, relocate or return equipment. This agreement does not apply to any loss or damage to equipment through accident, abuse, misuse, theft, neglect, acts of third parties, fire, water, casualty or any other natural force, whether direct, indirect consequential or inconsequential. The cost of repairing equipment caused by lightning strikes on electrical or phone lines are excluded. Losses and damages occurring from any of the foregoing are specifically excluded from this agreement.

This agreement excludes the following services where applicable: paper, transparencies, staples and freight.

**BILLING:** Base Charges will be billed approximately one (1) month in advance of the base billing cycle indicated on the front page of this agreement. Overages will be billed in arrears within ten (10) days following end date of overage billing cycle indicated on the front of this agreement. Meter readings will be collected via auto-email, auto-fax or by phone when customer has requested. Auto-meter requests require customer to have internet connectivity. Meter readings for agreements with semi-annual or annual billing cycles will be obtained periodically during the contract effective dates to ensure customer has not exceeded copy/print allowance(s). The Office Works, Inc. will estimate meters when they are not provided. Estimates will be based on available customer usage data.

**INVOICING:** All payment(s) should be remitted to the address indicated on the invoice(s). Payment terms are thirty (30) days from the invoice date. Base charge invoices for new agreements are due upon receipt, except where the agreement has been incorporated into the purchase of the equipment.

**DEFAULT:** Customer will be considered in "default" if scheduled payment(s) are not received within fifteen (15) days from due date. Customer agrees that should they have any past due balances with The Office Works, Inc. for any reason, at the sole discretion of The Office Works, Inc., support under this agreement shall be suspended until such past due balances shall have been satisfied. The Office Works, Inc. reserves the right to terminate or delay service and/or supplies for any or all equipment associated with customer until customer's account is paid current. Customer agrees to pay The Office Works, Inc. costs and expenses of collection including the maximum attorney's fee permitted by law.

**RENEWAL/CANCELLATION:** This agreement shall automatically renew at the end of its current term for a successive one (1) year term, upon no less than thirty (30) days notification from the Office Works, Inc. The agreement invoice shall be deemed as written notification of its intention to renew. Upon The Office Works, Inc. re-assessment of the agreement, new agreement terms may be issued, and cost may be adjusted annually at the beginning of a new agreement term.

Customer must provide written notification thirty (30) days prior to desired termination effective date, of its intent to cancel this agreement. This contract may not be transferred if equipment is sold or title is transferred. This agreement is non-refundable.

**TRAINING:** The Office Works, Inc., at no additional charge, will train a reasonable number of key operators designated by the customer, in operation of the equipment hardware. The Office Works, Inc. will train the customer for up to a total of two (2) hours on the installation and operation of software for up to two (2) workstations. Additional training and installation is available for an additional charge, at current published rates.

The customer will be responsible for daily care and cleaning of the top-glass, sit glass, dusting equipment, replenishing supplies and cleaning jams. The customer shall adhere to manufacturer's specifications and/or operating manuals in operating equipment.

**GOVERNING LAW:** This agreement shall be governed by and construed according to the laws of the State of Connecticut, applicable to agreement wholly negotiated, executed and performed in said state.

**FORCE MAJEURE:** The Office Works, Inc. shall not be liable for damages or delays in performance or failures to perform its obligations under this agreement caused by circumstances beyond its reasonable control including, but not limited to, delays or failure to perform caused by work stoppages, delays or losses in shipping, acts of governments, delay in manufacturing, including but not limited to bad weather, import and the governmental restrictions, accidents and delays or failure to perform by its suppliers.

**INDEMNIFICATION:** Notwithstanding anything to the contrary herein, The Office Works, Inc. indemnity is limited to acts or omissions of gross negligence by The Office Works, Inc. and in no event shall The Office Works, Inc. be liable, in aggregate, for more than the Fair Market Value of the Agreement ("Aggregate Indemnification Cap"). It is understood that the Aggregate Indemnification Cap is in fact an aggregate indemnification obligation, and not on a "per occurrence" basis indemnification obligation. It is further understood that any indemnification obligation by The Office Works, Inc. may have under this agreement shall be satisfied by recourse to insurance funds available under The Office Works, Inc. Comprehensive General Liability Insurance Policy.

**NON-DISCRIMINATION:** The Office Works, Inc. agrees and warrants that in the performance of this agreement, it will not discriminate or permit discrimination against any person or group of persons on the grounds of race, creed, color, age, religion or national origin in any manner prohibited by the laws of the United States or of the State of Connecticut, Massachusetts or New York.



LESSEE	Full Legal Name HARBOR HILL CARE CENTER, INC.	Phone Number 8603477286
	Billing Address 111 CHURCH STREET, MIDDLETOWN, CT, 06457	Purchase Order Requisition Number
	Equipment Location (if not same as above)	Send Invoice to Attach or

EQUIPMENT INFORMATION	Equipment Make	Model Number	Serial Number	Quantity	Description (Attach separate Schedule A if Necessary)
		Toshiba e-Studio557		Copier w/MJ1027 Finisher	1 ea
	Toshiba e-Studio657		Copier w/MJ1027 Finisher	1 ea	

PAYMENT INFORMATION	Number of Lease Payments	Lease Payment (PLUS)	Applicable Sales Tax (EQUALS)	Total Lease Payment	Term of Lease in Months	End of Lease Option	Payment Frequency
		39	435.43 +	27.65 =	463.08	39	Fair Market Value
		+	=		Security Deposit (PLUS)	End of Lease Purchase Option shall be FMV unless another option is indicated.	
					First Period Payment (PLUS)	Other (EQUALS)	Total Payment Enclosed
		+	=				

TERMS AND CONDITIONS

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date, as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your Lease obligations are absolute, unconditional and are not subject to cancellation, reduction, setoff or counterclaim. You agree to pay us a fee of \$75 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. Security deposits are non-interest-bearing and may be applied to cure a Lease default. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 10% of the payment or \$10, whichever is greater. We will charge you a fee of \$25 for any check that is returned. ONLY WE ARE AUTHORIZED TO WAIVE OR CHANGE ANY TERM, PROVISION OR CONDITION OF THE LEASE.

2. Title: Unless you have a \$1.00 purchase option, we will have title to the Equipment. If you have a \$1.00 purchase option and/or the lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the equipment.

3. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. If the Lease Payment includes the cost of maintenance and/or service provided by a third party, you agree that we are not responsible to provide the maintenance or service and you will make all claims related to maintenance and service to the third party. You agree that any claims related to maintenance or service will not impact your obligation to pay all Lease Payments when due.

4. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. Risk of Loss and Insurance: You are responsible for all risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain such insurance, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity

will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. Taxes: You agree to pay when due, either directly or as reimbursement to us, all sales, use and personal property taxes and charges in connection with ownership and use of the Equipment. We may charge you a processing fee for administering property tax filings. You will indemnify us on an after-tax basis against the loss of any tax benefits anticipated at the Commencement Date arising out of your sales or omissions.

7. End of Lease: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial Lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods.

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease Payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease Payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease Payments and the Residual discounted to the date of default at the lesser of (A) a per annum interest rate equivalent to that of a U.S. Treasury constant maturity obligation (as reported by the U.S. Treasury Department) that would have a repayment term equal to the remaining Lease term, all as reasonably determined by us, or (B) 6% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; and (iv) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us.

9. Miscellaneous: You agree the Lease is a Finance Lease as defined in Article 2A of the "UCC". You acknowledge we have given you the name of the Equipment supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. If requested, you will sign a separate Equipment acceptance certificate. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree to waive any and all rights and remedies granted to you under Sections 2A-508 through 2A-522 of the UCC. You agree that the Equipment will only be used for business purposes and not for personal, family or household use and will not be moved from the above location without our consent. You agree that a facsimile copy of the Lease with facsimile signatures may be treated as an original and will be admissible as evidence of the Lease. We may inspect the Equipment during the Lease term.

You agree that this is a non-cancelable lease. The Equipment is:  NEW  USED

LESSEE SIGNATURE  
Lessee (Full Legal Name)  
HARBOR HILL CARE CENTER, INC.  
Signature  
Print Name  
MICHAEL BAKER  
Date  
12/3/14

LESSOR  
DE LAGE LANDEN FINANCIAL SERVICES, INC.  
Lease Processing Center: 1111 Old Eagle School Road, Wayne, PA 19087-8808  
PHONE: (800) 735-3273 • FAX: (800) 776-2329  
Commencement Date  
Lease Number  
Accepted By

GUARANTY  
I unconditionally guaranty prompt payment of all the Lessee's obligations. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the Laws of the Commonwealth of Pennsylvania and I consent to non-exclusive jurisdiction in any state or federal court in Pennsylvania and waive trial by jury.  
Signature  
Date  
Print Name

ACCEPTANCE  
The equipment has been received, put in use, is in good working order and is satisfactory and acceptable.  
Signature  
Date  
Print Name  
Title

Corporate Office  
 45 Corporate Avenue  
 Plainville, CT 06062  
 800-634-4810

P: 860-793-9994 F: 860-793-9954  
 www.theofficeworksinc.com

**THE OFFICE WORKS**

Branch Office  
 100 Mill Plain Road, 3rd Floor  
 Danbury, CT 06810  
 P: 203-942-2640

**SALES ORDER**

Date 11/11/2014 PO# \_\_\_\_\_ Terms \_\_\_\_\_

BILL TO Harbor Hill Center (Waters Edge Rehab Ctr) SHIP TO \_\_\_\_\_

Address 111 Church Street Address \_\_\_\_\_

City Middletown State CT 06457 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Contact \_\_\_\_\_ Ship to Phone \_\_\_\_\_

Billing Phone 860-347-7286 Ship to Fax \_\_\_\_\_

ITEM DESCRIPTION	SERIAL NUMBER	QTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio557 Digital Copier		1		39 Month Lease
MJ1027 Finisher		1		\$435.43 per month
Power Filter 20 amp		1		Zero Down
				FMV Lease End Option
Toshiba e-Studio657 Digital Copier		1		
MJ1027 Finisher		1		
Power Filter 20 amp		1		

- 1) The Seller retains a security interest in all the equipment and supplies described in this Agreement until the purchase price is paid in full.
- 2) In the event Buyer makes default in payment the Buyer will be liable for the payment of any legal fees or costs incurred in sustaining or protecting the security interest or in enforcing the terms of the security agreement, and upon demand the Buyer agrees to make the equipment available to the Seller at a location to be determined by seller.
- 3) If there is a third party associated with this transaction, the lessee shall abide by the terms of the lease agreement. The Office Works, Inc. shall in no way be held responsible if the lessee fails to fulfill any terms set forth in the associated lease agreement.

Returned Equipment	Make/Model	Equip. ID# & Serial Number	End Meter
	Toshiba e-Studio555se & e-Studio655se	ID4892 SCBK123339/ID4891 SCCJ118167	
Hard-drive Options Upon Equipment Removal	Remove & Replace _____	Erase _____	Ignore _____

Notes / Provisions:

The Office Works Inc. will remove and return the Toshiba e-Studio555se & e-Studio655se to the leasing company at no charge.

Customer Authorization

The Office Works, Inc. Authorization

Authorized Signature [Signature] Accepted By \_\_\_\_\_

Print Name / Title MICHAEL BOCKEN MANAGER Print Name \_\_\_\_\_

Date 12/3/14 Title \_\_\_\_\_

**THE OFFICEWORKS**

**MASTER MAINTENANCE AGREEMENT**

The Office Works, Inc.  
Farmington Valley Corporate Park  
45 Corporate Avenue  
Plainville, CT 06062  
800-634-4810  
P: 860-793-9994 F: 860-793-9954  
www.theofficeworksinc.com

**BILLING INFORMATION**

**EQUIPMENT LOCATION**

BILL TO Harbor Hill Center (Waters Edge Rehab Ctr) SHIP TO \_\_\_\_\_  
Address 111 Church Street Address \_\_\_\_\_  
City Middletown State \_\_\_\_\_ CT Zip 06457 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Contact 860-347-7286 Meter Contact \_\_\_\_\_  
\*Please Select Preferred Method of Contact Below

Lease Billed By De Lage Landen

PO # \_\_\_\_\_  Meter Contact E-mail \_\_\_\_\_

Machine ID # \_\_\_\_\_  Meter Contact Fax \_\_\_\_\_

Serial # \_\_\_\_\_  Meter Contact Phone \_\_\_\_\_

Make/Model Toshiba e-Studio557 & e-Studio657

ALL INCLUSIVE SERVICE MAINTENANCE AGREEMENT  Includes labor, travel, parts & supplies, excludes paper, staples and freight.

FULL SERVICE MAINTENANCE AGREEMENT  Includes labor, travel and parts, excludes supplies and freight.

Notes State sales tax will be applied when applicable.

Start Meter \_\_\_\_\_ Contract Effective Dates \_\_\_\_\_ to \_\_\_\_\_

Base Charge \_\_\_\_\_ M \_\_\_\_\_ Overage Billed \_\_\_\_\_  
A S Q M\* \*A= annually, S= semi-annually, Q= quarterly, M= monthly

**COPIES**  
Black Copy Allowance \_\_\_\_\_  
Color Copy Allowance \_\_\_\_\_  
Overage Rates 0.0065  
BLACK COLOR

**PRINTS**  
Black Print Allowance \_\_\_\_\_  
Color Print Allowance \_\_\_\_\_  
Overage Rates \_\_\_\_\_  
BLACK COLOR

FOR THE FIXED CHARGES THAT ARE SUBJECT TO THE TERMS SET FORTH IN THIS AGREEMENT THE OFFICE WORKS, INC'S FIELD SERVICE DEPARTMENT WILL PROVIDE TECHNICAL REPAIR SERVICE IN ORDER TO MAINTAIN THE ABOVE "EQUIPMENT" IN PROPER OPERATING CONDITION. CUSTOMER ACKNOWLEDGES TO HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT WHICH ARE CONTAINED ON BOTH SIDES OF THIS DOCUMENT AND WHICH CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. THERE ARE NO ORAL UNDERSTANDINGS, TERMS OR CONDITIONS; AND THE PARTIES MAY NOT RELY UPON ANY REPRESENTATIONS, EXPRESSED OR IMPLIED, NOT CONTAINED IN THIS AGREEMENT. THIS AGREEMENT IS NOT VALID UNTIL ACCEPTED BY THE OFFICE WORKS, INC.

**CUSTOMER AUTHORIZATION**

Authorized Signature [Signature] Title \_\_\_\_\_

Print Name MICHAEL BOKOW Date \_\_\_\_\_

At this time, I decline Maintenance Agreement Coverage \_\_\_\_\_ Initials \_\_\_\_\_

**THE OFFICE WORKS, INC AUTHORIZATION**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## TERMS AND CONDITIONS

**EFFECTIVE DATE OF AGREEMENT:** The undersigned hereby requests that the equipment listed on the reverse side hereof, be placed under maintenance agreement and billed according to the terms and conditions of this agreement. The term of this agreement shall commence upon the date indicated on the front of this agreement and The Office Works, Inc.'s acceptance of the contract. This agreement will automatically renew for successive (1) year terms and number of copy/print allowance proportional and subject to the receipt by The Office Works, Inc. of the maintenance charge in effect at the renewal date, provided the customer is not then in default. This agreement will be coterminal with the equipment lease, if applicable.

**GENERAL SCOPE OF COVERAGE:** This agreement covers labor and all parts for adjustments and repairs as required by normal use of the equipment except as hereinafter provided. Damage to the equipment or its parts arising from misuse, abuse, negligence, or causes beyond The Office Works, Inc.'s control are not covered. The Office Works, Inc. may terminate this agreement in the event the equipment is modified, damaged, altered or serviced by personnel other than those employed by The Office Works, Inc., or if parts, accessories or components not authorized by The Office Works, Inc. are fitted to the equipment.

No change, alteration or amendment of the terms or conditions of this agreement are authorized or effective unless they have been agreed to in writing by an officer of the The Office Works, Inc. No course of dealing of any other customer shall constitute an amendment to the terms hereof or alter any of the terms of this agreement.

No terms or warranties are authorized unless they appear on the original of this agreement. The Office Works, Inc. disclaims all warranties, expressed or implied, including any implied warranties of merchantability, fitness for use, or fitness for particular purpose. The Office Works, Inc. shall not be responsible for direct, incidental or consequential damages, including but not limited to damages arising out of the use or performance of the equipment or the loss of use of the equipment.

Authorization to move equipment may be subject to the terms and conditions of lease contracts. Customer shall give The Office Works, Inc. thirty (30) days prior written notice if customer desires to move equipment covered under this agreement. The Office Works, Inc., at its option, may terminate service under this agreement in whole or in part in the event the equipment is moved without consent of The Office Works, Inc. The Office Works, Inc. reserves the right to increase the cost of this agreement for servicing equipment in a new location. A relocation, removal and/or reinstallation fee will be charged.

Reinstallation of drivers and/or installation of connected devices due to changes in network operating systems or malfunction of devices other than listed on this contract are not covered and will be billed by The Office Works, Inc. at the current published hourly rates.

**EXTENT OF SERVICES:** Labor performed during a service call includes lubrication and cleaning of the equipment, adjustments and repair or replacement of parts required by wear and tear resulting from normal use. Replaced parts become the property of The Office Works, Inc. Unlimited service calls, including travel time and mileage under this agreement will be made during normal business hours at the customer's installation address. The Office Works, Inc.'s normal business hours for service are from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding holidays. Customer understands that alterations, attachments, specification changes, parts or service necessitated by negligence, accident, use of unsuitable supplies or unauthorized interference with the equipment will be charged the rates in effect at the time of service.

**REPAIR AND REPLACEMENT OF PARTS:** All parts necessary to the operation of the equipment, with the exception of the exclusions listed below and subject to the general scope of coverage will be furnished free of charge during a service call included in the maintenance service provided by this agreement. When and in its sole discretion The Office Works, Inc. determines a shop reconditioning is necessary as a direct result of expected materials wear and age factors caused by normal office environment usage, to keep the equipment in working condition, The Office Works, Inc. will remove equipment from customer environment and return to our shop for repair. If the customer does not authorize such reconditioning, The Office Works, Inc. may discontinue service of the equipment under this agreement or may refuse to renew this agreement upon its expiration. Thereafter The Office Works, Inc. will be available on a "Per Call" basis at current published rates.

**EXCLUSIONS:** This agreement does not cover connected devices that allow the equipment to interface with networks and communications systems. The Office Works, Inc. will troubleshoot network related issues and perform maintenance on connected devices on a time and material billable basis.

External electrical, telephone or cabling are not covered under this agreement. Any charges by an outside source for improvements or repairs made to external electrical, telephone or cabling are solely the customer's responsibility. All equipment is required to have electrical connections through a power surge protector approved by The Office Works, Inc.

This agreement does not cover service necessitated as a result of malfunction of equipment when unauthorized parts, attachments or supplies that are not approved by The Office Works, Inc. are used with the equipment. This agreement does not cover service required as a result of alterations or malfunctioning computer or network hardware or network operating system, application, and/or network operating software. If it is determined that such changes, alterations or malfunctions make it impractical for The Office Works, Inc. to continue service, The Office Works, Inc. reserves the right to terminate this agreement.

This agreement does not cover the cost to overhaul, rebuild, remove, relocate or return equipment. This agreement does not apply to any loss or damage to equipment through accident, abuse, misuse, theft, neglect, acts of third parties, fire, water, casualty or any other natural force, whether direct, indirect consequential or inconsequential. The cost of repairing equipment caused by lightning strikes on electrical or phone lines are excluded. Losses and damages occurring from any of the foregoing are specifically excluded from this agreement.

This agreement excludes the following services where applicable: paper, transparencies, staples and freight.

**BILLING:** Base Charges will be billed approximately one (1) month in advance of the base billing cycle indicated on the front page of this agreement. Overages will be billed in arrears within ten (10) days following end date of overage billing cycle indicated on the front of this agreement. Meter readings will be collected via auto-email, auto-fax or by phone when customer has requested. Auto-meter requests require customer to have internet connectivity. Meter readings for agreements with semi-annual or annual billing cycles will be obtained periodically during the contract effective dates to ensure customer has not exceeded copy/print allowance(s). The Office Works, Inc. will estimate meters when they are not provided. Estimates will be based on available customer usage data.

**INVOICING:** All payment(s) should be remitted to the address indicated on the invoice(s). Payment terms are thirty (30) days from the invoice date. Base charge invoices for new agreements are due upon receipt, except where the agreement has been incorporated into the purchase of the equipment.

**DEFAULT:** Customer will be considered in "default" if scheduled payment(s) are not received within fifteen (15) days from due date. Customer agrees that should they have any past due balances with The Office Works, Inc. for any reason, at the sole discretion of The Office Works, Inc., support under this agreement shall be suspended until such past due balances shall and have been satisfied. The Office Works, Inc. reserves the right to terminate or delay service and/or supplies for any or all equipment associated with customer until customer's account is paid current. Customer agrees to pay The Office Works, Inc. costs and expenses of collection including the maximum attorney's fee permitted by law.

**RENEWAL/CANCELLATION:** This agreement shall automatically renew at the end of the current term for a successive one (1) year term, upon no less than thirty (30) days notification from the Office Works, Inc. The agreement invoice shall be deemed as written notification of its intention to renew. Upon The Office Works, Inc.'s re-assessment of the agreement, new agreement terms may be issued, and cost may be adjusted annually at the beginning of a new agreement term.

Customer must provide written notification thirty (30) days prior to desired termination effective date, of its intent to cancel this agreement. This contract may not be transferred if equipment is sold or title is transferred. This agreement is non-refundable.

**TRAINING:** The Office Works, Inc., at no additional charge, will train a reasonable number of key-operators designated by the customer, in operation of the equipment hardware. The Office Works, Inc. will train the customer for up to a total of two (2) hours on the installation and operation of software for up to two (2) workstations. Additional training and installation is available for an additional charge, at current published rates.

The customer will be responsible for daily care and cleaning of the top-glass, silt glass, dusting equipment, replenishing supplies and clearing jams. The customer shall adhere to manufacturer's specifications and/or operating manuals in operating equipment.

**GOVERNING LAW:** This agreement shall be governed by and construed according to the laws of the State of Connecticut, applicable to agreement wholly negotiated, executed and performed in said state.

**FORCE MAJEURE:** The Office Works, Inc. shall not be liable for damages or delays in performance or failures to perform its obligations under this agreement caused by circumstances beyond its reasonable control including, but not limited to, delays or failure to perform caused by work stoppages, delays or losses in shipping, acts of governments, delay in manufacturing, including but not limited to bad weather, import and the governmental restrictions, accidents and delays or failure to perform by its suppliers.

**INDEMNIFICATION:** Notwithstanding anything to the contrary herein, The Office Works, Inc. indemnity is limited to acts or omissions of gross negligence by The Office Works, Inc. and in no event shall The Office Works, Inc. be liable, in aggregate, for more than the Fair Market Value of the Agreement ("Aggregate Indemnification Cap"). It is understood that the Aggregate Indemnification Cap is in fact an aggregate indemnification obligation, and not on a "per occurrence" basis indemnification obligation. It is further understood that any indemnification obligation by The Office Works, Inc. may have under this agreement shall be satisfied by recourse to insurance funds available under The Office Works, Inc. Comprehensive General Liability Insurance Policy.

**NON-DISCRIMINATION:** The Office Works, Inc. agrees and warrants that in the performance of this agreement, it will not discriminate or permit discrimination against any person or group or persons on the grounds of race, creed, color, age, religion or national origin in any manner prohibited by the laws of the United States or of the State of Connecticut, Massachusetts or New York.



LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Waters Edge Rehabilitation Center
Tax ID#:
Telephone No: 8603477286

Billing Address: 111 Church Street, Middletown, CT 06457
Equipment Location (if other than Billing Address): 111 Church Street, Middletown, CT

EQUIPMENT DESCRIPTION: (Indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)

Table with columns: Unit Quantity, Description of Equipment Leased, Make and Type, Model Number, Serial Number. Includes details for Toshiba 3055C and lease terms like Base Term (39 months) and Total Number of Lease Payments (39 @ \$154.57).

\*\*If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

TERMS AND CONDITIONS

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:
1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.
4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within five (5) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period").
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease.
11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties.

ACCEPTED BY LESSEE: Waters Edge Rehabilitation Center
Print Name: MICHAEL BOROW Title:
E-Mail Address:
Date: 1/2/15
Lessee Authorized Signature

PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X
Print Name:
E-Mail Address:
Accepted by: LEAF Capital Funding, LLC By:
Title:
Date:

**SALES ORDER**

**THE OFFICEWORKS**

**DATE:** 1-16-15

**The Office Works, Inc.**  
 45 Corporate Avenue  
 Plainville, CT 06062  
 1-800-634-4810 1-860-793-9994

**NAME:**  
 Waters Edge Rehabilitation Center  
 111 Church Street  
 Middletown, CT 06457

**SHIP TO:**  
 Same

ITEM / DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio 3055C	1		39-month lease
MR3025 Document Handler	1		\$154.57 per month
Cabinet Stand	1		
GD1350 Fax Board	1		
<b>TOTAL SALE PRICE</b>			
<b>DELIVERY CHARGE</b>			Incl.
<b>SALES TAX</b>			
<b>TOTAL</b>			


**Notes / Provisions:**

The sale price includes delivery, installation, set-up and training.  
 All-inclusive maintenance cost per page service agreement will be billed monthly at \$.0065 per black page and \$.049 per color page. The maintenance agreement cover all service, parts, labor and toner, excludes paper.

**CUSTOMER:** Waters Edge Rehabilitation Center

**THE OFFICE WORKS, INC.**

**Authorized Signature** 

**Accepted By** 

**Name** Michael Bokor

**Title** President

**Title** \_\_\_\_\_

**Date** 1/21/15

**Phone** \_\_\_\_\_

**Sales Associate** \_\_\_\_\_

### General Information and Questionnaire Accounting Basis

Name of Facility Harbor Hill Care Center, Inc. d/b/a	License No. 2097-C	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 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 29 S. Main St., West Hartford, CT 06127
--	--

**Services Provided by This Firm (describe fully)**

1    Compilation, preparation of Medicare and Medicaid cost reports, and year end tax services	\$	23,663
2	\$	
3	\$	
4	\$	
<b>Charge for Services Provided</b>		
\$		23,663

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

**Legal Services Information**

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

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

**Services Provided by This Firm (describe fully)**

1    See attachment.	\$	3,704
2	\$	
3	\$	
4	\$	
5	\$	
<b>Charge for Services Provided</b>		
\$		3,704

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

State of Connecticut

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

CSP-7 Rev. 6/95

**General Information and Questionnaire  
Accounting Basis**

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation	License No. 2097-C	Report for Year Ended 9/30/2015	Page 7	of 37
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Rogin Nassau, LLC		(860) 256-6300	
2	Peckar & Abramson		(201) 343-3434	
3	Durant, Nichols, Houston, Hodges & Cortese-Costa		(203) 366-3438	
4	Berchem & Moses, P.C.		(203)-783-1200	
5	Treasurer State of Connecticut			
6	State Marshall			
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1	185 Asylum Street - 22nd Floor Hartford, CT. 06103-3460			
2	70 Grand Avenue River Edge, NJ. 07661			
3	1057 Broad Street Bridgeport, CT. 06604-4219			
4	75 Broad Street Milford, CT. 06460			
5	Hartford, CT 06106			
6				
Services Provided by This Firm ( <i>describe fully</i> )				
1	Administration		\$	119
2	Labor		\$	102
3	Labor		\$	650
4	Labor		\$	2,398
5	Conservator		\$	300
6	Conservator		\$	135
			Charge for Services Provided	
			\$	3,704
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 <span style="float: right;">Page 15 line 1e</span>				



**Schedule of Resident Statistics**

Name of Facility			License No.			Report for Year Ended				Page		of	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Re			2097-C			9/30/2015				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	150	150			150	150			150	150			
B. On last day of THIS report period	150	150			150	150			150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	132	132			132	132			120	120			
B. As of midnight of THIS report period	127	127			120	120			127	127			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,921	4,921			3,525	3,525			1,396	1,396			
B. Medicaid (Conn.)	36,478	36,478			27,290	27,290			9,188	9,188			
C. Medicaid (other states)													
D. Private Pay	2,982	2,982			2,417	2,417			565	565			
E. State SSI for RCH													
F. Other (Specify)	2,799	2,799			2,467	2,467			332	332			
G. Total Care Days During Period (3A thru F)	47,180	47,180			35,699	35,699			11,481	11,481			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	25	25			24	24			1	1			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	47,205	47,205			35,723	35,723			11,482	11,482			

**\*\*\*OTHER DAYS BREAKOUT:**

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation  
2015 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Period

Managed Care	<u>376</u>
Hospice	<u>2,423</u>
VA	<u>-</u>
	<u><u>2,799</u></u>

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge			License No. 2097-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	14		98		15								
Per Diem Rate													
a. One bed rm.	PPS		241.35		450/466/459								
b. Two bed rms.	PPS		241.35		433/449/441								
c. Three or more bed rms.	PPS		241.35										
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,205	2,205			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,108	1,108			
C. Other									10,869	10,869			
D. <b>Total Physical Therapy Treatments</b>									14,182	14,182			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									987	987			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									301	301			
C. Other									1,508	1,508			
D. <b>Total Speech Therapy Treatments</b>									2,796	2,796			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,028	2,028			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									963	963			
C. Other									9,838	9,838			
D. <b>Total Occupational Therapy Treatments</b>									12,829	12,829			

### Report of Expenditures - Salaries & Wages

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for	License No. 2097-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	39,912	39				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	137,640	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	14,751	281				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	223,670	11,103				
5. Dietary Service						
a. Head Dietitian	47,873	1,312				
b. Food Service Supervisor	56,718	2,126				
c. Dietary Workers	431,298	27,227				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	344,770	23,421				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,867	2,080				
b. Other Maintenance Workers	58,411	2,648				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	21,960	1,290				
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	200,936	4,160				
b. RN						
1. Direct Care	673,056	19,019				
2. Administrative**	243,577	6,213				
c. LPN						
1. Direct Care	1,122,768	40,107				
2. Administrative**						
d. Aides and Attendants	1,937,008	128,201				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	158,110	8,590				
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	213,561	7,972				
n. Marketing	49,522	1,037				
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	<b>6,037,408</b>	<b>288,905</b>				

\* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

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

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

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

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
IV Nursing Fees	\$ 700	Disallowed				
Consulting Fees - Rehabilitation therapy and Ancillary	\$ 5,235	Disallowed				
Consulting Fees-Nursing	\$ 8,319	Disallowed				
<b>Total</b>	\$ 14,254	Disallowed	\$ -	-	\$ -	-

**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	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health &				2097-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>										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559	39,912			Same as employees	Supervises operations, deals with DNS & financial management	39	A1	See attached		
<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.

**MARVIN J. OSTREICHER**  
**TIME STUDY**  
**Y/E SEPTEMBER 2015**

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
Augusta	3.00	8.50	7.00	4.00	7.50	7.50	1.50	4.50	7.50	5.50	4.50	6.50	67.50
Belair	5.00	5.50	7.00	3.00	5.50	4.50	2.50	2.00	3.00	5.00	6.50	5.00	54.50
Bloomfield	3.50	2.50	5.00	4.50	4.00	11.50	3.50	7.00	6.00	2.50	3.50	7.00	60.50
Brattleboro	5.50	4.00	3.00	4.00	4.50	4.50	1.00	3.50	8.00	3.00	4.50	7.00	52.50
Brentwood	2.50	9.50	2.50	7.00	3.00	7.00	7.50	3.50	3.00	4.00	2.50	4.00	56.00
Brewer	9.50	16.00	4.50	4.50	8.50	5.50	3.50	4.00	2.50	4.50	7.50	10.00	80.50
Bristol	3.50	2.00	4.50	12.50	6.50	3.00	3.50	6.50	8.50	4.00	1.00	4.50	60.00
Cambridge	5.50	4.00	5.00	16.00	5.00	6.00	1.50	7.00	4.50	3.00	3.50	8.50	69.50
Catskill	2.50	5.00	8.50	6.50	3.00	6.00	0.50	6.00	13.50	4.00	3.50	6.50	65.50
Cold Spring Hills	0.50	1.50	7.50	5.00	8.50	5.00	3.00	4.00	6.50	2.50	2.00	3.00	49.00
Colony	6.00	4.00	9.00	2.00	6.50	7.00	6.00	1.00	4.00	5.00	6.50	5.50	62.50
Country	7.00	8.50	3.00	7.00	3.50	6.00	4.00	6.50	9.00	5.00	5.50	10.50	75.50
Dover	2.00	0.50	9.50	5.00	2.50	4.00	2.00	1.00	4.50	6.00	1.50	3.50	42.00
Eastside	4.00	6.00	5.00	7.50	8.00	5.00	2.50	2.50	7.50	3.50	4.00	3.00	58.50
Eliot	0.50	5.00	9.00	4.50	2.00	2.00	2.50	2.50	6.50	1.50	4.50	2.50	43.00
Glen Falls	7.50	2.50	4.50	4.50	6.50	7.50	8.50	2.50	7.50	3.50	1.00	6.00	62.00
Hudson	1.00	7.00	12.50	2.50	6.00	1.50	4.00	0.50	12.00	4.50	2.50	5.50	59.50
Huntington	3.00	1.00	4.50	3.50	3.50	3.50	4.50	0.50	4.50	2.50	2.50	1.00	34.50
Kennebunk	1.00	6.50	6.50	2.00	2.00	7.50	3.00	0.50	5.50	2.50	12.00	0.00	49.00
Ludlowe	6.00	6.00	6.00	3.50	3.50	0.50	3.00	3.00	6.50	5.50	7.00	5.00	55.50
Maple View	4.50	5.50	9.50	3.00	6.00	7.50	6.50	5.50	2.00	9.00	3.50	5.00	67.50
Marlborough	0.50	1.00	3.00	5.50	2.00	2.50	3.50	0.50	3.00	4.00	1.00	2.00	28.50
Maywood	6.00	3.00	5.50	4.50	3.50	3.00	2.50	3.50	5.50	3.50	0.00	5.00	45.50
Milford	2.50	2.50	3.00	0.50	4.00	7.00	4.00	1.00	2.00	2.50	1.00	7.00	37.00
Newton Wellsley	4.50	4.50	3.00	4.00	3.00	7.50	2.50	0.00	2.00	3.00	0.00	1.50	35.50
Norway	5.50	2.00	2.50	2.00	3.50	5.50	5.00	3.50	1.50	5.00	5.50	4.50	46.00
Poughkeepsie	8.50	11.00	3.50	4.00	3.50	7.00	5.50	4.00	14.00	9.00	2.50	9.00	81.50
Regency	1.00	3.50	5.50	1.50	3.50	5.50	4.50	1.50	1.50	2.50	1.00	2.50	34.00
Reservoir	3.00	3.00	6.00	0.50	1.00	3.50	9.00	3.00	3.50	3.50	1.00	5.50	42.50
Riverside	3.00	6.50	4.50	1.50	5.50	2.00	5.50	4.00	4.00	4.50	7.00	2.00	50.00
Ross	7.00	5.50	3.50	5.50	6.00	5.00	6.50	6.50	4.00	2.50	4.50	2.00	58.50
Rutland	1.00	4.00	5.50	0.50	3.00	2.50	2.00	0.50	2.50	1.50	1.00	1.50	25.50
Sachem	4.50	2.50	5.00	4.00	2.50	7.00	2.50	2.50	2.00	3.00	5.50	2.50	43.50
Sands Point	0.50	3.00	4.00	0.50	6.50	7.00	6.50	0.50	2.50	2.50	2.50	2.50	38.50
Utica	2.00	4.50	3.50	4.50	4.50	6.00	3.00	0.50	6.00	6.50	2.50	4.00	47.50
Village Crest	0.50	3.00	4.50	3.50	4.50	7.00	9.50	3.00	2.50	5.00	4.00	0.50	47.50
Water's Edge	1.50	2.50	2.50	4.00	2.00	3.50	2.50	1.50	2.00	3.50	8.50	4.50	38.50
Westgate	1.00	2.00	3.50	7.50	4.50	3.00	3.50	0.00	1.00	0.00	2.00	4.50	32.50
Winship	5.50	4.50	9.50	4.00	4.00	3.00	4.00	1.00	3.50	4.00	1.50	11.00	55.50
Vacation	48.00	0.00	0.00	24.00	0.00	0.00	24.00	48.00	0.00	24.00	40.00	0.00	208.00
Sick	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Personal	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16.00
Holiday	16.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	32.00
<b>Total</b>	<b>205.50</b>	<b>179.50</b>	<b>211.50</b>	<b>202.00</b>	<b>181.00</b>	<b>200.00</b>	<b>188.50</b>	<b>167.00</b>	<b>195.50</b>	<b>176.50</b>	<b>180.50</b>	<b>181.50</b>	<b>2269.00</b>

**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	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health &				2097-C	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	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Richard Demio (10/1/2014 - 9/30/2015)	137,640			Same as employees	Management and Supervision of a healthcare facility	2,080	A2			
<b>Section IV - Assistant Administrators</b>										
Abraham M. Rosenbloom (8/21/2015 - 9/30/2015)	14,751			Same as employees	Assists in management and supervision of a	281	A3			

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

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

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



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

Name of Facility	License No.	Report for Year Ended	Page	of		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Ce	2097-C	9/30/2015	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian	2,153	62				
2. Dentist	7,970	Disallowed				
3. Pharmacist	12,582	24				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	238,061	4,353				
b. Other						
6. Social Worker	65,478	1,396				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	114,000	956				
b. Utilization Review (Title 18 and 19 only) monthly meeting	300	3				
c. Resident Care**	21,756	Disallowed				
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	109,341	1,836				
b. Other						
10. Occupational Therapist						
a. Resident Care	223,160	5,441				
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	14,254	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>809,055</b>	<b>14,071</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.

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		License No. 2097-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Jane Querdo, 177 Lexington Rd, Glastonbury, CT 06033	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Gerident Solutions - PO Box 290539, Wethersfield CT, 06129	Dental Fees	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC Pharmacy of CT - 111 Executive Blvd, Farmingdale NY, 11735	Consulting - Pharmacy / Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy Solutions - 850 Silas Deane Hwy, Wethersfield, CT 16109	PT, OT, ST, Rehab Consulting Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Bloomfield H.C. Ctr, 355 Park Ave, Bloomfield CT 06002	Consulting - Social Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Mapleview Manor - 856 Maple Street, Rocky Hill, CT 06067	Consulting - Social Services, Admissions	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
CT Multispecialty Group - 2110 Silas Dean HWY, Rocky Hill CT, 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Larry Levine, MD - 80 David Rd, Durham, CT 06422	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
EKB LLC, 328 Commonwealth Avenue, New Britain, CT, 06043	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Prakash Huded, MD, 78 Marlborough St, Portland, CT 06480	Medical Director, Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Hospital, 28 Crescent St, Middletown, CT 06457	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopedic Asso. Of Middletown , 572 Saybrook Rd, Middletown, CT 06457	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
IV Excellence: Practical IV Solution - 32 Falls Ave, Oakville, CT 06779	IV Nursing	<input type="radio"/>	<input checked="" 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"/>		

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge	2097-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 283,090	283,090			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 134,470	134,470			
4. Social Security (F.I.C.A.)	\$ 445,454	445,454			
5. Health Insurance	\$ 768,893	768,893			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 17,326	17,326			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 23,663	23,663			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 3,704	3,704			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 23,769	23,769			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 29,188	29,188			
2. Cellular Phones	\$ 3,792	3,792			
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	\$ 513	513			
3. Resident Day User Fee	\$ 888,662	888,662			
<b>Subtotal</b>	\$ 2,622,524	2,622,524			

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

(Carry Subtotals forward to next page)

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

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation Attachment Page 15  
9/30/2015

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	\$ -	\$ -	\$ -

-----  
**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Sales Tax - property	\$ 513		
<b>Total</b>	\$ 513	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Cen	2097-C	9/30/2015	16	37	
Item		Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		2,622,524	2,622,524		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,499	4,499		
3. Gifts to Staff and Residents	\$	19,629	19,629		
4. Employee Travel	\$	1,780	1,780		
5. Education Expenses Related to Seminars and Conventions	\$	6,466	6,466		
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> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***	\$	44,818	44,818		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	5,415	5,415		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	13,262	13,262		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	550	550		
9. Subscriptions	\$				
10. Contributions***	\$	225	225		
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$	543,051	543,051		
13. Other ( <i>Specify</i> )	\$	92,864	92,864		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>3,355,083</b>	<b>3,355,083</b>		

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Marketing	\$ 44,818		
<b>Total Other Advertising</b>	\$ 44,818	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 10,174		
Curaspan	\$ 3,050		
ICNC	\$ 38		
<b>Total Dues</b>	\$ 13,262	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Donations-Administration - Disallowed	\$ (25)		
Political Contributions-Administration - Disallowed	\$ 250		
<b>Total Contributions</b>	\$ 225	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Consulting Fees - Fiscal operations	\$ 1,879		
Computer License Fee - Administration	\$ 951		
IT Services-Administration	\$ 5,262		
Purchased Services - Fiscal Operations	\$ 43,598		
Purchased Services - Security	\$ 1,548		
Licenses and Permits - Administration	\$ 2,821		
Background Check - Administration	\$ 10,852		
Background Check - Security	\$ 32		
Penalties - Administration - Disallowed	\$ 20		
Bank Charges - Administration - Disallowed	\$ 21,212		
Miscellaneous Expense - Disallowed	\$ 4,689		
<b>Total Other Administrative and General</b>	\$ 92,864	\$ -	\$ -

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water	License No. 2097-C	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 #
National Healthcare Associates, Inc.	543,051	See Attached	page 16, line M12

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

NHCA Manage

Report Date :10/1/2014 - 09/30/2015

	120 Bloomfield	132 Bristol	160 Cambridge	144 Ludlowe	120 Maple View Manor	120 Marlborough	120 Milford	95 New Milford	130 Regency	345 Riverside	150 Water's Edge
(2,575.61)	(2,832.59)	(3,433.76)	(3,090.04)	(2,575.61)	(2,575.61)	(2,575.61)	(2,575.61)	(2,099.27)	(2,790.15)	(7,405.04)	(3,219.22)
310000-0000-00-0000-0											
400000-0000-00-0000-0											
400010-0000-00-0000-0											
401000-0000-04-0000-0											
401100-0000-04-0000-0											
401101-0000-00-0000-0											
401200-0000-04-0000-0											
401202-0000-00-0000-0											
401250-0000-00-0000-0											
401300-0000-04-0000-0											
401400-0000-04-0000-0											
401600-0000-04-0000-0											
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520000-0000-03-0000-0											
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521000-0000-03-0000-0											
522000-0000-03-0000-0											
540000-0000-31-0000-0											
541000-0000-03-0000-0											
541050-0000-31-0000-0											
541101-0000-03-0000-0											
542000-0000-31-0000-0											
543000-0000-31-0000-0											
544000-0000-25-0000-0											
Sum	428,982.14	477,834.12	579,240.88	521,357.16	428,982.14	428,982.14	428,982.14	345,388.48	470,655.76	1,249,100.09	543,050.94
Page 16 line m12 on Cost Report	428,982.00	477,834.00	579,241.00	521,357.00	428,982.00	428,982.00	428,982.00	345,388.00	470,655.00	1,249,100.00	543,051.00
<b>Variances</b>	0.14	0.12	(0.12)	0.16	0.14	0.14	0.14	0.48	(0.24)	0.09	(0.06)



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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center	License No. 2097-C	Report for Year Ended 9/30/2015	Page 18	of 37
<b>Item</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 345,923	345,923		
2. Non-Food Supplies	\$ 44,421	44,421		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 16,787	16,787		
c. Management Services**	\$ _____			
d. Other (Specify) _____	\$ _____			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 407,131</b>	<b>407,131</b>		
<b>2F. Dietary Questionnaire</b>	<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
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
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center		2097-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. \$	907	907	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	157,920	157,920	
c.	Management Services**	\$			
d.	Other (Specify) Diapers \$68,215; Supplies \$2,388	\$	70,603	70,603	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>229,430</b>	<b>229,430</b>	
<b>3F. Laundry Questionnaire</b>					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

\*\* 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
Harbor Hill Care Center, Inc. d/b/a Water's Edg		2097-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. \$	40,142	40,142		
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. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	40,142	40,142		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from PCA	\$	258,714	258,714		
b.	Medicine Cabinet Drugs	\$	23,608	23,608		
c.	Medical and Therapeutic Supplies	\$	122,263	122,263		
d.	Ambulance/Limousine***	\$	2,082	2,082		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	25,015	25,015		
f.	X-rays and Related Radiological Procedures***	\$	17,743	17,743		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	21,051	21,051		
i.	Recreation	\$	34,135	34,135		
j.	Other (Specify)**** See Attached Schedule	\$	46,738	46,738		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	551,349	551,349		

\* 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)
Flu Vaccine-Medical Services	\$ 8,615		
IV Thy Supplies- Rehabilitation Therapy and Ancillary	\$ 5,681		
Purchased Services - Nursing	\$ 2,726		
Rental Expense- Recreation Therapy	\$ 491		
Equipment Rental - Nursing	\$ 14,015		
Equipment Rental - Rehabilitation Therapy and Ancillary	\$ 15,210		
<b>Total Other Resident Care</b>	\$ 46,738	\$ -	\$ -

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehab			License No. 2097-C		Report for Year Ended 9/30/2015				Page of 21   37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Med Apparel	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	42,407			19	3b
Unitex Textile Rental	Parkway, Mt. Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	115,513			19	3b
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	18,737			16	m13
MJ Daly	110 Mattatuck Heights Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	21,401			22	6a
Simplex Grinnel	Dept. Ch 10320, Palatine, IL 600550	<input type="radio"/>	<input checked="" type="radio"/>		Alarm Maintenance	11,151			22	6a
Brothers Landscape	5 Chelsea Dr Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/Plowing	12,620			22	6f
Kone Inc	47-36 36th Street, Long Island City, NY 11101	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	13,036			22	6a
Proline	P.O. Box 150473 Hartford, CT 06115	<input type="radio"/>	<input checked="" type="radio"/>		Kitchen Appliance Repairs	14,764			18	2B
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* 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
Harbor Hill Care Center, Inc. d/b/a Water's Ed	2097-C	9/30/2015		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 76,712	76,712			
b. Heat	\$ 98,860	98,860			
c. Light & Power	\$ 131,800	131,800			
d. Water	\$ 18,189	18,189			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 20,578	20,578			
f. Other ( <i>itemize</i> )	\$ 35,494	35,494			
See Attached Schedule					
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 381,633</b>	<b>381,633</b>			
7. Depreciation ( <i>complete schedule page 23*</i> )					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 26,630	26,630			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 26,630</b>	<b>26,630</b>			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$ 77,650	77,650			
d. Other ( <i>Specify</i> )	\$				
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 77,650</b>	<b>77,650</b>			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 720,000	720,000			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 108,159	108,159			
c. Personal property taxes	\$ 17,245	17,245			
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 949,684</b>	<b>949,684</b>			

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
Supplies- Security	\$ 138		
Ground Services - Maintenance	\$ 13,969		
Pest Control - Maintenance	\$ 3,148		
Carting - Maintenance	\$ 17,728		
Rental Expenses - Maintenance	\$ 106		
Short Term Lease - Pitney Bowes Mailing Machine	\$ 405		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 35,494</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Depreciation Schedule**

Name of Facility			License No.			Report for Year Ended			Page	of		
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & I			2097-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		
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 1999 Plymouth Van												
		X	2	2002	12,747		12,747	12,747	SL	4 yrs		
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
					1,106,736		1,106,736	989,284	SL	Various	23,362	
b. Disposals (attach schedule)												
					(474,876)		(474,876)	(474,876)	SL	Various		
c. Acquired during this report period (attach schedule)												
					56,466		56,466		SL	Various	3,268	
D-3. Subtotal												26,630
<b>E. Total Depreciation</b>											26,630	



Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation  
9/30/2015

**Schedule of Land Improvements Acquired during this report period**

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

\*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>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/30/2014	Arm Chairs	\$ 11,448	15	\$ 700
11/30/2014	Computer Optiplex 3020	\$ 929	3	\$ 284
11/30/2014	Circuit Board	\$ 1,065	10	\$ 98
12/31/2014	Food Processor	\$ 1,465	10	\$ 122
1/31/2015	TV for 3rd floor dining room	\$ 575	5	\$ 86
1/31/2015	Camera security system	\$ 2,978	5	\$ 447
2/28/2015	Signa AAPM with LAL-mattress	\$ 1,165	12	\$ 65
3/31/2015	Dell Optiplex 3020	\$ 898	3	\$ 175
4/30/2015	Smartlinx Clock	\$ 5,071	10	\$ 254
5/31/2015	Dell Optiplex 3020	\$ 803	3	\$ 111
5/31/2015	Dell Optiplex Small Form	\$ 820	3	\$ 114
6/30/2015	Burnisher	\$ 1,542	15	\$ 34
6/30/2015	Qty 13 LED LCD TVs	\$ 2,837	5	\$ 189
6/30/2015	Qty 8 32" LED LCD TVs	\$ 1,900	5	\$ 127
6/30/2015	Dell Optiplex 3020 desktop	\$ 809	3	\$ 90
6/30/2015	Qty 60 overbed tables	\$ 6,616	15	\$ 147
9/30/2015	Smartlinx Clocks	\$ 3,851	10	\$ 32
9/30/2015	Qty 35 x back armchairs	\$ 11,695	5	\$ 195
<b>Total additions for Movable Equipment</b>		\$ 56,466		\$ 3,268 *
<b>Deletions:</b>				
9/30/2015	Sales Tax Refridgerator	\$ 225	5	\$ 225
9/30/2015	Printer	\$ 391	5	\$ 391
9/30/2015	Cart Cover	\$ 1,106	5	\$ 1,106
9/30/2015	Chair	\$ 1,596	5	\$ 1,596
9/30/2015	Computers	\$ 17,041	5	\$ 17,041
9/30/2015	Curtains	\$ 757	5	\$ 757
9/30/2015	Fern	\$ 106	5	\$ 106
9/30/2015	Floor Scrubber	\$ 1,103	5	\$ 1,103
9/30/2015	Glider	\$ 1,141	5	\$ 1,141
9/30/2015	Maintenance	\$ 1,075	5	\$ 1,075
9/30/2015	Mattress	\$ 1,075	5	\$ 1,075
9/30/2015	Med Scotter	\$ 1,855	5	\$ 1,855
9/30/2015	Overbed Table	\$ 814	5	\$ 814
9/30/2015	Overhead Beds	\$ 1,511	5	\$ 1,511
9/30/2015	Overhead Table	\$ 1,524	5	\$ 1,524
9/30/2015	Oximeter	\$ 600	5	\$ 600
9/30/2015	Pat Furniture	\$ 386	5	\$ 386
9/30/2015	Recreation	\$ 919	5	\$ 919
9/30/2015	Sales Tax	\$ 267	5	\$ 267
9/30/2015	Stax Equip	\$ 202	5	\$ 202
9/30/2015	Tracer	\$ 1,202	5	\$ 1,202
9/30/2015	TV	\$ 392	5	\$ 392
9/30/2015	Vacuum	\$ 629	5	\$ 629
9/30/2015	Vaccum	\$ 636	5	\$ 636
9/30/2015	Washer	\$ 1,007	5	\$ 1,007
9/30/2015	Wheelchair	\$ 253	5	\$ 253
9/30/2015	Wheelchairs	\$ 861	5	\$ 861
9/30/2015	Wheelchairs	\$ 843	5	\$ 843
9/30/2015	Wheelchair	\$ 1,329	5	\$ 1,329
9/30/2015	Wheelchair	\$ 610	5	\$ 610
9/30/2015	Wheelchairs	\$ 3,001	5	\$ 3,001
9/30/2015	NHC MME	\$ 15,760	5	\$ 15,760
9/30/2015	Bed	\$ 1,001	5	\$ 1,001
9/30/2015	Beds	\$ 5,682	5	\$ 5,682
9/30/2015	Block Heater	\$ 857	5	\$ 857
9/30/2015	Cam	\$ 424	5	\$ 424
9/30/2015	Chair Alarm Stx	\$ 61	5	\$ 61
9/30/2015	Mattress	\$ 482	5	\$ 482
9/30/2015	Mattress	\$ 2,687	5	\$ 2,687
9/30/2015	Mattress	\$ 4,837	5	\$ 4,837
9/30/2015	Mattresses	\$ 2,687	5	\$ 2,687
9/30/2015	Recliner	\$ 413	5	\$ 413
9/30/2015	Recliner	\$ 919	5	\$ 919

9/30/2015	Tub	\$ 8,649	5	\$ 8,649
9/30/2015	NHC ME	\$ 1,354	5	\$ 1,354
9/30/2015	Bed	\$ 1,420	5	\$ 1,420
9/30/2015	Beds	\$ 28,745	5	\$ 28,745
9/30/2015	Blender	\$ 845	5	\$ 845
9/30/2015	Food Processor	\$ 2,702	5	\$ 2,702
9/30/2015	Kitchen Equip	\$ 275	5	\$ 275
9/30/2015	Oximeter	\$ 1,036	5	\$ 1,036
9/30/2015	Van	\$ 12,747	4	\$ 12,747
9/30/2015	Wheelchair	\$ 558	5	\$ 558
9/30/2015	NHC ME	\$ 1,636	10	\$ 1,636
9/30/2015	Beds	\$ 2,841	5	\$ 2,841
9/30/2015	Beds	\$ 2,841	5	\$ 2,841
9/30/2015	Fax	\$ 1,006	5	\$ 1,006
9/30/2015	H&R Beds	\$ 19,404	5	\$ 19,404
9/30/2015	Printer	\$ 1,078	5	\$ 1,078
9/30/2015	NHC ME	\$ 689	5	\$ 689
9/30/2015	Bed	\$ 1,420	5	\$ 1,420
9/30/2015	Beds	\$ 4,261	5	\$ 4,261
9/30/2015	Blender	\$ 932	5	\$ 932
9/30/2015	Computer	\$ 956	5	\$ 956
9/30/2015	Computer	\$ 691	5	\$ 691
9/30/2015	Computer	\$ 1,268	5	\$ 1,268
9/30/2015	Extractor	\$ 5,128	5	\$ 5,128
9/30/2015	Oximeter	\$ 1,058	5	\$ 1,058
9/30/2015	Projector	\$ 871	5	\$ 871
9/30/2015	Recliner	\$ 1,246	5	\$ 1,246
9/30/2015	Cart	\$ 1,813	5	\$ 1,813
9/30/2015	Computer	\$ 18	5	\$ 18
9/30/2015	Computer	\$ 1,029	5	\$ 1,029
9/30/2015	Computer	\$ 570	5	\$ 570
9/30/2015	Fax	\$ 953	5	\$ 953
9/30/2015	Mattress	\$ 513	5	\$ 513
9/30/2015	MME 1996	\$ 91,909	10	\$ 91,909
9/30/2015	MME 1996	\$ 4,010	5	\$ 4,010
9/30/2015	MME 1997	\$ 29,685	10	\$ 29,685
9/30/2015	MME 1997	\$ 10,515	5	\$ 10,515
9/30/2015	MME 1998	\$ 43,663	10	\$ 43,663
9/30/2015	MME 1998	\$ 22,384	5	\$ 22,384
9/30/2015	MME 1999	\$ 8,268	10	\$ 8,268
9/30/2015	MME 1999	\$ 6,840	5	\$ 6,840
9/30/2015	MME NHC 1999	\$ 1,800	5	\$ 1,800
9/30/2015	TOASTER	\$ 888	5	\$ 888
9/30/2015	OXIMETER	\$ 536	5	\$ 536
9/30/2015	EXTRACTOR	\$ 489	5	\$ 489
9/30/2015	COMPUTER	\$ 974	5	\$ 974
9/30/2015	PRINTER	\$ 943	5	\$ 943
9/30/2015	PRINTER	\$ 938	5	\$ 938
9/30/2015	STAIRCASE CHAIRS	\$ 903	5	\$ 903
9/30/2015	COMPUTER	\$ 1,068	5	\$ 1,068
9/30/2015	COMPUTER	\$ 986	5	\$ 986
9/30/2015	COMPUTER	\$ 949	5	\$ 949
9/30/2015	CHAIRS	\$ 1,091	5	\$ 1,091
9/30/2015	COMPUTER	\$ 3,932	5	\$ 3,932
9/30/2015	PAYROLL SOFTWARE	\$ 35,800	5	\$ 35,800
9/30/2015	COMPUTER	\$ 329	5	\$ 329
9/30/2015	COMPUTER	\$ 2,949	5	\$ 2,949
9/30/2015	BADGE SOFTWARE	\$ 3,877	5	\$ 3,877
9/30/2015	PAYROLL SOFTWARE	\$ 281	5	\$ 281
9/30/2015	VITAL SIGN STAND	\$ 2,194	5	\$ 2,194
9/30/2015	SALES TAX EXERCISE EQUIP	\$ 212	5	\$ 212
9/30/2015	PRINTER	\$ 549	5	\$ 549
9/30/2015	TV'S	\$ 1,253	5	\$ 1,253
9/30/2015	ICE FLAKER	\$ 3,047	5	\$ 3,047
9/30/2015	COMPUTER	\$ 797	5	\$ 797
<b>Total deletions for Movable Equipment</b>		<b>\$ 474,876</b>		<b>\$ 474,876</b>

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\*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>				
12/31/2014	Heat Pump Replacement	\$ 2,832	10	\$ 236
12/31/2014	3 Heat Pump replacement	\$ 7,358	10	\$ 613
2/28/2015	Repair parking lot pavement and entrance	\$ 5,849	8	\$ 487
2/28/2015	Break Room Heaters	\$ 968	15	\$ 43
5/31/2015	Sprinkler Heads & Estucheon replacement	\$ 1,461	25	\$ 24
5/31/2015	Franklin Electric Water Pump	\$ 2,543	10	\$ 106
11/30/2014	Sales tax asset #492	\$ 289	15	\$ 18
9/30/2015	Shower Room #209A-209B 211	\$ 87,977	20	\$ 367
<b>Total additions for Leasehold Improvement</b>		\$ 109,278		\$ 1,894 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for H			2097-C		9/30/2015			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period			10-39 yrs	1,521,640	1,065,993	SL		75,756	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				109,278		SL		1,894	
C-4. Subtotal									77,650
<b>D. Total Amortization</b>									77,650

\* 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 Harbor Hill Care Center, Inc. d/b/a W&	License No. 2097-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 checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		150		
6. Square Footage		56,976		
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed	Fixed	
b. Date Mortgage Obtained		01/01/94	01/01/07	
c. Interest Rate for the Cost Year		8.81%	Prime +.25 basis	
d. Term of Mortgage (number of years)		15	5	
e. Amount of Principal Borrowed		2,825,000	3,890,000	
f. Principal balance outstanding as of 9/30/15		867,256	2,962,891	
<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

**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
Harbor Hill Care Center, Inc. d/b/a W	2097-C	9/30/2015	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a		2097-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	1,209	1,209	
Admin - \$354; Liability Ins. Financing - \$696; Property - \$							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	1,209	1,209	
14. Insurance							
a. Insurance on Property (buildings only)				\$	18,302	18,302	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	8,882	8,882	
2. Fire and Extended Coverage				\$	977	977	
3. Other (Specify)				\$	33,748	33,748	
Liability Insurance							
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	61,909	61,909	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	12,824,033	12,824,033	



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for He				2097-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.	10	12M	Salaries not related to Resident Care	\$ 49,522	49,522		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	8c	Resident Care Physicians **	\$ 21,756	21,756		
6.	13	10a	Occupational Therapy	\$ 223,160	223,160		
7.			Other - See attached Schedule	\$ 22,724	22,724		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 554	554		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,352	2,352		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 44,818	44,818		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 225	225		
21.	15	1d	Unallowable Management Fees	\$ 212,724	212,724		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 59,628	59,628		
<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	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 637,463	637,463		

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

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 7,970		
13	B12	IV Nursing Fees	\$ 700		
13	B12	Consulting Fees - Rehabilitation, Therapy & Ancillary	\$ 5,235		
13	B12	Consulting Fees - Nursing	\$ 8,319		
13	B6	Consulting Fees - Admissions	\$ 500		
<b>Total Other Fees Adjustments</b>			\$ 22,724	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Gifts to residents & staff	\$ 19,629		
15	1a4,3,5,7	Benefits not related to resident care	\$ 13,528		
16	M13	Penalties - Administration	\$ 20		
16	M13	Bank Charges - Administration	\$ 21,212		
16	M13	Miscellaneous Expense	\$ 4,689		
16	m8a	Dues - Chamber of Commerce	\$ 550		
<b>Total Other A&amp;G Adjustments</b>			\$ 59,628	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for			2097-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 637,463	637,463		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 258,714	258,714		
28.	20	5d	Ambulance/Limousine	\$ 2,082	2,082		
29.	20	5f	X-rays, etc	\$ 17,743	17,743		
30.	20	5h	Laboratory	\$ 21,051	21,051		
31.	20	5c	Medical Supplies	\$ 5,346	5,346		
32.	20	5e2	Oxygen (non emergency)	\$ 25,015	25,015		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 50,905	50,905		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 428	428		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 874	874		
<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	\$ 5,897	5,897		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,025,518	1,025,518		

\*\*\* 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.

Harbor Hill Care Center, Inc. d/b/a Water's Edge Center for Health & Rehabilitation  
9/30/2015

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Equipment Rental - Nursing	\$ 15,210		
20	5j	Equipment Rental - Rehab Therapy and Ancillary	\$ 14,015		
20	5a2/b	Procure LTC Pharmacy of CT (Disallowance of markups)	\$ 1,460		
20	5j	Flu Vaccine-Medical Services	\$ 8,615		
20	5j	IV Thy Supplies- Rehab Therapy and Ancillary	\$ 5,681		
20	5j	Purchased Services - Nursing	\$ 80		
20	5i	Cable TV Expense - Resident Rooms	\$ 5,844		
<b>Total Other Ancillary Costs</b>			\$ 50,905	\$ -	\$ -

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Mattress & TV Disallowed Depreciation	\$ 428		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 428	\$ -	\$ -

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV5	Interest Income	\$ 874		
<b>Total Other Property Adjustments</b>			\$ 874	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Vending Income	\$ 1,043		
30	IV8	Miscellaneous Other Income - (SCA Personal Care Rebate - \$3,079, Nissan	\$ 3,804		
		Refund \$205, misc other income - \$520)			
27	12D	Interest - Administration	\$ 1,050		
<b>Total Other Adjustments</b>			\$ 5,897	\$ -	\$ -

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Harbor Hill Care Center, Inc. d/b/a Water 2097-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> )	\$	16,485,015	16,485,015		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(7,189,109)	(7,189,109)		
2.	a.	Medicaid ( <i>All other states</i> )	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents ( <i>all inclusive</i> )	\$	2,182,796	2,182,796		
	b.	Medicare Room and Board Contractual Allowance **	\$	469,992	469,992		
4.	a.	Private-Pay Residents and Other	\$	2,552,783	2,552,783		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(932,591)	(932,591)		
<b>II. Other Resident Revenue</b>							
1.	a.	Prescription Drugs - Medicare	\$	185,294	185,294		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$	(185,294)	(185,294)		
	c.	Prescription Drugs - Non-Medicare	\$	65,209	65,209		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(65,209)	(65,209)		
2.	a.	Medical Supplies - Medicare	\$	210	210		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$	(210)	(210)		
	c.	Medical Supplies - Non-Medicare	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	404,947	404,947		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(354,601)	(354,601)		
	c.	Physical Therapy - Non-Medicare	\$	85,985	85,985		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(85,985)	(85,985)		
4.	a.	Speech Therapy - Medicare	\$	177,273	177,273		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(112,769)	(112,769)		
	c.	Speech Therapy - Non-Medicare	\$	30,320	30,320		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$	(30,320)	(30,320)		
5.	a.	Occupational Therapy - Medicare	\$	377,347	377,347		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(326,944)	(326,944)		
	c.	Occupational Therapy - Non-Medicare	\$	79,504	79,504		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(79,504)	(79,504)		
6.	a.	Other ( <i>Specify</i> ) - Medicare	\$	(122)	(122)		
	b.	Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)				\$	13,734,017	13,734,017	
<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			\$			
5.	Interest Income ( <i>Specify</i> )			\$	874	874	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other ( <i>Specify</i> )			\$	(7,164)	(7,164)	
<b>V. Total Other Revenue</b> (1 thru 8)				\$	(6,290)	(6,290)	
<b>VI. Total All Revenue</b> (III +V)				\$	13,727,727	13,727,727	

\* 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)
	Medicare Part A Contra - Other	\$ (34,478)		
	Medicare Part A Lab	\$ 18,605		
	Medicare Part A X-Ray	\$ 15,621		
	Medicare Part A IV Therapy	\$ 252		
	Medicare Part B Contra	\$ (465)		
	Medicare Part B IV Therapy	\$ 343		
	<b>Total Other Resident Revenue - Medicare</b>	\$ (122)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Medicare Contra Other	\$ (280)		
	Medicaid Lab	\$ 269		
	Medicaid X-Ray	\$ 11		
	Comm Ins Contra Other-Waters Edge	\$ (3,826)		
	Comm Ins Lab-Waters Edge	\$ 2,062		
	Comm Ins X-Ray-Waters Edge	\$ 1,764		
	<b>Total Other Resident Revenue</b>	\$ -	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, line IV5	Interest Income		\$ 874		
	<b>Total Interest Income</b>		\$ 874	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Vending Machine Income	\$ 1,043		
30, line IV8	Miscellaneous Other Income - (SCA Personal Care Rebate - \$3,079, Nissan Motor Refund \$205, misc other income - \$520)	\$ 3,804		
30, line IV8	Prior Period Other Income	\$ (12,011)		
	<b>Total Other Revenue</b>	\$ (7,164)	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a Wat	2097-C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,381,731
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,266,176
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	48,642
5. Prepaid Expenses			\$	213,461
a. Insurance	20,551			
b. Taxes (personal property, real estate, corp)	123,353			
c. Management fees	59,864			
d. Other	9,693			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	458,895
Patient Funds	49,379			
Due from Related Party	409,516			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,368,905
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,630,918</u>		\$	487,275
	Accum. Depreciation <u>1,143,643</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>688,327</u>		\$	147,289
	Accum. Depreciation <u>541,038</u>	Net		
7. Motor Vehicles	*Historical Cost <u>12,747</u>		\$	
	Accum. Depreciation <u>12,747</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	74,600
Construction in Progress	74,600			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	709,164

\* 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
Harbor Hill Care Center, Inc. d/b/a Wat	2097-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	4,078,069
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
_____				
_____				
7. Other Assets ( <i>itemize</i> )			\$	17,000
Security Deposits		17,000		
_____				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	17,000
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	4,095,069

\* 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
Harbor Hill Care Center, Inc. d/b/a Water's Ed		2097-C	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,320,863
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> )				\$	461,113
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	537,594
Accrued Revenue Assessment		212,008	Patient Funds	49,379	
Accrued Accounting Fee		22,600	Due to Related Party	148,492	
Accrued Pension		17,326	Due to Realty - Water's E	61,434	
Accrued Expenses		26,355			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>2,319,570</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 Harbor Hill Care Center, Inc. d/b/a Water's		License No. 2097-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,319,570	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					\$ 134,365
Name of Lender	Purpose	Amount	Date Due		
M & T Bank	Equipment	59,765			
M & T Bank	Equipment	74,600			
2. Mortgages Payable					\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )					\$
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )					\$
_____					
_____					
_____					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)					\$ 134,365
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)					\$ 2,453,935

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

Name of Facility	License No.	Report for Year Ended	Page	of
Harbor Hill Care Center, Inc. d/b/a W&	2097-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 ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	1,212,446
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(475,006)
6. Gain or Loss for Period			\$	903,694
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	1,641,134
<b>C. Total Reserves and Net Worth</b>			\$	1,641,134
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,095,069

### H. Changes in Total Net Worth

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water	License No. 2097-C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	336,143
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	13,727,727
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	12,824,033
D. Net Income or Deficit			\$	903,694
E. Balance			\$	1,239,837
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> ) Tax refund <span style="float: right;">3,851</span>				
F-3. Total Additions			\$	3,851
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> )			\$	815,000
Purpose		Amount		
Taxes		65,000		
Other Withdrawals		750,000		
3. Total Deductions			\$	815,000
H. <b>Balance at End of Period</b>			\$	428,688
				09/30/15

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

Name of Facility Harbor Hill Care Center, Inc. d/b/a Water's	License No. 2097-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 <i>Blum, Shapiro &amp; Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>2/5/16</i>
Printed Name of Preparer  Blum Shapiro and Co.				
Address: Address  29 South main Street, West Hartford, CT 06127			Phone Number  860-561-4000	