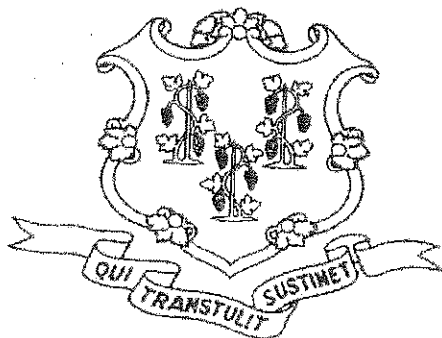


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Chelsea Place Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 25 Lorraine Street, Hartford, CT 06105	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input checked="" type="checkbox"/> NurseFac-Aids	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2220-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5299
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Medicaid Provider Numbers:	CCNH 9761	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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**Annual Report of Long-Term Care Facility**

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**General Information**

Name of Facility (as licensed) Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2016	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Chelsea Place Care Center, LLC [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Judith Konow-Klinds</i>		Date 2/10/17	Signed (Owner) <i>Chris Wright</i>		Date 2/10/17
Printed Name (Administrator) Judy Konow			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me: <i>Judy Konow</i>	State of CT	Date 2/10/17	Signed (Notary Public) <i>Brenda Walsh</i>	Comm. Expires BRENDA WALSH Notary Public-Connecticut My Commission Expires February 29, 2020	
Address of Notary Public <i>341 Bidwell Street, Manchester, CT 06040</i>					

(Notary Seal)

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 Chelsea Place Care Center, LLC		Period Covered:	From 10/1/2015 To 9/30/2016
Address of Facility 25 Lorraine Street, Hartford, CT 06105			
Report Prepared By iCare		Phone Number 860-570-2140	Date 2/15/2016
Item	Total	CCNH	RHNS NurseFac- Aids
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>	<b>\$</b>		
7. Total salaries paid	\$		
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$</b>		

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-233-8241		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Chelsea Place Care Center, LLC			Address (No. & Street, City, State, Zip) 25 Lorraine Street, Hartford, CT 06105		
License Numbers:	CCNH 2220-C	RHNS	NurseFac-Aids AIDS	Medicare Provider No. 07-5299	
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 checked="" type="checkbox"/> NurseFac-Aids	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Judy Konow			Nursing Home Administrator's License No.:	1735	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire**  
**Partners/Members**

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2016	Page of 3   37
Legal Name of Partnership/LLC Chelsea Place Care Center, LLC		Business Address 25 Lorraine Street, Hartford, CT 06105		State(s) and/or Town(s) in Which Registered CT
Name of Partners/Members	Business Address	Title	% Owned	
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member	31.3	
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.4	
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.3	
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	1	
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member	5	
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10	
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10	







Related Parties\*

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/3/2016		Page 4	of 37						
		Name of Related Individual or Company	Business Address			Also Provides Goods/Services to Non-Related Parties	Yes	No	%**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report in Page # / Line #
Bidwell Care Center, LLC		333 Bidwell St. Manchester, CT 06040						Shared Employees		(2,277)	2,277
Chelsea Place Care Center, LLC		25 Lorraine St. Hartford, CT 06105						Shared Employees		-	-
Chestnut Point Care Center, LLC		171 Main St. East Windsor, CT 06088						Laundry Services	19 3	-	-
Chestnut Point Care Center, LLC		171 Main St. East Windsor, CT 06088						Shared Employees		200	(200)
Farmington Care Center, LLC		20 Scott Swamp Rd. Farmington, CT 06032						Bank Fees	16 M	1,225	(1,225)
Farmington Care Center, LLC		20 Scott Swamp Rd. Farmington, CT 06032						Shared Employees		1,776	(1,776)
Kettle Brook Care Center, LLC		96 Prospect Hill Rd. East Windsor, CT 06088						Laundry Services	19 3	-	-
Kettle Brook Care Center, LLC		96 Prospect Hill Rd. East Windsor, CT 06088						Shared Employees		1,038	(1,038)
Meriden Care Center, LLC (Silver Springs)		33 Roy St. Meriden, CT 06450						Shared Employees		699	(699)
Trinity Hill Care Center, LLC		151 Hillside Ave. Hartford, CT 06106						Shared Employees		29,470	(29,470)
Westside Care Center, LLC		348 Bidwell St. Manchester, CT 06040						Shared Employees		-	-
Wintonbury Care Center, LLC		140 Park Ave. Bloomfield, CT 06002						Shared Employees		904	(904)
Secure Care Center LLC		60 West Street, Rocky Hill, CT 06067						Shared Employees		3,325	(3,325)
Touchpoints therapy		171 Main St. East Windsor, CT 06088						O/T/PT/ST	13 5,8,10	472,507	(472,507)
Bidwell Realty, LLC		341 Bidwell St. Manchester, CT 06040						Building Lease & Rent	22,22,27 10,9,14	1,265,926	(1,265,926)
iCare Management, LLC		341 Bidwell St. Manchester, CT 06040						Postage & Legal	16, 15 M,E	25,392	(25,392)
iCare Health Management, LLC		341 Bidwell St. Manchester, CT 06040						Shared EE's not part of mgmt agmt		169,990	(169,990)
								Management Services, Direct	20 5	247,870	(247,870)
								Management Services, Indirect	20 5	56,625	(56,625)
								Management Services, Administrative	16 M12	615,912	(615,912)
All Care Centers, mgmt co. really cos								Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

\* Use additional sheets if necessary.

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

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

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2016	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				

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

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

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2016		Annual Amount of Lease	Page of 6   37
		Date of Lease**	Term of Lease		
Name and Address of Lessor	Description of Items Leased	Related * to Owners, Operators, Officers		Amount Claimed	
		Yes	No		
Accelerated Care Plus Corp. 4850 Jolie Street, Suite A-1 Reno, ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment Time Clocks and Payroll Punch Equip	<input type="radio"/>	<input checked="" type="radio"/>	16,602	16,602
GE Capital C/O Wells Fargo Vendor Financial Service LLC, P.O.Box 415664, Philadelphia, PA 19101	Copier	<input type="radio"/>	<input checked="" type="radio"/>	8,014	8,014
Pitney Bowes P.O. Box 856460	Postage Machine	<input type="radio"/>	<input checked="" type="radio"/>	697	697
CIT Technology Financial Services, P.O Box 93000, Chicago, IL 60673	Copier	<input type="radio"/>	<input checked="" type="radio"/>	6,686	6,686
		<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"/>		
				<b>Total ***</b>	45,921

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

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

\*\* Attach copies of newly acquired leases.

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

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

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
Services Provided by This Firm ( <i>describe fully</i> )				
1	Taxes, financial statements, accounting support	\$	3,533	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	3,533
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    15D				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration, Various Arbitration, Murtha Cullina, Jackson Lewis) 5 Starble and Harris, iCare Health Management LLC		Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140		
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1	341 Bidwell Street, Manchester CT			
2	32 Main Street, Avon, CT			
3	280 Trumbull St, Hartford, CT			
4				
5	32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT			
Services Provided by This Firm ( <i>describe fully</i> )				
1	Lease and contract issues, general legal advice, Labor Law	\$	19,627	
2	Lease and contract issues, general legal advice, union funds advice	\$	3,996	
3	Employment law, arbitrations, contract negotiations	\$	12,990	
4	Employment Arbitrations, healthcare law	\$	9,920	
5	Collections	\$	4,758	
			Charge for Services Provided	
			\$	51,291
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    15E				

**Schedule of Resident Statistics**

	Name of Facility				License No.				Report for Year Ended				Page		of	
	Chelsea Place Care Center, LLC				2220-C				9/30/2016				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac-Aids	Total	CCNH	RHNS	NurseFac-Aids	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30	Total	CCNH	RHNS	NurseFac-Aids		
1. Certified Bed Capacity																
A. On last day of PREVIOUS report period	234	234			234	234			234	234	234	234				
B. On last day of THIS report period	234	234			234	234			234	234	234	234				
2. Number of Residents																
A. As of midnight of PREVIOUS report period	222	222			222	222			222	218	218	218				
B. As of midnight of THIS report period	223	223			223	223			218	218	223	223				
3. Total Number of Days Care Provided During Period																
A. Medicare	2,247	2,247			2,247	2,247			1,626	1,626	621	621				
B. Medicaid (Conn.)	77,794	77,794			77,794	77,794			58,253	58,253	19,541	19,541				
C. Medicaid (other states)																
D. Private Pay	238	238			238	238			219	219	19	19				
E. State SSI for RCH																
F. Other (Specify) Insurance	60	60			60	60			60	60						
G. Total Care Days During Period (3A thru F)	80,339	80,339			80,339	80,339			60,158	60,158	20,181	20,181				
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																
A. Medicaid Bed Reserve Days																
B. Other Bed Reserve Days																
5. <b>Total Resident Days (3G + 4A + 4B)</b>	80,339	80,339			80,339	80,339			60,158	60,158	20,181	20,181				

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

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

Name of Facility Chelsea Place Care Center, LLC			License No. 2220-C			Report for Year Ended 9/30/2016			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 (1)	RHNS (2)	NurseFac-Aids (3)	Lost (1) (2) (3)			Gained (1) (2) (3)			CCNH	RHNS	NurseFac-Aids	
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	NurseFac-Aids		
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	NurseFac-Aids	R.C.H.	ICF-MR				
No. of Residents	7		221										
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	474.00		249.00										
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	NurseFac-Aids					
A. Medicare - Part B					4,511	4,511							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments					3,555	3,555							
C. Other					2,680	2,680							
D. Total Physical Therapy Treatments					10,746	10,746							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					404	404							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments					651	651							
C. Other					204	204							
D. Total Speech Therapy Treatments					1,259	1,259							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					4,126	4,126							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments					3,225	3,225							
C. Other					2,715	2,715							
D. Total Occupational Therapy Treatments					10,066	10,066							

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Chelsea Place Care Center, LLC	2220-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RFNS	Hours	NurseFac-Aids	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	142,254	2,003				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	23,193	272				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	442,933	20,718				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,898	2,057				
c. Dietary Workers	773,603	41,205				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	561,609	30,303				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	71,679	1,993				
b. Other Maintenance Workers	90,907	5,019				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	274,773	15,523				
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	226,896	4,507				
b. RN						
1. Direct Care	805,506	20,392				
2. Administrative**	357,235	8,792				
c. LPN						
1. Direct Care	2,253,085	76,337				
2. Administrative**						
d. Aides and Attendants	3,459,108	189,879				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	202,708	10,295				
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	235,095	8,221				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	133,919	6,792				
<i>A-13. Total Salary Expenditures</i>	10,114,402	444,308				

\* 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		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ 74,351	3,513			\$ -	-
MEDICAL RECORDS SALARIES	\$ 47,654	2,578			\$ -	-
CENTRAL SUPPLY SALARIES	\$ 11,914	701			\$ -	-
<b>Total</b>	<b>\$ 133,919</b>	<b>6,792</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 16,695	226			\$ -	-
ADMISSIONS C/S LABOR	\$ 67,497	1,169			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 5,822	183			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 106,224	3,629			\$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 5,908	131			\$ -	-
<b>Total</b>	<b>\$ 202,146</b>	<b>5,338</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>



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

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C		Report for Year Ended 9/30/2016		Page 11	of 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							
<b>Section I - Operators/Owners</b>									
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>									

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

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

Name of Facility (as licensed) Chelsea Place Care Center, LLC		License No. 2220-C		Report for Year Ended 9/30/2016			Page 12	of 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							
<b>Section III - Administrators***</b>									
Judy Konow	142,254		same as employees less union funds	Administrator	2,003	A2			
			same as employees less union funds	Administrator		A2			
			same as employees less union funds	Administrator		A2			
<b>Section IV - Assistant Administrators</b>									
Sharon Murphy	23,193		No benefits, just statutory taxes	Asst Administrator	272	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		
Chelsea Place Care Center, LLC	2220-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	72,800	1,456				
2. Dentist						
3. Pharmacist	16,068	233				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	213,064	2,817				
b. Other						
6. Social Worker	826	surveys				
7. Recreation Worker	9,821	64.25+Cable				
8. Physicians						
a. Medical Director (entire facility)	80,400	445				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	29,567	73				
9. Speech Therapist						
a. Resident Care	52,394	688				
b. Other						
10. Occupational Therapist						
a. Resident Care	199,534	2,619				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	2,458					
2. Administrative***	19,759	473				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	(3,661)	(65)				
d. Other						
12. Other (Specify) See Attached Schedule	202,146	5,338				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>895,175</b>	<b>14,077</b>				

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.  
 \*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.  
 \*\*\* Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.



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

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 535,910	535,910		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 955,966	955,966		
5. Health Insurance	\$ 1,653,659	1,653,659		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 669,383	669,383		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 80,962	80,962		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 120,128	120,128		
d. Accounting and Auditing	\$ 3,533	3,533		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 51,291	51,291		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 33,174	33,174		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,349	16,349		
2. Cellular Phones	\$ 1,320	1,320		
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	\$			
3. Resident Day User Fee	\$ 1,295,868	1,295,868		
<b>Subtotal</b>	\$ 5,417,542	5,417,542		

\* 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**

Chelsea Place Care Center, LLC  
9/30/2016

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 80,962		\$ -
<b>Total</b>	\$ 80,962	\$ -	\$ -

**Schedule of Other Taxes**

Description	CCNH	RHNS	NurseFac-Aids
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
<b>Subtotals Brought Forward:</b>	5,417,542	5,417,542			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 5,101	5,101			
5. Education Expenses Related to Seminars and Conventions	\$ 3,045	3,045			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 315	315			
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 8,363	8,363			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 6,411	6,411			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,962	4,962			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 16,082	16,082			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 84	84			
10. Contributions*** See Attached Schedule	\$ 1,051	1,051			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 168,340	168,340			
12. Administrative Management Services**	\$ 615,912	615,912			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 33,279	33,279			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 6,280,487	6,280,487			

\* 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	NurseFac-Aids
MEALS	\$ 315		\$ -
<b>Total Other Travel and Entertainment</b>	<b>\$ 315</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 6,411		\$ -
<b>Total Other Advertising</b>	<b>\$ 6,411</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
Dues			
CAHCF Dues	\$ 16,082.24		\$ -
OTHER DUES			
<b>Total Dues</b>	<b>\$ 16,082</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
contributions	\$ 1,051		\$ -
<b>Total Contributions</b>	<b>\$ 1,051</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 3,466		\$ -
EMPLOYEE RELATIONS	\$ 8,846		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 716		\$ -
PERMITS & LICENSES	\$ 2,466		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 11,920		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 3,000		\$ -
LATE FEES	\$ 1,600		\$ -
INTERNET EXPENSES	\$ 1,265		\$ -
Rounding	\$ -		\$ -
<b>Total Other Administrative and General</b>	<b>\$ 33,279</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility	License No.	Report for Year Ended	Page of
Chelsea Place Care Center, LLC	2220-C	9/30/2016	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 #
iCare Management, LLC/iCare Health Management, LLC	615,912	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	247,870	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	56,625	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC		2220-C	9/30/2016		18	37
Item		Total	CCNH	RHNS	NurseFac-Aids	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 485,501	485,501			
2.	Non-Food Supplies	\$ 56,749	56,749			
3.	Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 56,768	56,768			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 845	845			
c. Management Services**						
		\$				
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT						
		\$ 7,837	7,837			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 607,700</b>	<b>607,700</b>			
2F. Dietary Questionnaire		Total	CCNH	RHNS	NurseFac-Aids	
G.	Resident Meals: Total no. of meals served per day:*	660	660			
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 Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids
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. \$	205	205	
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)		\$	73,278	73,278	
c. Management Services**		\$			
d. Other (Specify) LAUNDRY SUPPLIES		\$	450	450	
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	73,932	73,932	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC	2220-C	9/30/2016	20	37	
Item	Sq. Ft. Serviced by Personnel	Total	CCNH	RHNS	NurseFac- Aids
4. Housekeeping					
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	42,798	42,798		
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. \$	34,297	34,297		
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
HOUSEKEEPING MINIR EQUIPMENT					
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	<b>77,096</b>	<b>77,096</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from OMNICARE PHARMACY	\$	90,995	90,995		
b. Medicine Cabinet Drugs	\$	19,463	19,463		
c. Medical and Therapeutic Supplies	\$	102,053	102,053		
d. Ambulance/Limousine***	\$	2,247	2,247		
e. Oxygen					
1. For Emergency Use	\$	5,540	5,540		
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$	2,498	2,498		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	7,959	7,959		
i. Recreation	\$				
j. Other (Specify)**** See Attached Schedule	\$	493,357	493,357		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>724,113</b>	<b>724,113</b>		

\* 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	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 1,221		\$ -
NURSING MINOR EQUIP	\$ 8,116		\$ -
MEDICAL RECORDS SUPPLIES	\$ 524		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 247,870		\$ -
NON-COVERED PPS DR. VISITS	\$ 1,222		\$ -
RESIDENT CARE SUPPLIES	\$ -		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 16,230		\$ -
PERSONAL CARE SUPPLIES	\$ 12,594		\$ -
INCONTINENCY SUPPLIES	\$ 46,087		\$ -
VACCINE RESIDENTS	\$ 10,490		\$ -
PATIENT SPECIAL NEEDS	\$ 891		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 52,058		\$ -
EQUIPMENT RENTAL. AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 88		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 20,243		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 542		\$ -
ACTIVITIES SUPPLIES	\$ 5,862		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 56,625		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ 11,137		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ 1,558		\$ -
<b>Total Other Resident Care</b>	<b>\$ 493,357</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility		License No.		Report for Year Ended		Page of				
Chelsea Place Care Center, LLC		2220-C		9/30/2016		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	NurseFac-Aids	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Housekeeping Services	32,178			20	4b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Laundry Services	68,478			19	3b
Eagle Elevator		<input type="radio"/>	<input type="radio"/>	VENDOR	Elevator Contract	13,154			22	6F
Bioserve, Inc.		<input type="radio"/>	<input type="radio"/>	VENDOR	Medical Waste	542			22	6F
The Brickman Group/ Stevan Infante		<input type="radio"/>	<input type="radio"/>	VENDOR	Snow Removal/Landscaping	20,180			22	6F
All Waste Inc		<input type="radio"/>	<input type="radio"/>	VENDOR	Trash removal	52,925			22	6F
American HealthTech		<input type="radio"/>	<input type="radio"/>	VENDOR	Software Maintenance Contract	10,623			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input type="radio"/>	VENDOR	Payroll Services	86,296			16	M11
National Datacare Corp		<input type="radio"/>	<input type="radio"/>	VENDOR	Resident Trust Software	6,083			16	M11
Prime Care Technology services		<input type="radio"/>	<input type="radio"/>	VENDOR	Computer Consulting Services	29,398			16	M11
Priority Express		<input type="radio"/>	<input type="radio"/>	VENDOR	Courier Services	7,765			16	M11
Point Right Inc		<input type="radio"/>	<input type="radio"/>	VENDOR	Nursing Software	4,680			16	M11
		<input type="radio"/>	<input type="radio"/>	VENDOR						
		<input type="radio"/>	<input type="radio"/>	VENDOR						

\* 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
Chelsea Place Care Center, LLC	2220-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 40,186	40,186				
b. Heat	\$ 91,841	91,841				
c. Light & Power	\$ 150,531	150,531				
d. Water	\$ 134,340	134,340				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 45,921	45,921				
f. Other ( <i>itemize</i> )	\$ 138,613	138,613				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 601,432</b>	<b>601,432</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 30,710	30,710				
c. Non-Movable Equipment	\$ 550	550				
d. Movable Equipment	\$ 47,528	47,528				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 78,789</b>	<b>78,789</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 104,118	104,118				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 104,118</b>	<b>104,118</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 816,708	816,708				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 351,624	351,624				
c. Personal property taxes	\$ 46,533	46,533				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,397,772</b>	<b>1,397,772</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	NurseFac-Aids
PLANT SUPPLIES	\$ 14,676		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 105		\$ -
ELEVATOR CONTRACT SERVICE	\$ 13,154		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 10,269		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 6,886		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 13,294		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 52,925		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ 1,242		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 9,831		\$ -
PLANT MINOR EQUIPMENT	\$ 11,900		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ 4,332		\$ -
<b>Total Other Repairs and Maintenance</b>	<b>\$ 138,613</b>	<b>\$ -</b>	<b>\$ -</b>



### Depreciation Schedule

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C		Report for Year Ended 9/30/2016				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
<b>A. Land Improvements</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>A-4. Subtotal</b>									
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period		595,640		595,640	31,655			30,440	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		69,176						270	
<b>B-4. Subtotal</b>									30,710
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period		43,932		43,932	40,624			550	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>C-4. Subtotal</b>									550
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Van Repair, Hillside Automotive Cex		10,600		10,600	10,600				
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period					458,159			47,299	
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)								230	
<b>D-3. Subtotal</b>		12,914							47,528
<b>E. Total Depreciation</b>									78,789

Chelsea Place Care Center, I.L.C  
9/30/2016

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>				
8/23/2016	Utility & Med Room Renovation: Shalom Sahar	\$ 51,846	240	\$ 216
8/2/2016	Replaced Windows: Chase Glass Company	\$ 9,678	180	\$ 54
9/30/2016	Signage & Door Hardware	\$ 2,761	120	\$ -
9/30/2016	Installation of Wall Mounted Grab Bars: Shalom Sahar	\$ 4,892	120	\$ -
<b>Total additions for Building Improvements</b>		\$ 69,176		\$ 270 *
<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>				
9/19/2016	BiPAP Machine: Direct Supply	\$ 3,344	96	\$ -
7/12/2016	Bariatric Bed: Direct Supply	\$ 4,208	60	\$ 140
7/18/2017	Install Backflow-Laundry: Saucier mechanical	\$ 5,362	120	\$ 89
<b>Total additions for Movable Equipment</b>		\$ 12,914		\$ 230 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*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>				
12/23/2015	Upgraded Boiler: Saucier Mechanical Serv.	\$ 2,679	240	100
2/1/2016	Remove Tree: The Brickman Group	\$ 2,627	240	131
4/22/2016	Upgraded Dryer Ductwork: Saucier Mechanical Serv.	\$ 6,650	120	277
10/26/2015	Upgraded Columns: Sahar Shalom	\$ 2,586	240	119
8/29/2015	Front Lobby Project: Sahar, Shalom	\$ 11,502	120	1,150
8/29/2015	Front Lobby Project: Sahar, Shalom	\$ 3,031	144	253
11/22/2015	Kitchen Fire Ins Claim: Multiple Vendors	\$ 8,444	120	704
11/22/2015	Kitchen Fire Ins Claim: Multiple Vendors	\$ 1,520	300	51
7/7/2016	Plan of Correction: Multiple Vendors	\$ 1,191	96	25
7/7/2016	Plan of Correction: Multiple Vendors	\$ 17,527	120	292
7/7/2016	Plan of Correction: Multiple Vendors	\$ 5,208	240	43
7/28/2016	SinkHoic: Sahar, Shalom & Others	\$ 60,967	120	1,016
8/17/2016	Upgraded AC: Saucier Mechanical	\$ 3,657	180	20
8/17/2016	Upgraded Walk-In Freezer: Saucier Mechanical	4536.85	180	25
<b>Total additions for Leasehold Improvement</b>		\$ 132,127		\$ 4,207 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



**Amortization Schedule\***

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2016		Page 24	of 37	
		Date of Acquisition	Accumulated Amort. to Beginning of Year's Operations			
Item	Length of Amortization	Cost to Be Amortized	Basis for Computing Amortization**	Rate Amortization %	Amortization for This Year	Totals
<b>A. Organization Expense</b>						
1.						
2.						
3.						
<b>A-4. Subtotal</b>						
<b>B. Mortgage Expense</b>						
1.						
2.						
3.						
<b>B-4. Subtotal</b>						
<b>C. Leasehold Improvements and Other</b>						
1. Acquired prior to this report period		1,212,857	710,819		99,912	
2. Disposals (attach schedule)						
3. Acquired during this report period (attach schedule)		132,127			4,207	
<b>C-4. Subtotal</b>						104,118
<b>D. Total Amortization</b>						104,118

\* 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 Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2016	Page 25	of 37	
11. Property Questionnaire					
<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		04/01/1999			
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase		04/01/99			
4. Date of Initial Licensure		04/01/99			
5. Total Licensed Bed Capacity		234			
6. Square Footage		66,285			
7. Acquisition Cost					
a. Land					
b. Building		11,495,942			
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		HUD fixed			
b. Date Mortgage Obtained		05/30/13			
c. Interest Rate for the Cost Year		319.00%			
d. Term of Mortgage (number of years)		24			
e. Amount of Principal Borrowed		6,664,200			
f. Principal balance outstanding as of 9/30/2016		6,037,243			
<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
Chelsea Place Care Center, LLC		2220-C	9/30/2016		26	37
Item			Total	CCNH	RHNS	NurseFac-Aids
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 (A1 - A4 + B5)</b>			\$			

*(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	
Chelsea Place Care Center, LLC		2220-C		9/30/2016		27   37	
Item				Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) INTEREST				\$	64,209	64,209	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	64,209	64,209	
14. Insurance							
a. Insurance on Property (buildings only)				\$	12,193	12,193	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	99,201	99,201	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	6,533	6,533	
14d. Total Insurance Expenditures (14a + b + c)				\$	117,927	117,927	
15. Total All Expenditures (A-13 thru C-14)				\$	20,954,245	20,954,245	



### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC			2220-C	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 120,128	120,128		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 6,411	6,411		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 37,925	37,925		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 164,463	164,463		

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16		Management fee over cost	\$ -		\$ -
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 1,600		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	0		
		Provider User Fee for Medicare days	36,324.87		
<b>Total Other A&amp;G Adjustments</b>			\$ 37,925	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC			2220-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 164,463	164,463		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 2,247	2,247		
29.			X-rays, etc	\$ 2,498	2,498		
30.			Laboratory	\$ 7,959	7,959		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,222	1,222		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 178,389	178,389		

\*\*\* 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.

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Chelsea Place Care Center, LLC  
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J	NON-COVERED PPS DR. VISITS	1,221.56		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
<b>Total Other Ancillary Costs</b>			<b>\$ 1,222</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
<b>Total Other Property Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ -		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ -		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ -		
22	6D	water (for outpatient therapy see schedule)	\$ -		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ -		
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2016		30	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 19,250,746	19,250,746			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,063,415	1,063,415			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 127,083	127,083			
b. Private-Pay Room and Board Contractual Allowance **	\$				
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 92,441	92,441			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (92,441)	(92,441)			
c. Prescription Drugs - Non-Medicare	\$ 14,269	14,269			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (14,269)	(14,269)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 1,570	1,570			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,570)	(1,570)			
3. a. Physical Therapy - Medicare	\$ 221,308	221,308			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (92,007)	(92,007)			
c. Physical Therapy - Non-Medicare	\$ 124,956	124,956			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (124,956)	(124,956)			
4. a. Speech Therapy - Medicare	\$ 50,628	50,628			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (17,795)	(17,795)			
c. Speech Therapy - Non-Medicare	\$ 51,939	51,939			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (51,939)	(51,939)			
5. a. Occupational Therapy - Medicare	\$ 225,216	225,216			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (102,315)	(102,315)			
c. Occupational Therapy - Non-Medicare	\$ 123,760	123,760			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (121,238)	(121,238)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 199,880	199,880			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 20,928,680	20,928,680			
<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> )	\$				
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 1,803	1,803			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,803	1,803			
<b>VI. Total All Revenue</b> (III +V)	\$ 20,930,484	20,930,484			

\* 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	Nurse/Pac-Aids
	Lab Medicare	\$ 24,444		
	Lab Medicare CA	\$ (24,444)		
	Oxygen Medicare	\$ 402		
	Oxygen Medicare CA	\$ (402)		
	Equipment rental	\$ -		
	Equipment rental CA	\$ -		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 2,566		
	Radiology Medicare CA	\$ (2,566)		
	IV Therapy	\$ 17,918		
	IV Therapy CA	\$ (17,918)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	Lab	\$ 4,140.92		
	Lab CA	\$ (4,140.92)		
	Oxygen	\$ 4,506		\$ -
	Oxygen CA	\$ (4,506)		\$ -
	Equipment rental	\$ 2,398		
	Equipment rental CA	\$ (2,398)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 140		
	Radiology CA	\$ (140)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 6,265		\$ -
	IV therapy CA	\$ (6,265)		\$ -
	Flu shot revenue	\$ 1,530		
	Outpatient therapy	\$ -		
	<b>PRIOR YEAR ADJ - ANCLLARY &amp; OTHER</b>	<b>\$ 198,360</b>		
	rounding	\$ (0)		
	<b>Total Other Resident Revenue</b>	<b>\$ 199,880</b>	<b>\$ -</b>	<b>\$ -</b>

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Nurse/Pac-Aids
	INTEREST INCOME		\$ -		
	<b>Total Interest Income</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	MBALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ 1,799		
	RESIDENT LATE FEE REVENUE	\$ 4		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ -		
	<b>Total Other Revenue</b>	<b>\$ 1,803</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	(55,088)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	5,493,508
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	58,648
5. Prepaid Expenses			\$	972,162
a. Prepaid Insurance	942,202			
b. Prepaid Property Taxes	10,914			
c. Prepaid Expenses Other	19,045			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	(927,282)
Due From (to) Related Parties	30,855			
Other Owners reserves	(958,137)			
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	5,541,948
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	664,817	\$	602,452
	Accum. Depreciation	62,365		Net
4. Leasehold Improvements	*Historical Cost	1,344,985	\$	530,048
	Accum. Depreciation	814,937		Net
5. Non-Movable Equipment	*Historical Cost	43,932	\$	2,757
	Accum. Depreciation	41,175		Net
6. Movable Equipment	*Historical Cost	649,808	\$	144,122
	Accum. Depreciation	505,687		Net
7. Motor Vehicles	*Historical Cost	10,600	\$	
	Accum. Depreciation	10,600		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
Construction in Progress				
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,279,379

\* 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
Chelsea Place Care Center, LLC	2220-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	6,821,326
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> )			\$	79,857
Patient Trust Funds			77,302	
Long Term Deposit - primicare			2,555	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	79,857
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	6,901,184

\* 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
Chelsea Place Care Center, LLC		2220-C	9/30/2016	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	578,673
2. Notes Payable ( <i>itemize</i> )				\$	1,790,629
Working Capital Line of Credit					1,790,629
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> )				\$	486,355
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> )				\$	3,080,875
Related Party Payables		1,911,755			
Accrued Expenses		130,885			
Accrued Resident User Fees		315,503			
Accrued Workers Comp Expense		722,732			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	5,936,532

\* 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 Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,936,532	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Patient Trust Funds		77,302		77,302	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 77,302	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 6,013,834	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2016	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			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	910,110
6. Gain or Loss for Period			\$	(23,761)
7. Total Net Worth			\$	887,349
<b>C. Total Reserves and Net Worth</b>			\$	887,349
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	6,901,184

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	20,930,484
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	20,954,245
D. Net Income or Deficit			\$	(23,761)
E. Balance			\$	(23,761)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>	09/30/16		\$	(23,761)

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

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2016	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 checked="" type="checkbox"/> NurseFac-Aids		
<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>iCare Management LLC</i>	Title	Date Signed <i>2/14/17</i>		
Printed Name of Preparer iCare Management LLC				
Address Address 341 Bidwell Street, Manchester, CT 06040		Phone Number 860-570-2140		