

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) 845 Paddock Avenue Operations LLC, d/b/a Meriden Center	
Address (No. & Street, City, State, Zip Code) 845 Paddock Ave, Meriden, CT 06450	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2373	RHNS	(Specify)	Medicare Provider 07-5192
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Medicaid Provider Numbers:	CCNH 000008995	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
845 Paddock Avenue Operations LLC, d/b/a Meriden	2373	9/30/2016	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 845 Paddock Avenue Operations LLC, d/b/a Meriden Center [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)		Date	Signed (Owner)		Date
Printed Name (Administrator)			Printed Name (Owner)		
Giovanna Griffin			Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
				/ /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 845 Paddock Ave, Meriden, CT 06450				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/21/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 518,111	518,111		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 3,782,386	3,782,386		
5. All other wages paid	\$ 481,509	481,509		
6. Total Wages Paid	\$ 4,782,006	4,782,006		
7. Total salaries paid	\$ 221,518	221,518		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 5,003,524	5,003,524		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-238-2645	Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) 845 Paddock Avenue Operations LLC, d/b/a Meriden Center		Address (No. & Street, City, State, Zip) 845 Paddock Ave, Meriden, CT 06450		
License Numbers:	CCNH 2373	RHNS (Specify)	Medicare Provider No. 07-5192	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Giovanna Griffin		Nursing Home Administrator's License No.:	1196	
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 845 Paddock Avenue Operations LLC, d/b/a M	License No. 2373	Report for Year Ended 9/30/2016	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	
845 Paddock Avenue Operations LLC, d/b/a Meriden Center	101 East State Street, Kennett Square, PA 19348		PA	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
See Attached				

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden C	License No. 2373	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Health Ventures	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	453,519	453,519
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	62%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	671,838	671,838
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	56%	Staffing Pool	Pg 10/A12	16,373	16,373
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	83%	Case Management	Pg 13/B8, Pg 10/A12	28,680	28,680
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	80%	Staffing Pool	Pg 13/B11 a,b,c	18,935	18,935
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	51%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	17,019	17,019
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A	40,148	40,148
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" 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
Basis for Allocation of Costs

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Me	License No. 2373	Report for Year Ended 9/30/2016	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.

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.

**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 845 Paddock Avenue Operations LLC, d/b/a Meriden Center			License No. 2373	Report for Year Ended 9/30/2016			Page 6	of 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						
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	Total ***

* 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 845 Paddock Avenue Operations L	License No. 2373	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 KPMG Peat Marwick 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
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Services Provided by This Firm (*describe fully*)

1 Year end financial audit	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

- Yes No

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Connecticut State Marshal and Meriden Probate Court 2 Morrow Morgan Smith Inc 3 4 5	Telephone Number 203-213-5535 860-678-1530
---	--

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

1 149 Cariati Blvd Meriden, CT. 06451
2 11 Talcott Notch Road 2nd FL Farmington, CT 06032
3
4
5

Services Provided by This Firm (*describe fully*)

1 Probate Court for the conservatorship	\$	834
2 Real Estate Tax Abatement-reduced the assessment values of Real Estate Tax	\$	
3	\$	
4	\$	
5	\$	
	Charge for Services Provided	
	\$	834

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

- Yes No Legal Fees pg. 15 1-e

Schedule of Resident Statistics

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center			License No. 2373		Report for Year Ended 9/30/2016				Page 8	of 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	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	119	119			119	119			111	111		
B. As of midnight of THIS report period	103	103			111	111			103	103		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,230	4,230			3,365	3,365			865	865		
B. Medicaid (Conn.)	31,361	31,361			23,871	23,871			7,490	7,490		
C. Medicaid (other states)												
D. Private Pay	2,552	2,552			1,825	1,825			727	727		
E. State SSI for RCH												
F. Other (Specify)	1,620	1,620			1,276	1,276			344	344		
G. Total Care Days During Period (3A thru F)	39,763	39,763			30,337	30,337			9,426	9,426		
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	9	9			9	9						
5. Total Resident Days (3G + 4A + 4B)	39,772	39,772			30,346	30,346			9,426	9,426		

Schedule of Resident Statistics (Cont'd)

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a N			License No. 2373			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)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID			
No. of Residents	7		76			20							
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	504.88		206.67			389.28							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,150	3,150			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,733	1,733			
C. Other									10,410	10,410			
D. Total Physical Therapy Treatments									15,293	15,293			
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									230	230			
C. Other									1,682	1,682			
D. Total Speech Therapy Treatments									2,316	2,316			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,487	2,487			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,514	1,514			
C. Other									9,137	9,137			
D. Total Occupational Therapy Treatments									13,138	13,138			

Report of Expenditures - Salaries & Wages

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center	License No. 2373	Report for Year Ended 9/30/2016	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	122,361	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	130,756	6,149				
5. Dietary Service						
a. Head Dietitian	36,192	999				
b. Food Service Supervisor	59,959	2,198				
c. Dietary Workers	421,960	24,171				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,742	2,118				
b. Other Maintenance Workers	16,234	1,117				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	99,157	2,141				
b. RN						
1. Direct Care	813,712	19,785				
2. Administrative**	100,366	2,516				
c. LPN						
1. Direct Care	1,067,821	34,889				
2. Administrative**						
d. Aides and Attendants	1,714,964	97,476				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	106,525	5,912				
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	172,253	6,459				
n. Marketing						
o. Other (Specify) See Attached Schedule	85,522	4,293				
<i>A-13. Total Salary Expenditures</i>	5,003,523	212,314				

* 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
Ward Clerks	0	\$ 39,214.82	1,968			\$ -	-
Central Supply	0	\$ 17,358.70	1,077			\$ -	-
Medical Records	0	\$ 28,948.16	1,248			\$ -	-
Total		\$ 85,521.68	4,293	\$ -	-	\$ -	-

0 0

Schedule of Other Fees (Page 13)

Service		CCNH		RHNS		(Specify)	
		\$	Hours	\$	Hours	\$	Hours
1020620010	Consulting Fees	\$ 498.91	n/a				
3010620020	Purchased Services	\$ 580.00	n/a				
3015620020	Purchased Services	\$ 14,203.00	n/a				
3155620020	Purchased Services	\$ 23.15	n/a				
3155620020	Purchased Services	\$ 2,748.73	n/a				
1020620010	Consulting Fees	\$ 567.01	n/a				
	0	0	\$ -	0			
	0	0	\$ -	0			
	0	0	\$ -	0			
	0	0	\$ -	0			
Total		\$ 18,621	-	\$ -	-	\$ -	-

0

**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
845 Paddock Avenue Operations LLC, d/b/a Meriden Center				2373		9/30/2016			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
845 Paddock Avenue Operations LLC, d/b/a Meriden Center				2373	9/30/2016			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)							
Section III - Administrators***										
Giovanna Griffin	122,361				Management of Center	2,091	2			
Section IV - Assistant Administrators										

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

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

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

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
845 Paddock Avenue Operations LLC, d/b/a Meride	2373	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	625	17				
2. Dentist	13,172	90				
3. Pharmacist	8,062	165				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	555,160	7,605				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	46,480	246				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	38,460	493				
b. Other						
10. Occupational Therapist						
a. Resident Care	115,039	1,576				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	18,935	316				
2. Administrative***						
b. LPN						
1. Direct Care	(18,678)	(441)				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	18,621					
B-13 Total Fees Paid in Lieu of Salaries	795,876	10,066				

* 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
845 Paddock Avenue Operations LLC, d/b/a Mer	2373	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 213,210	213,210		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 62,139	62,139		
4. Social Security (F.I.C.A.)	\$ 368,827	368,827		
5. Health Insurance	\$ 532,580	532,580		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 175,290	175,290		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 21,182	21,182		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 134,264	134,264		
d. Accounting and Auditing	\$			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 834	834		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 27,991	27,991		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 25,307	25,307		
2. Cellular Phones	\$ 266	266		
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	\$ (87)	(87)		
3. Resident Day User Fee	\$ 720,844	720,844		
Subtotal	\$ 2,282,647	2,282,647		

* 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**

845 Paddock Avenue Operations LLC, d/b/a Meriden Center
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
1020520020	Union Health & Welfare	\$ 3,236	\$ -	
3030520020	Union Health & Welfare	\$ 2,637	\$ -	
3225520020	Union Health & Welfare	\$ 15,256	\$ -	
5035520020	Union Health & Welfare	\$ 54	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
0	0	\$ -	\$ -	
Total		\$ 21,182	\$ -	\$ -

0

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
1020640110	Sales Tax	\$ (87)	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	-	0	0
0	0	0	0	0
Total		\$ (87)	\$ -	\$ -

0

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

Name of Facility	License No.	Report for Year Ended	Page	of	
845 Paddock Avenue Operations LLC, d/b/a Meriden	2373	9/30/2016	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,282,647	2,282,647		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	2,045	2,045		
5. Education Expenses Related to Seminars and Conventions	\$	288	288		
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>)***	\$	7,214	7,214		
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	\$	3,178	3,178		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	9,774	9,774		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	668	668		
9. Subscriptions	\$	579	579		
10. Contributions***	\$	2,067	2,067		
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	2,160	2,160		
12. Administrative Management Services**	\$	440,272	440,272		
13. Other (<i>Specify</i>)	\$	20,250	20,250		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	2,771,142	2,771,142		

* 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)
			0
			0
			0
			0
			0
			0
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
1020630020 Advertising	\$ 162	\$ -	\$ -
1020630020 Advertising	\$ 1,156	\$ -	\$ -
1020630330 Marketing Expense	\$ 3,710	\$ -	\$ -
1020630330 Marketing Expense	\$ 31.74	\$ -	\$ -
1020630330 Marketing Expense	\$ 13.33	\$ -	\$ -
3005630330 Marketing Expense	\$ 75.49	\$ -	\$ -
3165630330 Marketing Expense	\$ 43.16	\$ -	\$ -
1020630331 Marketing Exp- Corp	\$ 421.06	\$ -	\$ -
1020630331 Marketing Exp- Corp	\$ 1,602.06		
Total Other Advertising	\$ 7,214	\$ -	\$ -
	\$ -		

Schedule of Dues

Description	CCNH	RHNS	(Specify)
1020630310 Licenses and Certifica	\$ 9,774	\$ -	\$ -
1020630310	\$ 0	\$ -	\$ -
1020630310	\$ 0	\$ -	\$ -
1020630310	\$ 0	\$ -	\$ -
1020630310	\$ 0	\$ -	\$ -
1020630310	\$ 0	\$ -	\$ -
0	\$ 0	\$ -	\$ -
0	\$ 0	\$ -	\$ -
0	\$ 0	\$ -	\$ -
0	\$ 0	\$ -	\$ -
0	\$ 0	\$ -	\$ -
0	\$ 0	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a	License No. 2373	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	453,519	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	40,148	Capital Interest	pg 26 12-A-1

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

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

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden C		License No. 2373	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 181,415	181,415		
2.	Non-Food Supplies	\$ 23,678	23,678		
3.	Other (Specify) _____	\$ (997)	(997)		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Management Services**					
d. Other (Specify) _____					
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 204,136	204,136		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
845 Paddock Avenue Operations LLC, d/b/a Meriden Ce		2373	9/30/2016		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	5,252	5,252		
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. \$	4,978	4,978		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	201,750	201,750		
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	211,980	211,980		
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
845 Paddock Avenue Operations LLC, d/b/a M		2373	9/30/2016		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.	\$ 16,384	16,384			
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.	\$ 302,199	302,199			
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 318,583	318,583			
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$ 247,003	247,003			
b. Medicine Cabinet Drugs		\$ 33,373	33,373			
c. Medical and Therapeutic Supplies		\$ 83,131	83,131			
d. Ambulance/Limousine****		\$ 22,885	22,885			
e. Oxygen						
1. For Emergency Use		\$				
2. Other****		\$ 8,641	8,641			
f. X-rays and Related Radiological Procedures****		\$ 8,060	8,060			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory****		\$ 20,710	20,710			
i. Recreation		\$ 24,246	24,246			
j. Other (Specify)**** See Attached Schedule		\$ 68,526	68,526			
5K. Total Resident Care Expenditures (5a - 5j)		\$ 516,575	516,575			

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description		CCNH	RHNS	(Specify)
3060610160	Incontinency	\$ 42,817	-	-
3060610161	Incontinency - Rebate	\$ (629)	-	-
3080630030	Advertising-Help War	\$ 494	-	-
3080630030	Advertising-Help War	\$ 281	-	-
3080630140	Education Expense	\$ 1,550	-	-
3080630140	Education Expense	\$ 1,067	-	-
3165630340	Meetings & Seminars	\$ 25	-	-
3015630530	Supplies	\$ 283	-	-
3120630530	Supplies	\$ 742	-	-
3155630530	Supplies	\$ 10,005	-	-
3155630530	Supplies	\$ 2,821	-	-
3170630530	Supplies	\$ 3	-	-
3080630610	Training Expense	\$ 120	-	-
3120660080	Rental Expense	\$ 2,091	-	-
3120660080	Rental Expense	\$ 616	-	-
3155660080	Rental Expense	\$ (80)	-	-
3155660080	Rental Expense	\$ 4,330	-	-
3010610300	Consolidated Billing	\$ 1,988	-	-
	0	\$ 0	-	-
	0	\$ 0	-	-
	0	\$ 0	-	-
	0	\$ 0	-	-
	0	\$ 0	-	-
Total Other Resident Care		\$ 68,526	\$ -	\$ -

0

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

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center			License No. 2373		Report for Year Ended 9/30/2016			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
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	201,750			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	302,199			20	4b
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<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).

Annual Report of Long-Term Care Facility

CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended			Page	of
845 Paddock Avenue Operations LLC, d/b/a N	2373	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 110,827	110,827				
b. Heat	\$ 42,591	42,591				
c. Light & Power	\$ 139,291	139,291				
d. Water	\$ 60,566	60,566				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 353,275	353,275				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 262,292	262,292				
c. Non-Movable Equipment	\$ 9,387	9,387				
d. Movable Equipment	\$ 80,622	80,622				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 352,301	352,301				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 275,748	275,748				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 105,722	105,722				
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 733,771	733,771				

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

Depreciation Schedule

Name of Facility 845 Paddock Avenue Operations LLC, d/b/a Meriden Center			License No. 2373			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		
A. Land Improvements												
1. Acquired prior to this report period							S/L	Various				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			83,900		83,900							
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period			3,037,554		3,037,554	975,995	S/L	Various	262,060			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			10,183		10,183				232			
B-4. Subtotal										262,292		
C. Non-Movable Equipment												
1. Acquired prior to this report period			71,283		71,283	34,900	S/L	Various	9,095			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			9,160		9,160				292			
C-4. Subtotal										9,387		
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.								S/L	Various			
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					625,044		625,044	339,749	S/L	Various	78,830	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					27,967		27,967				1,792	
D-3. Subtotal												80,622
E. Total Depreciation												352,301

845 Paddock Avenue Operations LLC, d/b/a Meriden Center
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/30/2016	Sep 2016 Accruals- Paving	83,900.00		
Total additions for Land Improvement		\$ 83,900		0
Deletions:				
Total deletions for Land Improvement		\$ -		\$ -

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/31/2016	Compact softner	\$ 2,088	\$ 20	\$ 70
1/31/2016	8 Push Button Lock,Passage,Satin	\$ 2,431	\$ 20	\$ 81
2/29/2016	Rehab doors and hardware	\$ 1,663	\$ 20	\$ 49
8/31/2016	Additions/alterations to Roam Alert Syste	\$ 4,001	\$ 10	\$ 33
Total additions for Building Improvement		\$ 10,183		\$ 232
Deletions:				

6/30/2016	Maxi Rest Bariatric Bed, 3-Fun	\$ 3,321	\$ 10	\$ 83
6/30/2016	Freight chg onOmniCycle Elite Rehab System	\$ 160	\$ 10	\$ 4
6/30/2016	OmniCycle Elite Rehab System	6,327.83	10.00	158.20
7/31/2016	10 MATTRESS,GENESIS VISCO SELECT	1,568.66	3.00	87.15
7/31/2016	Custom inception seat cushion for wheelchair	702.67	10.00	11.71
Total additions for Movable Equipmen		\$ 27,967		\$ 1,792
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report perio

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvemen		\$ -		\$ -
Deletions:				
Total deletions for Leasehold Improvemen		\$ -		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
845 Paddock Avenue Operations LLC, d/b/a Meriden Center			2373		9/30/2016			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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility 845 Paddock Avenue Operations LLC	License No. 2373	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
Well Tower / Healthcare REIT, Inc	Building and Equipment	04/01/11	20	275,748
Address: One Seagate Suite 1500				
Toledo, OH 43603-1475				

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
845 Paddock Avenue Operations LLC		2373	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 40,148	40,148		
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 40,148	40,148		

(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
845 Paddock Avenue Operations L		2373		9/30/2016		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				40,148	40,148		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 40,148	40,148		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 8,522	8,522		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 190,670	190,670		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 199,192	199,192		
15. Total All Expenditures (A-13 thru C-14)				\$ 11,148,201	11,148,201		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
845 Paddock Avenue Operations LLC, d/b/a Meriden Center			2373	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 27,163	27,163		
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 726,213	726,213		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 134,264	134,264		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 7,214	7,214		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 2,067	2,067		
21.			Unallowable Management Fees	\$ 480,420	480,420		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 100,979	100,979		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,478,320	1,478,320		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	0	\$ 27,163	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
0	0	0	0	\$ -	\$ - \$ -
Total Other Salaries Adjustment				\$ 27,163	\$ - \$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	\$ 133,300	0 0
13	5	Rehabilitation Services	3195620020	\$ 421,859	0 0
13	9	Speech Therapist	3170620020	\$ 38,460	0 0
13	10	Occupational Therapist	3105620020	\$ 115,039	0 0
13	12	Other	3010620020	\$ 580	0 0
13	12	Other	3015620020	\$ 14,203	0 0
13	12	Respiratory Purchased Servies	3155620020	\$ 2,772	0 0
					0 0
					0 0
					0 0
					0 0
					0 0
Total Other Fees Adjustments				\$ 726,213	\$ - \$ -
				<u>\$ -</u>	

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	1020630310	Chamber of Commerce	\$ 668	0 0
16	m-13	1020630120	Collection Fees	\$ 1,778	0 0
16	m-13	1020660990	Estimated Accrual	\$ (996)	0 0
16	m-13	7010800030	Non-recurring Charges	\$ -	0 0
16	m-13	1020640080	Penalty and Fines	\$ 360	0 0
16	m-12	7010670040		\$ -	0 0
15	1-a-1	adj workers comp		\$ 99,169	0 0
0	0	0	0	\$ -	0 0
0	0	0	0	\$ -	0 0
Total Other A&G Adjustments				\$ 100,979	\$ - \$ -

0.00

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

Name of Facility				License No.	Report for Year Ended	Page	of
845 Paddock Avenue Operations LLC, d/b/a Meriden Center				2373	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,478,320	1,478,320		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 247,003	247,003		
28.	20	5-d	Ambulance/Limousine	\$ 22,885	22,885		
29.	20	5-f	X-rays, etc	\$ 8,060	8,060		
30.	20	5-h	Laboratory	\$ 20,710	20,710		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 8,641	8,641		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 31,149	31,149		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 170,291	170,291		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,987,060	1,987,060		

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	\$ 170,290.80	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
Total Other Adjustments			\$ 170,291	\$ -	\$ -
			\$ -		

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
845 Paddock Avenue Operations LLC, d/b. 2373		9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,885,812	11,885,812			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,521,423)	(5,521,423)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 1,812,616	1,812,616			
b. Medicare Room and Board Contractual Allowance **	\$ (472,282)	(472,282)			
4. a. Private-Pay Residents and Other	\$ 1,719,650	1,719,650			
b. Private-Pay Room and Board Contractual Allowance **	\$ (375,801)	(375,801)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 171,689	171,689			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (44,734)	(44,734)			
c. Prescription Drugs - Non-Medicare	\$ 97,425	97,425			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (24,140)	(24,140)			
2. a. Medical Supplies - Medicare	\$ 283	283			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (74)	(74)			
c. Medical Supplies - Non-Medicare	\$ 192	192			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (79)	(79)			
3. a. Physical Therapy - Medicare	\$ 494,612	494,612			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (128,872)	(128,872)			
c. Physical Therapy - Non-Medicare	\$ 288,475	288,475			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (85,155)	(85,155)			
4. a. Speech Therapy - Medicare	\$ 128,514	128,514			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (33,485)	(33,485)			
c. Speech Therapy - Non-Medicare	\$ 75,154	75,154			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (21,131)	(21,131)			
5. a. Occupational Therapy - Medicare	\$ 498,351	498,351			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (129,847)	(129,847)			
c. Occupational Therapy - Non-Medicare	\$ 264,053	264,053			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (79,024)	(79,024)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 16,693	16,693			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 128,912	128,912			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 10,666,383	10,666,383			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 18	18			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 14,529	14,529			
8. Other (<i>Specify</i>)	\$ 3,475	3,475			
V. Total Other Revenue (1 thru 8)	\$ 18,022	18,022			
VI. Total All Revenue (III + V)	\$ 10,684,405	10,684,405			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-a	Medicare Part A	X-Ray	\$ 4,213	\$ -	\$ -
II-6-a	Medicare Part A	Laboratory	\$ 10,784	\$ -	\$ -
II-6-a	Medicare Part A	Respiratory Therapy & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Audiology	\$ 28	\$ -	\$ -
II-6-a	Medicare Part A	Incontinency	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Ambulance	\$ -	\$ -	\$ -
II-6-a	Medicare Part A	Flu Shot	\$ 7,550	\$ -	\$ -
II-6-a	Contractual MedA	X-Ray	\$ (1,098)	\$ -	\$ -
II-6-a	Contractual MedA	Laboratory	\$ (2,810)	\$ -	\$ -
II-6-a	Contractual MedA	Respiratory Therapy & Supplies	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Audiology	\$ (7)	\$ -	\$ -
II-6-a	Contractual MedA	Incontinency	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Ambulance	\$ -	\$ -	\$ -
II-6-a	Contractual MedA	Flu Shot	\$ (1,967)	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
0	0	0	\$ -	\$ -	\$ -
Total Other Resident Revenue - Medicare			\$ 16,693	\$ -	\$ -
			\$ -		

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	\$ 234	\$ -	\$ -
II-6-b	Medicaid	Laboratory	\$ 1,617	\$ -	\$ -
II-6-b	Medicaid	Respiratory Therapy & Supplies	\$ -	\$ -	\$ -
II-6-b	Medicaid	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Medicaid	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Medicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	X-Ray	\$ (109)	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Laboratory	\$ (751)	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Respiratory Therapy & Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Physician Visit	\$ -	\$ -	\$ -

II-6-b	Contractuals- Medicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals- Medicaid	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	X-Ray	\$ 1,799	\$ -	\$ -
II-6-b	Private Insurance and Other	Laboratory	\$ 4,823	\$ -	\$ -
II-6-b	Private Insurance and Other	Respiratory Therapy & Supplies	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Audiology	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Incontinency	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Ambulance	\$ -	\$ -	\$ -
II-6-b	Private Insurance and Other	Flu Shot	\$ (121)	\$ -	\$ -
II-6-b	Private Insurance and Other	Capitation Contracts	\$ 157,193	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	X-Ray	\$ (393)	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Laboratory	\$ (1,054)	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Respiratory Therapy & Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Audiology	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Incontinency	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Physician Visit	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Ambulance	\$ -	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Flu Shot	\$ 26	\$ -	\$ -
II-6-b	Contractuals- NonMedicaid	Capitation Contracts	\$ (34,352)	\$ -	\$ -
II-6-b	0	0	\$ -	\$ -	\$ -
Total Other Resident Revenue			\$ 128,912	\$ -	\$ -
			\$ -		

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest On Overdue Account	0	18	-	-
0	0	0	-	-	-
0	0	0	-	-	-
Total Interest Income			\$ 18	\$ -	\$ -
			\$ -		

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Medical Record	0	3,475	-
0	0	0	-	-
0	0	0	-	-
Total Other Revenue		\$ 3,475	\$ -	\$ -
		\$ -		

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
845 Paddock Avenue Operations LLC, d	2373	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,795
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,044,040
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(43,092)
4. Inventories			\$	31,903
5. Prepaid Expenses			\$	8,336
a. Prepaid Expenses	5,065			
b. Prepaid Prop Taxes				
c. Prepaid Escrow Real Estate				
d. Prepaid Personal Property Tax	3,271			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,045,982
B. Fixed Assets				
1. Land			\$	830,000
2. Land Improvements	*Historical Cost	83,900		
	Accum. Depreciation	_____		
	Net		\$	83,900
3. Buildings	*Historical Cost	3,047,736		
	Accum. Depreciation	1,238,286		
	Net		\$	1,809,450
4. Leasehold Improvements	*Historical Cost	_____		
	Accum. Depreciation	_____		
	Net		\$	
5. Non-Movable Equipment	*Historical Cost	80,443		
	Accum. Depreciation	44,287		
	Net		\$	36,156
6. Movable Equipment	*Historical Cost	653,011		
	Accum. Depreciation	420,372		
	Net		\$	232,639
7. Motor Vehicles	*Historical Cost	_____		
	Accum. Depreciation	_____		
	Net		\$	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,992,145

* 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
845 Paddock Avenue Operations LLC, d	2373	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$ 4,038,127	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
3. Buildings			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
4. Non-Movable Equipment			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
5. Movable Equipment			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
6. Motor Vehicles			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____		Net		
Accum. Depreciation _____			\$	
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>)			\$ 855,713	
Intercompany		855,713		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 855,713	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 4,893,840	

* 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 845 Paddock Avenue Operations LLC, d/b/a N	License No. 2373	Report for Year Ended 9/30/2016	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	516,510
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>)			\$	171,562
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>)			\$	421,676
Accr Exp Water and Sewer	18,698	Deferred Revenue	18,800	
Accr Exp Gas	2,067	Accrued Provider/Bed T:	173,604	
Accr Exp Electricity	6,515	Accr Exp Suspense	(4,929)	
Accr Exp Other	2,252	A/R Credit Gross Up Liab	204,669	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,109,748

* 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 845 Paddock Avenue Operations LLC, d/b/a		License No. 2373	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,109,748	
Liabilities (cont'd)					
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>)				\$ 3,048,842	
LT Debt-Financing Obligation		3,048,842			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,048,842	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,158,590	

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

Name of Facility	License No.	Report for Year Ended	Page	of
845 Paddock Avenue Operations LLC,	2373	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<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. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	2,461,560
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,262,511)
6. Gain or Loss for Period			\$	(463,799)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	735,250
C. Total Reserves and Net Worth			\$	735,250
D. Total Liabilities, Reserves, and Net Worth			\$	4,893,840

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
845 Paddock Avenue Operations LLC, d	2373	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	1,199,047
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	10,684,405
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,148,202
D. Net Income or Deficit			\$	(463,797)
E. Balance			\$	735,250
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <i>Balance at End of Period</i>		09/30/16	\$	735,250

I. Preparer's/Reviewer's Certification

Name of Facility 845 Paddock Avenue Operations LLC,	License No. 2373	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 type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Thomas Farnan - Sr Director of Reimbursement				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	