

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center	
Address (No. & Street, City, State, Zip Code) 72 Salmon Brook Drive	
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 2372	RHNS	(Specify)	Medicare Provider 07-5060
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Medicaid Provider Numbers:	CCNH 000020412	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
72 Salmon Brook Drive Operations LLC, d/b/a Salmon	2372	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 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook 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) Neagle,Patrick John			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 72 Salmon Brook Drive				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/21/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 467,370	467,370		
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$ 4,205,275	4,205,275		
5. All other wages paid	\$ 639,394	639,394		
6. Total Wages Paid	\$ 5,312,040	5,312,040		
7. Total salaries paid	\$ 203,138	203,138		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 5,515,177	5,515,177		

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 860-633-8577		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook		Address (No. & Street, City, State, Zip) 72 Salmon Brook Drive		
License Numbers:	CCNH 2372	RHNS (Specify)	Medicare Provider No. 07-5060	
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 Neagle,Patrick John		Nursing Home Administrator's License No.:	1927	
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 72 Salmon Brook Drive Operations LLC, d/b/	License No. 2372	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		
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook 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 72 Salmon Brook Drive Operations LLC, d/b/a Salmon	License No. 2372	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	472,945	472,945
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	1,237,462	1,237,462
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	8,448	8,448
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	61,227	61,227
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		
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	67,360	67,360
Liberty Health (Insurance)	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	189,385	189,385
Genesis Healthcare Corp.	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A	44,784	44,784
		<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	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a S	2372	9/30/2016	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? 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 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Bro			License No. 2372	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 72 Salmon Brook Drive Operations	License No. 2372	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 Wiggin And Dana LLP 2 GOLDMAN, GRUDER & WOODS 3 4 5	Telephone Number 203-498-4400 203-899-8900
---	--

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

1 One Century Tower, PO BOX 1832, New Harven, CT,06508
2 200 connecticut AVE, Norwalk, CT 06854
3
4
5

Services Provided by This Firm (*describe fully*)

1 Probate Court on the collection fee	\$
2 Draft reply email to R. Wagner	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

- Yes No

Schedule of Resident Statistics

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center			License No. 2372		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	118	118			118	118			109	109		
B. As of midnight of THIS report period	109	109			109	109			109	109		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,218	8,218			6,722	6,722			1,496	1,496		
B. Medicaid (Conn.)	23,289	23,289			17,415	17,415			5,874	5,874		
C. Medicaid (other states)												
D. Private Pay	4,061	4,061			2,955	2,955			1,106	1,106		
E. State SSI for RCH												
F. Other (Specify)	3,421	3,421			2,665	2,665			756	756		
G. Total Care Days During Period (3A thru F)	38,989	38,989			29,757	29,757			9,232	9,232		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	1	1			1	1						
B. Other Bed Reserve Days	48	48			48	48						
5. Total Resident Days (3G + 4A + 4B)	39,038	39,038			29,806	29,806			9,232	9,232		

Schedule of Resident Statistics (Cont'd)

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/			License No. 2372			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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID					
No. of Residents	18	65		26									
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	509.79	220.68		425.92									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									4,832	4,832			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									322	322			
C. Other									23,367	23,367			
D. Total Physical Therapy Treatments									28,521	28,521			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									726	726			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									70	70			
C. Other									4,169	4,169			
D. Total Speech Therapy Treatments									4,965	4,965			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,382	3,382			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									322	322			
C. Other									23,528	23,528			
D. Total Occupational Therapy Treatments									27,232	27,232			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook	2372	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	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)	100,468	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	213,089	9,443				
5. Dietary Service						
a. Head Dietitian	32,862	1,160				
b. Food Service Supervisor	47,218	1,815				
c. Dietary Workers	387,290	23,596				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	60,867	2,431				
b. Other Maintenance Workers	9,332	619				
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	102,670	2,155				
b. RN						
1. Direct Care	1,010,282	27,316				
2. Administrative**	143,966	3,589				
c. LPN						
1. Direct Care	1,052,107	33,013				
2. Administrative**						
d. Aides and Attendants	1,818,054	103,958				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	143,405	7,083				
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	212,700	7,865				
n. Marketing						
o. Other (Specify) See Attached Schedule	180,865	8,142				
<i>A-13. Total Salary Expenditures</i>	<i>5,515,177</i>	<i>234,275</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)		
	\$	Hours	\$	Hours	\$	Hours	
Ward Clerks	0	56143	2904		0	0	
Coordinator-Medical Supply	0	54361	2193		0	0	
Central Supply	0	37022	1886		0	0	
Medical Records	0	33340	1159		0	0	
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
	0	0	0				
Total		180865	8142	\$ -	-	\$ -	-
		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	571.52	n/a				
3015620020 Purchased Services	14,269.50	n/a				
3155620020 Purchased Services	(99.40)	n/a				
3155620020 Purchased Services	45,416.63	n/a				
1020620010 Consulting Fees	1,794.47	n/a				
	0	0	-	n/a		
	0	0	-	n/a		
	0	0	-	-		
	0					
Total	62452	0	\$ -	-	\$ -	-
		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
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center				2372	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	
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center				2372	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***										
Neagle,Patrick John	100,468				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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
72 Salmon Brook Drive Operations LLC, d/b/a Salm	2372	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	623	17				
2. Dentist	17,174	118				
3. Pharmacist	10,420	213				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	1,043,797	14,299				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	69,600	368				
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	70,825	908				
b. Other						
10. Occupational Therapist						
a. Resident Care	111,204	1,523				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	(12,374)	(292)				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	62,452					
B-13 Total Fees Paid in Lieu of Salaries	1,373,722	17,153				

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

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

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

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

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook		License No. 2372	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Genesis Eldercare Hospitality Services, 101 East State Street, Kennett Square, PA 19348	Dietary Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Rehabilitation Services, 101 East State Street, Kennett Square, PA 19348	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Physician Services, 101 East State Street, Kennett Square, PA 19348	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Genesis Eldercare Staffing Services, 101 East State Street, Kennett Square, PA 19348	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Respiratory Health Services, 515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
		<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"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, d/b/a S	2372	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 239,682	239,682			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 71,293	71,293			
4. Social Security (F.I.C.A.)	\$ 403,720	403,720			
5. Health Insurance	\$ 557,216	557,216			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 191,638	191,638			
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$ 26,089	26,089			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 227,240	227,240			
d. Accounting and Auditing	\$				
e. Legal (Services should be fully described on Page 7)	\$				
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 34,217	34,217			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 29,406	29,406			
2. Cellular Phones	\$ 420	420			
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$ 213	213			
3. Resident Day User Fee	\$ 604,199	604,199			
Subtotal	\$ 2,385,334	2,385,334			

* 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**

72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
1020520020	Union Health & Welfare	755.46	0	
3005520020	Union Health & Welfare	550.22	0	
3030520020	Union Health & Welfare	3,613.43	0	
3080520020	Union Health & Welfare	1,249.33	0	
3225520020	Union Health & Welfare	17,804.37	0	
5035520020	Union Health & Welfare	13.81	0	
3080520050	Employee Benefits-Othe	1,141.97	0	
3225520050	Employee Benefits-Othe	960.75	0	
	0	0	-	0
	0	0	-	0
	0	0	-	0
Total		\$ 26,089	\$ -	\$ -

0

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
1020640110	Sales Tax	213.00	0	0
1020640110	Sales Tax	-	0	0
	0	0	-	0
	0	0	-	
Total		\$ 213	\$ -	\$ -

\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmc	2372	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	2,385,334	2,385,334			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,618	1,618			
5. Education Expenses Related to Seminars and Conventions	\$ 175	175			
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>)*** See Attached Schedule	\$ 14,618	14,618			
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	\$ 2,897	2,897			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,024	11,024			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 310	310			
10. Contributions*** See Attached Schedule	\$ 1,282	1,282			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 3,270	3,270			
12. Administrative Management Services**	\$ 535,563	535,563			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 64,761	64,761			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,020,852	3,020,852			

* 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	38.98	0	0
1020630020	Advertising	1155.54	0	0
1020630330	Marketing Expense	11054.68	0	0
1020630330	Marketing Expense	31.74	0	0
1020630330	Marketing Expense	13.33	0	0
1020630331	Marketing Exp- Corpor	532.62	0	0
1020630331	Marketing Exp- Corpor	1791.32	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
Total Other Advertising		\$ 14,618	\$ -	\$ -
		\$ -		
		\$ (3,594)		

Schedule of Dues

Description		CCNH	RHNS	(Specify)
1020630310		0	0	0
1020630310	Licenses and Certificat	11024	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
0		0	0	0
Total Dues		\$ 11,024	\$ -	\$ -
		\$ -		

Schedule of Contributions

Description		CCNH	RHNS	(Specify)
1020630135	Political Contributions	1282	0	0
0	0	0	0	0
0	0	0	0	0
Total Contributions		\$ 1,282	\$ -	\$ -
		\$ -		

Schedule of Other Administrative and General

Description		CCNH	RHNS	(Specify)
1020630060	Bank Service Charges	5811.18	0	0
1020630120	Collection Fees	1982.8	Self Disallowed	0
1020630120	Collection Fees	85.3	Self Disallowed	0
1020630140	Education Expense	48.98	0	0
1020630140	Education Expense	3.44	0	0
1020630180	Employee Physicals	11155.41	0	0
1020630200	Employee Relations	3401.73	0	0
1020630380	Printing	124.86	0	0
1020630380	Printing	146.16	0	0
1020630610	Training Expense	501.13	0	0
1020630610	Training Expense	710.16	0	0
1020630640	Uniforms	-200	0	0
1020630640	Uniforms	200	0	0
1020630640	Uniforms	-200	0	0
1020640080	Fines & Penalties	7690	0	0
1020640090	Miscellaneous	15057.49	0	0
1020640090	Miscellaneous	-0.78	0	0
1020660080	Rental Expense	3837.8	Self Disallowed	0
1020660990	Accrued Expense Estin	1508.36	Self Disallowed	0
5095720020	Cap Stk/Franchise Tax	47.79	0	0
1020720070	State Tax Annual Repo	40	0	0
1020630200	Employee Expense	-40.24	0	0
1020630120	Collection Fees	12849.11	Self Disallowed	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
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0	0	0	0	0
0	0	0	0	0
Total Other Administrative and General		\$ 64,761	\$ -	\$ -
		\$ -		

Schedule C-1 - Management Services*

Name of Facility 72 Salmon Brook Drive Operations LLC,	License No. 2372	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	472,945	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	44,784	Capital Interest	pg 26 12-A-1

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon		2372	9/30/2016		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 187,722	187,722			
2.	Non-Food Supplies	\$ 25,735	25,735			
3.	Other (Specify) _____	\$ (5,663)	(5,663)			
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)		\$ 207,835	207,835			
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
72 Salmon Brook Drive Operations LLC, d/b/a Salmon		2372	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. \$	6,274	6,274		
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. \$	3,921	3,921		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	219,326	219,326		
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	229,521	229,521		
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	
72 Salmon Brook Drive Operations LLC, d/b/a	2372	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. \$	15,284	15,284		
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. \$	330,054	330,054		
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	345,338	345,338		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	379,447	379,447		
b. Medicine Cabinet Drugs	\$	22,951	22,951		
c. Medical and Therapeutic Supplies	\$	193,540	193,540		
d. Ambulance/Limousine****	\$	72,432	72,432		
e. Oxygen					
1. For Emergency Use	\$				
2. Other****	\$	11,827	11,827		
f. X-rays and Related Radiological Procedures****	\$	18,659	18,659		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory****	\$	43,498	43,498		
i. Recreation	\$	28,477	28,477		
j. Other (Specify)**** See Attached Schedule	\$	93,404	93,404		
5K. Total Resident Care Expenditures (5a - 5j)	\$	864,235	864,235		

* 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.

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

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center			License No. 2372		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 checked="" type="radio"/>	<input type="radio"/>	Vendor Contracted	Laundry Purchased Services	219,326			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input checked="" type="radio"/>	<input type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	330,054			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"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
72 Salmon Brook Drive Operations LLC, d/b/	2372	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 218,679	218,679				
b. Heat	\$ 30,381	30,381				
c. Light & Power	\$ 330,604	330,604				
d. Water	\$ 36,258	36,258				
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)	\$ 615,922	615,922				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 170	170				
b. Building & Building Improvements	\$ 314,132	314,132				
c. Non-Movable Equipment	\$ 4,549	4,549				
d. Movable Equipment	\$ 60,972	60,972				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 379,824	379,824				
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	\$ 1,548,253	1,548,253				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 201,796	201,796				
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,129,873	2,129,873				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Depreciation Schedule

Name of Facility 72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center		License No. 2372			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		1,702		1,702	411	S/L	Various	170					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									170				
B. Building and Building Improvements													
1. Acquired prior to this report period		8,707,171		8,707,171	1,047,428	S/L	Various	309,447					
2. Disposals (attach schedule)		(5,547)		(5,547)									
3. Acquired during this report period (attach schedule)		126,195		126,195				4,686					
B-4. Subtotal									314,132				
C. Non-Movable Equipment													
1. Acquired prior to this report period		37,046		37,046	10,857	S/L	Various	4,012					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		42,746		42,746				537					
C-4. Subtotal									4,549				
		Is a mileage logbook maintained?		Date of Acquisition									
		Yes	No	Month	Year	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
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						453,918		453,918	305,050	S/L	Various	57,983	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						46,093		46,093				2,989	
D-3. Subtotal													60,972
E. Total Depreciation													379,823

72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvement		0		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:				
10/31/2015	Down payment on sewer line repairs	35,000.00	20	1,604.17
11/30/2015	Final payment on sewer line repairs	50,000.00	20	2,083.33
1/31/2016	3rd payment on sewer line repairs	21,350.00	20	711.67
7/31/2016	Labor/material to install 3 outlets	1,570.69	20	13.09
4/30/2016	Airphone video and roam alert systems	6,188.21	10	257.84
8/31/2016	Additions/alterations to Nurse Call System	3,708.93	20	15.45
9/30/2016	Shampoo bowl	410.80	20	-
9/30/2016	QSE Extra 39iH Wet Station w/ Mirror and	2,297.41	10	-
9/30/2016	Roam Alert Wander System	5,668.93	10	-
Total additions for Building Improvement		\$ 126,195		\$ 4,686
Deletions:				
10/1/2015	Property Management Time Allocation Asset No. 16757	(3,615.06)	20.00	
10/1/2015	Property Time Management Allocations Asset No. 16758	(1,931.52)	20.00	
Total deletions for Building Improvement		\$ (5,547)		\$ -

*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
Additions:				
7/31/2016	120 gal water heater	17,269.00	10.00	287.82
7/31/2016	Compressor kitchen unit	4,371.08	10.00	72.85
8/31/2016	1st install on 3 A O Rheem 120 gal water	3,837.00	10.00	31.98
8/31/2016	2nd install on 3 A O Rheem 120 gal water	17,269.00	10.00	143.91
Total additions for Non-Movable Equipment		\$ 42,746		\$ 537
Deletions:				

Total deletions for Non-Movable Equipmen		\$	-	\$

*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
Additions:				
3/31/2016	Samsung 32i Residential LED HD	275	7.00	19.68
6/30/2016	7 LG 5,000 BTU 115 Volt Window A/C	1,102	7.00	39.35
6/30/2016	2 Continuum 22i Long Term Care TVs	404	7.00	14.43
6/30/2016	14in Pro:Idiom Personal TV w/control arm and wall plate	793	7.00	28.31
10/31/2015	Tzora APT-5 hi-low passive assist trainer	3,339	10.00	306.08
11/30/2015	Invacare Torrington Four-Drawer Chest	389	10.00	32.42
12/31/2015	4 Tracer EX2 Wheelchair, Fixed H	700	10.00	52.49
4/30/2016	Medical grade refrigerator	528	10.00	21.98
11/30/2015	Cube Truck, Rectangular, 500-1	386	5.00	64.34
11/30/2015	Direct Choice Shower Chair	558	5.00	93.06
12/31/2015	MATTRESS,GENESIS VISCO SELECT,	627	3.00	156.87
1/31/2016	MATTRESS,GENESIS VISCO SELECT,	3,137	3.00	697.18
5/31/2016	10 MATTRESS,GENESIS VISCO SELECT	3,137	3.00	348.59
6/30/2016	10 MATTRESS,GENESIS VISCO SELECT	3,137	3.00	261.44
6/30/2016	3 GENESIS ONLY: DermaFloat Alternating Pressure Air Mattress	6,377	3.00	531.39
12/31/2015	Affinity Task Chair, Mesh Back	210	10.00	15.71
1/31/2016	Affinity Task Chair, Mesh Back	210	10.00	13.97
4/30/2016	ENGLAND ARMCHAIR FINISH NATURAL	2,757	10.00	114.86
1/31/2016	2 pagers	213	3.00	47.33
8/31/2016	GEN ONLY:80i UCXT Bed w/Lam. Panel	8,274	10.00	68.95
8/31/2016	MATTRESS,GENESIS VISCO SELECT,	1,882	3.00	52.29
8/31/2016	Cisco licenses deployed August 2016	119	3.00	3.31
8/31/2016	Cisco licenses deployed August 2016	16	3.00	0.43
8/31/2016	Cisco licenses deployed August 2016	169	3.00	4.70
9/30/2016	Salon chair	757	5.00	-
9/30/2016	2 Affinity Task Chair, Mesh Back	470	10.00	-
9/30/2016	1 Cisco Aironet Access Point	1,788	5.00	-
9/30/2016	Sep Accrual-cabling	2,345	-	-
9/30/2016	Sep Accrual-Urge108046	1,994	-	-
Total additions for Movable Equipment		\$ 46,093		\$ 2,989
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*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
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook			2372		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 72 Salmon Brook Drive Operations LI	License No. 2372	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	1,548,253
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
72 Salmon Brook Drive Operations L		2372	9/30/2016			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 44,784	44,784				
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)		\$ 44,784	44,784				

(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
72 Salmon Brook Drive Operation		2372		9/30/2016			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:				44,784	44,784			
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)				\$ 44,784	44,784			
14. Insurance								
a. Insurance on Property (buildings only)				\$ 6,838	6,838			
b. Insurance on Automobiles				\$				
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 182,546	182,546			
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 189,384	189,384			
15. Total All Expenditures (A-13 thru C-14)				\$ 14,536,644	14,536,644			

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook d				2372	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	\$ 5,270	5,270		
Page 13 - Professional Fees							
5.	13	B-8-c	Resident Care Physicians **	\$			
6.		B-10	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,285,985	1,285,985		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 227,240	227,240		
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 *	\$ 14,618	14,618		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,282	1,282		
21.			Unallowable Management Fees	\$ 580,347	580,347		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 168,536	168,536		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 2,283,278	2,283,278		

* 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	5269.761743	0
10	A-12d	unallowed C.N.A no license period sa	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other Salaries Adjustment			\$ 5,270	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	3120620020	136060.28	0
13	5	Rehabilitation Services	3195620020	907737.08	0
13	9	Speech Therapist	3170620020	70825.08	0
13	10	Occupational Therapist	3105620020	111204.42	0
13	12	Other	3010620020	571.52	0
13	12	Other	3015620020	14269.5	0
13	12	Respiratory Purchased Servies	3155620020	45317.23	0
				0	0
				0	0
				0	0
				0	0
				0	0
Total Other Fees Adjustments			\$ 1,285,985	\$ -	\$ -
			\$ -		

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Collection Fees	1020630120	14917.21	0
16	m13	Estimated Accrual	1020660990	1508.36	0
16	m13	Penalty	1020800030	0	0
16	m-13	Penalty and Fines	1020640080	7690	0
16	m-13	Non-recurring Charges	7010800030	0	0
16	m-12	0	0	0	0
16	m-8a	Dues to Chamber of Commerce	0	0	0
15	1-a-1	adj workers comp	0	144420.11	0
0	0	0	0	0	0
0	0	0	0	0	0
Total Other A&G Adjustments			\$ 168,536	\$ -	\$ -

0

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

Name of Facility				License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook				2372	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,283,278	2,283,278		
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 379,447	379,447		
28.	20	5-d	Ambulance/Limousine	\$ 72,432	72,432		
29.	20	5-f	X-rays, etc	\$ 18,659	18,659		
30.	20	5-h	Laboratory	\$ 43,498	43,498		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 11,827	11,827		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 60,566	60,566		
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	\$ 169,803	169,803		
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)			\$ 3,039,509	3,039,509		

*** 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.

72 Salmon Brook Drive Operations LLC, d/b/a Salmon Brook center
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	32,594	3010610300	0
20	5-j	RHS Intercompany Supplies	6,742	3155630530	0
20	5-j	RHS Intercompany Rental	8,658	3155660080	0
20	5-i	Cable TV	12,572	3005660130	allow \$3600
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Other Ancillary Costs			\$ 60,566	\$ -	\$ -
			\$ -		

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	169,803	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
0	0-Jan		0	0	0
Total Other Adjustments			\$ 169,803	\$ -	\$ -
			\$ -		

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
72 Salmon Brook Drive Operations LLC, c 2372		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>)	\$ 9,493,258	9,493,258			
b. Medicaid Room and Board Contractual Allowance **	\$ (4,411,999)	(4,411,999)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents(<i>all inclusive</i>)	\$ 3,613,709	3,613,709			
b. Medicare Room and Board Contractual Allowance **	\$ (1,160,776)	(1,160,776)			
4. a. Private-Pay Residents and Other	\$ 3,340,453	3,340,453			
b. Private-Pay Room and Board Contractual Allowance **	\$ (823,659)	(823,659)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 253,807	253,807			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (81,527)	(81,527)			
c. Prescription Drugs - Non-Medicare	\$ 178,662	178,662			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (46,761)	(46,761)			
2. a. Medical Supplies - Medicare	\$ 151	151			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (49)	(49)			
c. Medical Supplies - Non-Medicare	\$ 253	253			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (62)	(62)			
3. a. Physical Therapy - Medicare	\$ 1,122,021	1,122,021			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (360,410)	(360,410)			
c. Physical Therapy - Non-Medicare	\$ 383,865	383,865			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (98,882)	(98,882)			
4. a. Speech Therapy - Medicare	\$ 377,226	377,226			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (121,170)	(121,170)			
c. Speech Therapy - Non-Medicare	\$ 132,271	132,271			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (33,435)	(33,435)			
5. a. Occupational Therapy - Medicare	\$ 1,101,933	1,101,933			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (353,957)	(353,957)			
c. Occupational Therapy - Non-Medicare	\$ 415,143	415,143			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (106,349)	(106,349)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 55,848	55,848			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 17,982	17,982			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,887,546	12,887,546			
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>)	\$ 679	679			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 9,943	9,943			
8. Other (<i>Specify</i>)	\$ 2,460	2,460			
V. Total Other Revenue (1 thru 8)	\$ 13,082	13,082			
VI. Total All Revenue (III + V)	\$ 12,900,628	12,900,628			

* 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	22,969.09	-	0
II-6-a	Medicare Part A	Laboratory	28,919.32	-	0
II-6-a	Medicare Part A	Respiratory Therapy & Supplies	-	-	0
II-6-a	Medicare Part A	Nursing Treatment Supplies	-	-	0
II-6-a	Medicare Part A	Audiology	-	-	0
II-6-a	Medicare Part A	Incontinency	-	-	0
II-6-a	Medicare Part A	Oxygen & Supplies	-	-	0
II-6-a	Medicare Part A	Physician Visit	-	-	0
II-6-a	Medicare Part A	Ambulance	26,668.44	-	0
II-6-a	Medicare Part A	Flu Shot	3,720.00	-	0
II-6-a	Contractuals-Medicare	X-Ray	(7,378.00)	-	0
II-6-a	Contractuals-Medicare	Laboratory	(9,289.30)	-	0
0	Contractuals-Medicare	Respiratory Therapy & Supplies	-	-	0
0	Contractuals-Medicare	Nursing Treatment Supplies	-	-	0
0	Contractuals-Medicare	Audiology	-	-	0
0	Contractuals-Medicare	Incontinency	-	-	0
0	Contractuals-Medicare	Oxygen & Supplies	-	-	0
0	Contractuals-Medicare	Physician Visit	-	-	0
0	Contractuals-Medicare	Ambulance	(8,566.29)	-	0
0	Contractuals-Medicare	Flu Shot	(1,194.92)	-	0
Total Other Resident Revenue - Medicare			\$ 55,848	\$ -	\$ -
			\$ -		

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description		CCNH	RHNS	(Specify)
II-6-b	Medicaid	X-Ray	-	-	0
II-6-b	Medicaid	Laboratory	767.75	-	0
II-6-b	Medicaid	Respiratory Therapy & Supplies	(456.58)	-	0
II-6-b	Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Medicaid	Audiology	-	-	0
II-6-b	Medicaid	Incontinency	-	-	0
II-6-b	Medicaid	Oxygen & Supplies	-	-	0
II-6-b	Medicaid	Physician Visit	-	-	0
II-6-b	Medicaid	Ambulance	3,338.28	-	0
II-6-b	Medicaid	Flu Shot	-	-	0
II-6-b	Contractuals Medicaid	X-Ray	-	-	0
II-6-b	Contractuals Medicaid	Laboratory	(356.81)	-	0
II-6-b	Contractuals Medicaid	Respiratory Therapy & Supplies	212.20	-	0
II-6-b	Contractuals Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Contractuals Medicaid	Audiology	-	-	0
II-6-b	Contractuals Medicaid	Incontinency	-	-	0
II-6-b	Contractuals Medicaid	Oxygen & Supplies	-	-	0
II-6-b	Contractuals Medicaid	Physician Visit	-	-	0
II-6-b	Contractuals Medicaid	Ambulance	(1,551.47)	-	0
II-6-b	Contractuals Medicaid	Flu Shot	-	-	0
II-6-b	Private and Other	X-Ray	5,735.39	-	0
II-6-b	Private and Other	Laboratory	12,447.95	-	0

II-6-b	Private and Other	Respiratory Therapy & Supplies	456.58	-	0
II-6-b	Private and Other	Nursing Treatment Supplies	-	-	0
II-6-b	Private and Other	Audiology	-	-	0
II-6-b	Private and Other	Incontinency	-	-	0
II-6-b	Private and Other	Oxygen & Supplies	-	-	0
II-6-b	Private and Other	Physician Visit	-	-	0
II-6-b	Private and Other	Ambulance	2,564.68	-	0
II-6-b	Private and Other	Flu Shot	39.20	-	0
II-6-b	Private and Other	Capitation Contracts	30.00	-	0
II-6-b	Contractuals-Non-Medicaid	X-Ray	(1,414.18)	-	0
II-6-b	Contractuals-Non-Medicaid	Laboratory	(3,069.30)	-	0
II-6-b	Contractuals-Non-Medicaid	Respiratory Therapy & Supplies	(112.58)	-	0
II-6-b	Contractuals-Non-Medicaid	Nursing Treatment Supplies	-	-	0
II-6-b	Contractuals-Non-Medicaid	Audiology	-	-	0
II-6-b	Contractuals-Non-Medicaid	Incontinency	-	-	0
II-6-b	Contractuals-Non-Medicaid	Oxygen & Supplies	-	-	0
II-6-b	Contractuals-Non-Medicaid	Physician Visit	-	-	0
II-6-b	Contractuals-Non-Medicaid	Ambulance	(632.38)	-	0
II-6-b	Contractuals-Non-Medicaid	Flu Shot	(9.67)	-	0
II-6-b	Contractuals-Non-Medicaid	Capitation Contracts	(7.40)	-	0
Total Other Resident Revenue			\$ 17,982	\$ -	\$ -
			\$ -		

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Interest Inc		0	-	0	0
IV-5	Interest On Overdue Account	0	678.84	0	0
Total Interest Income			\$ 679	\$ -	\$ -
			\$ -		

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
0		0	-	0
IV-8	From Suburban Propane	0	984.83	0
IV-8	Medical Record	0	871.00	0
IV-8	Refund from Aetna Ambular	0	604.30	0
Total Other Revenue			\$ 2,460	\$ -
			\$ -	

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC	2372	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	35,260
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,534,275
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(44,428)
4. Inventories			\$	51,250
5. Prepaid Expenses			\$	56,458
a. Prepaid Expenses	6,042			
b. Prepaid Property Tax	42,729			
c. Prepaid Personal Property Tax				
d. Prepaid Personal Property Tax	7,687			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	1,632,816
B. Fixed Assets				
1. Land			\$	1,359,731
2. Land Improvements	*Historical Cost	1,702	\$	1,120
	Accum. Depreciation	582		
	Net			
3. Buildings	*Historical Cost	8,827,820	\$	7,466,260
	Accum. Depreciation	1,361,560		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
5. Non-Movable Equipment	*Historical Cost	79,792	\$	64,386
	Accum. Depreciation	15,406		
	Net			
6. Movable Equipment	*Historical Cost	500,010	\$	133,988
	Accum. Depreciation	366,022		
	Net			
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	1,694,197
		1,694,197		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	10,719,682

* 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
72 Salmon Brook Drive Operations LLC	2372	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	12,352,499
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
3. Buildings		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	(3,488,895)
I/C Due to/Due From Owned		(3,488,895)		
I/C Due to/Due From Multicare				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(3,488,895)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,863,604

* 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 72 Salmon Brook Drive Operations LLC, d/b/a		License No. 2372	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	757,403
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>)				\$	178,955
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>)				\$	508,722
Accrued Provider/Bed Tax		151,912	Accr Exp Electricity	996	
Accr Exp Other		4,265	Deferred Revenue	16,313	
Accr Exp Water and Sewer		24,227	Accr Exp Suspense	8,224	
A/R Credit Gross Up Liability		301,744	Accrual Gas	1,041	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,445,080

* 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 72 Salmon Brook Drive Operations LLC, d/b/a		License No. 2372	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,445,080	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	(281)
Name of Lender	Purpose	Amount	Date Due		
		(281)			
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>)				\$	13,151,786
LT Debt-Financing Obligation		13,151,786			
				\$	
				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	13,151,505
C. Total All Liabilities (Lines A-13 + B-5)				\$	14,596,585

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

Name of Facility	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LL	2372	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			\$	(1,840,587)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,256,378)
6. Gain or Loss for Period	10/1/2015	thru 9/30/2016	\$	(1,636,016)
7. Total Net Worth			\$	(5,732,981)
C. Total Reserves and Net Worth			\$	(5,732,981)
D. Total Liabilities, Reserves, and Net Worth			\$	8,863,604

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
72 Salmon Brook Drive Operations LLC	2372	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(4,096,965)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,900,628
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,536,644
D. Net Income or Deficit			\$	(1,636,016)
E. Balance			\$	(5,732,981)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period		09/30/16	\$	(5,732,981)

I. Preparer's/Reviewer's Certification

Name of Facility 72 Salmon Brook Drive Operations LLC,	License No. 2372	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 Title -Sr. Director of Reimbursement				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	