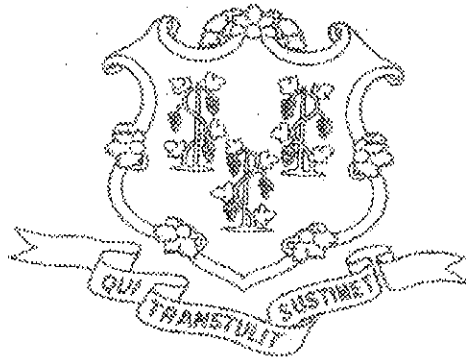


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Kettle Brook Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 96 Prospect Hill Road, East Windsor, CT 06088	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2219-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5359
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Medicaid Provider Numbers:	CCNH 9530	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) Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Kettle Brook Care Center, LLC [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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) James Christofori			Printed Name (Owner) Chris Wright		
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
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Kettle Brook Care Center, LLC		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 96 Prospect Hill Road, East Windsor, CT 06088				
Report Prepared By iCare Management LLC		Phone Number 860-570-2140	Date 2/15/2017	
Item	Total	CCNH	RHNS	NurseFac- Aids
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-623-9846		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Kettle Brook Care Center, LLC		Address (No. & Street, City, State, Zip) 96 Prospect Hill Road, East Windsor, CT 06088		
License Numbers:	CCNH 2219-C	RHNS	NurseFac-Aids AIDS	Medicare Provider No. 07-5359
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator James Christofori		Nursing Home Administrator's License No.:	1674	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Kettle Brook Care Center, LLC		License No. 2219-C	Report for Year Ended 9/30/2017	Page 3	of 37
Legal Name of Partnership/LLC Kettle Brook Care Center, LLC		Business Address 96 Prospect Hill Road, East Windsor, CT 06088		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title	% Owned		
V. Robert Salazar	2500 18th Street, Suite 200, Denver, CO 80211	Member	31.3		
David Sebbag	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.4		
Ari Krausz	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	21.3		
Solomon Melamed	245 South Benton Street, Suite 100, Lakewood, CO 80226	Member	1		
Christopher Wright	341 Bidwell Street, Manchester, Ct 06040	Member	5		
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10		
Global World Investors	245 S. Benton Street, Lakewood, CO 80226	Member	10		

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Related Parties*

Name of Related Individual or Company	Business Address	License No. 2219-C		Report for Year Ended 9/30/2017		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040				Shared Employees	-	(80)	80
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105				Shared Employees	-	(1,503)	1,503
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				Laundry Services	19	-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				Shared Employees	-	(10,933)	10,933
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				Bank Fees	16	M	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				Shared Employees	-	4,295	(4,295)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				Laundry Services	19	3	-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				Shared Employees	-	-	-
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450				Shared Employees	-	2,276	(2,276)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106				Shared Employees	-	15,621	(15,621)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040				Shared Employees	-	-	-
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				Shared Employees	-	(14,610)	14,610
Secure Care Center, LLC	60 West Street, Rocky Hill, CT 06067				Shared Employees	-	5,026	(5,026)
Touchpoints at Homecare LLC	1838 Sias Deane Hwy, Rocky Hill, CT 06067				Shared Employees	-	(1,089)	1,089
Touchpoints therapy	171 Main St. East Windsor, CT 06088				OT/PT/ST	13	5,8,10	357,287
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040				Building Lease & Rent	22,22,27	10,9,14	598,991
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040				Postage & Legal	16, 15	M,E	10,802
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040				Shared EEs not part of mgmt agmt	-	-	136,668
					Management Services, Direct	20	5j	155,159
					Management Services, Indirect	20	5j	21,011
					Management Services, Administrative	16	M12	374,251
					-	-	-	-
					-	-	-	-
					-	-	-	-
					-	-	-	-
					-	-	-	-
All 9 Care Centers, mgmt co, really cos					Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

* Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire
Accounting Basis

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2017	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
Services Provided by This Firm (<i>describe fully</i>)				
1	Taxes, financial statements, accounting support	\$	4,303	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	4,303
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15D				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis)) 5 Starble and Harris, iCare Health Management LLC			Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140	
Address (<i>No. & Street, City, State, Zip Code</i>) 1 341 Bidwell Street, Manchester CT 2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, CT 4 5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT				
Services Provided by This Firm (<i>describe fully</i>)				
1	Lease and contract issues, general legal advice, Labor Law	\$	9,806	
2	Lease and contract issues, general legal advice, union funds advice	\$	6,506	
3	Employment law, arbitrations, contract negotiations	\$	3,807	
4	Employment Arbitrations, healthcare law	\$	2,678	
5	Conservatorships	\$		
			Charge for Services Provided	
			\$	22,797
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15E				

Schedule of Resident Statistics

Name of Facility Kettle Brook Care Center, LLC			License No. 2219-C		Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac- Aids	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	NurseFac- Aids	Total	CCNH	RHNS	NurseFac- Aids
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	140	140			140	140			140	140		
B. On last day of THIS report period	140	140			140	140			140	140		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	138	138			138	138			137	137		
B. As of midnight of THIS report period	134	134			137	137			134	134		
3. Total Number of Days Care Provided During Period												
A. Medicare	1,741	1,741			1,454	1,454			287	287		
B. Medicaid (Conn.)	45,911	45,911			34,254	34,254			11,657	11,657		
C. Medicaid (other states)												
D. Private Pay	845	845			666	666			179	179		
E. State SSI for RCH												
F. Other (Specify) Insurance	104	104			23	23			81	81		
G. Total Care Days During Period (3A thru F)	48,601	48,601			36,397	36,397			12,204	12,204		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	48,601	48,601			36,397	36,397			12,204	12,204		

Schedule of Resident Statistics (Cont'd)

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	NurseFac-Aids	Lost			Gained			CCNH	RHNS	NurseFac-Aids	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	NurseFac-Aids
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	NurseFac-Aids	R.C.H.	ICF-MR
No. of Residents	1	130		3				
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	417.00	238.43		287.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	2,574	2,574		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,569	2,569		
C. Other	2,983	2,983		
D. Total Physical Therapy Treatments	8,126	8,126		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	440	440		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	287	287		
C. Other	380	380		
D. Total Speech Therapy Treatments	1,107	1,107		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	2,733	2,733		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,082	2,082		
C. Other	2,991	2,991		
D. Total Occupational Therapy Treatments	7,806	7,806		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Kettle Brook Care Center, LLC	2219-C	9/30/2017	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	NurseFac-Aids	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)	143,944	2,146				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	231,281	8,758				
5. Dietary Service						
a. Head Dietitian	30,571	806				
b. Food Service Supervisor	62,640	2,086				
c. Dietary Workers	360,193	23,131				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	62,175	2,022				
b. Other Maintenance Workers	48,658	2,180				
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	188,934	4,450				
b. RN						
1. Direct Care	786,135	20,525				
2. Administrative**	263,853	6,559				
c. LPN						
1. Direct Care	1,047,386	34,709				
2. Administrative**						
d. Aides and Attendants	2,003,011	107,484				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	150,309	7,048				
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	167,597	5,229				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	63,859	3,821				
A-13. Total Salary Expenditures	5,610,547	230,954				

* 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.

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

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2017			Name and Address of All Other Employment**	Total Hours Worked	Total Hours Worked	of 37
		CCNH	RHNS	NurseFac-Aids				
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			
Kettle Brook Care Center, LLC		2219-C	9/30/2017		12	37			
Name	Salary Paid			Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	NurseFac-Aids						
Section III - Administrators***									
James Christofori	143,944			Administrator	2,146	A2			
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		
Kettle Brook Care Center, LLC	2219-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	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	135	3				
2. Dentist						
3. Pharmacist	12,457	170				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	109,847	1,442				
b. Other						
6. Social Worker	11,128	503				
7. Recreation Worker	19,144	35+Cable				
8. Physicians						
a. Medical Director (entire facility)	32,250	241				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	20,260	87				
9. Speech Therapist						
a. Resident Care	35,844	453				
b. Other						
10. Occupational Therapist						
a. Resident Care	111,750	1,467				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,085	78				
2. Administrative***	(14,004)	(289)				
b. LPN						
1. Direct Care	1,565	37				
2. Administrative***						
c. Aides	(5,563)	(102)				
d. Other						
12. Other (Specify) See Attached Schedule	256,454	5,650				
B-13 Total Fees Paid in Lieu of Salaries	597,351	9,741				

* 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
Kettle Brook Care Center, LLC	2219-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 100,644	100,644		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 468,805	468,805		
5. Health Insurance	\$ 591,026	591,026		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 252,453	252,453		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 23,608	23,608		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 8,924	8,924		
d. Accounting and Auditing	\$ 4,303	4,303		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 22,797	22,797		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 22,931	22,931		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 11,629	11,629		
2. Cellular Phones	\$ 1,380	1,380		
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	\$ 2,754	2,754		
3. Resident Day User Fee	\$ 1,021,593	1,021,593		
Subtotal	\$ 2,532,846	2,532,846		

* 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**

Kettle Brook Care Center, LLC
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 23,608		\$ -
Total	\$ 23,608	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac-Aids
INTERNET EXPENSES	\$ 2,754		\$ -
Total	\$ 2,754	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:	2,532,846	2,532,846			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 71	71			
3. Gifts to Staff and Residents	\$ 403	403			
4. Employee Travel	\$ 4,905	4,905			
5. Education Expenses Related to Seminars and Conventions	\$ 2,264	2,264			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 941	941			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 199	199			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 5,388	5,388			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 21,918	21,918			
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	\$ 2,403	2,403			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,012	10,012			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$ 250	250			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 112,938	112,938			
12. Administrative Management Services**	\$ 374,251	374,251			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 20,987	20,987			
C-14 Total Administrative & General Expenditures	\$ 3,089,777	3,089,777			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	NurseFac-Aids
MEALS	\$ 199		\$ -
Total Other Travel and Entertainment	\$ 199	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 21,918		\$ -
Total Other Advertising	\$ 21,918	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
ALTCFM			
CAHCF Dues	\$ 9,852		\$ -
OTHER DUES	\$ 160		\$ -
Total Dues	\$ 10,012	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
CONTRIBUTIONS	\$ 250		\$ -
Total Contributions	\$ 250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 2,777		\$ -
EMPLOYEE RELATIONS	\$ 2,398		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 420		\$ -
PERMITS & LICENSES	\$ 3,462		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 11,203		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ -		\$ -
LATE FEES	\$ 728		\$ -
Rounding	\$ (0)		\$ -
Total Other Administrative and General	\$ 20,987	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Kettle Brook Care Center, LLC	2219-C	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
iCare Management, LLC/iCare Health Management, LLC	374,251	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	155,159	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	21,011	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

Name of Facility Kettle Brook Care Center, LLC		License No. 2219-C	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 298,961	298,961		
2.	Non-Food Supplies	\$ 27,639	27,639		
3.	Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 24,475	24,475		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ (8,976)	(8,976)		
c. Management Services**		\$			
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT		\$ 9,255	9,255		
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 351,352	351,352		
2F. Dietary Questionnaire		Total	CCNH	RHNS	NurseFac-Aids
G.	Resident Meals: Total no. of meals served per day:*	399	399		
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 Kettle Brook Care Center, LLC		License No. 2219-C	Report for Year Ended .9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	367	367	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	252,539	252,539	
c. Management Services**		\$			
d. Other (Specify) LAUNDRY MINOR EQUIPMENT		\$	257	257	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	253,163	253,163	
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
Kettle Brook Care Center, LLC		2219-C	9/30/2017		20	37
Item			Total	CCNH	RHNS	NurseFac- Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	29,295	29,295		
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. \$	309,493	309,493		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>) HOUSEKEEPING MINOR EQUIPMENT		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 338,788	338,788		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from OMNICARE PHARMACY		\$ 57,816	57,816		
b.	Medicine Cabinet Drugs		\$ 17,089	17,089		
c.	Medical and Therapeutic Supplies		\$ 58,586	58,586		
d.	Ambulance/Limousine***		\$ 2,979	2,979		
e.	Oxygen					
	1. For Emergency Use		\$ 1,675	1,675		
	2. Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 2,240	2,240		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 6,959	6,959		
i.	Recreation		\$			
j.	Other (Specify)**** See Attached Schedule		\$ 284,794	284,794		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 432,138	432,138		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 612		\$ -
NURSING MINOR EQUIP	\$ 3,581		\$ -
MEDICAL RECORDS SUPPLIES	\$ -		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 155,159		\$ -
NON-COVERED PPS DR. VISITS	\$ 3,531		\$ -
RESIDENT CARE SUPPLIES	\$ 227		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 13,109		\$ -
PERSONAL CARE SUPPLIES	\$ 10,831		\$ -
INCONTINENCY SUPPLIES	\$ 39,017		\$ -
VACCINE RESIDENTS	\$ 2,269		\$ -
PATIENT SPECIAL NEEDS	\$ -		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 21,469		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 180		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 6,684		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 2,037		\$ -
ACTIVITIES SUPPLIES	\$ 5,078		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 21,011		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -
Total Other Resident Care	\$ 284,794	\$ -	\$ -

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

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2017	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				Page 21 37	
			Yes	No			CCNH	RHNS	NurseFac- Aids	Pg Line		
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	VENDOR	<input type="radio"/>	<input type="radio"/>		Housekeeping Services	316,515				20	4b
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	VENDOR	<input type="radio"/>	<input type="radio"/>		Laundry Services	260,609				19	3b
Eagle Elevator		VENDOR	<input type="radio"/>	<input type="radio"/>		Elevator Contract	5,934				22	6F
Bioserve, Inc.		VENDOR	<input type="radio"/>	<input type="radio"/>		Medical Waste	2,037				22	6F
Brightview Landscapes/Sealmasters Services		VENDOR	<input type="radio"/>	<input type="radio"/>		Snow Removal/Landscaping	17,699				22	6F
CWPM		VENDOR	<input type="radio"/>	<input type="radio"/>		Trash removal	31,994				22	6F
American HealthTech		VENDOR	<input type="radio"/>	<input type="radio"/>		Software Maintenance Contract	10,630				16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	VENDOR	<input type="radio"/>	<input type="radio"/>		Payroll Services	43,655				16	M11
National Datacare Corp		VENDOR	<input type="radio"/>	<input type="radio"/>		Resident Trust Software	4,060				16	M11
Prime Care Technology services		VENDOR	<input type="radio"/>	<input type="radio"/>		Computer Consulting Services	27,162				16	M11
Priority Express		VENDOR	<input type="radio"/>	<input type="radio"/>		Courier Services	4,826				16	M11
Point Right Inc		VENDOR	<input type="radio"/>	<input type="radio"/>		Nursing Software	4,681				16	M11
		VENDOR	<input type="radio"/>	<input type="radio"/>							18	2b
		VENDOR	<input type="radio"/>	<input type="radio"/>							22a	

* 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
Kettle Brook Care Center, LLC	2219-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 57,941	57,941				
b. Heat	\$ 37,773	37,773				
c. Light & Power	\$ 89,387	89,387				
d. Water	\$ 113,050	113,050				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 32,548	32,548				
f. Other (<i>itemize</i>)	\$ 89,141	89,141				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 419,841	419,841				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 28,884	28,884				
c. Non-Movable Equipment	\$ 1,331	1,331				
d. Movable Equipment	\$ 21,713	21,713				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 51,928	51,928				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 35,535	35,535				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 35,535	35,535				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 516,106	516,106				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 132,142	132,142				
c. Personal property taxes	\$ 10,237	10,237				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 745,949	745,949				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	NurseFac-Aids
PLANT SUPPLIES	\$ 7,376		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 341		\$ -
ELEVATOR CONTRACT SERVICE	\$ 5,934		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 8,812		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 8,201		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 9,498		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 31,994		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 7,535		\$ -
PLANT MINOR EQUIPMENT	\$ 8,046		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ 1,404		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 89,141	\$ -	\$ -

Depreciation Schedule

Name of Facility Kettle Brook Care Center, LLC		License No. 2219-C			Report for Year Ended 9/30/2017			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												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period		234,575		234,575	42,000			19,791				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)		290,098						9,093				
B-4. Subtotal									28,884			
C. Non-Movable Equipment												
1. Acquired prior to this report period		13,309		13,309	11,756			1,331				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal									1,331			
		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. Auto		x										
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period						311,519	311,519	257,592			16,607	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)						79,500					5,106	
D-3. Subtotal												21,713
E. Total Depreciation												51,928

Amortization Schedule*

Name of Facility Kettle Brook Care Center, LLC			License No. 2219-C		Report for Year Ended 9/30/2017			Page 24	of 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				494,325	341,699			32,359	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				66,857				3,176	
C-4. Subtotal									35,535
D. Total Amortization									35,535

* 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 Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total				
1. Date Land Purchased	04/01/99				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	04/01/99				
5. Total Licensed Bed Capacity	140				
6. Square Footage	31,037				
7. Acquisition Cost					
a. Land	266,011				
b. Building	3,648,898				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	fixed HUD			
b. Date Mortgage Obtained	05/30/13			
c. Interest Rate for the Cost Year	325.00%			
d. Term of Mortgage (number of years)	24			
e. Amount of Principal Borrowed	3,463,400			
f. Principal balance outstanding as of 9/30/2017				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)	Real Estate Sold			
h. Date of Refinancing	08/09/17			
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
Summit East Windsor, LLC	96 Prospect Hill Road, East Windsor, CT	08/09/17	15 years with 2-5 year extension	567,000

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
Kettle Brook Care Center, LLC		2219-C	9/30/2017		26	37
Item			Total	CCNH	RHNS	NurseFac-Aids
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Kettle Brook Care Center, LLC	2219-C	9/30/2017	27	37		
Item			Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify)			\$	31,031	31,031	
INTEREST						
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	31,031	31,031	
14. Insurance						
a. Insurance on Property (buildings only)			\$	7,835	7,835	
b. Insurance on Automobiles			\$	2,239	2,239	
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$	48,175	48,175	
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$	3,035	3,035	
Other insurance, crime						
14d. Total Insurance Expenditures (14a + b + c)			\$	61,283	61,283	
15. Total All Expenditures (A-13 thru C-14)			\$	11,931,219	11,931,219	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Kettle Brook Care Center, LLC			2219-C	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 8,924	8,924		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 21,918	21,918		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 35,810	35,810		
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)				\$ 66,652	66,652		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 728		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	\$ (0)		
		Provider User Fee for Medicare days	\$ 35,083		\$ -
Total Other A&G Adjustments			\$ 35,810	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Kettle Brook Care Center, LLC			2219-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 66,652	66,652		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 2,979	2,979		
29.			X-rays, etc	\$ 2,240	2,240		
30.			Laboratory	\$ 6,959	6,959		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 3,531	3,531		
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	\$			
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)				\$ 82,361	82,361		

*** 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.

Kettle Brook Care Center, LLC
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	SJ		3,530.71		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 3,531	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Property Adjustments			\$ -	\$ -	\$ -

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2017			30	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 11,087,053	11,087,053				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 778,435	778,435				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 356,950	356,950				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 56,051	56,051				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (56,051)	(56,051)				
c. Prescription Drugs - Non-Medicare	\$ 3,029	3,029				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (3,029)	(3,029)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 168,432	168,432				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (98,174)	(98,174)				
c. Physical Therapy - Non-Medicare	\$ 87,825	87,825				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (87,825)	(87,825)				
4. a. Speech Therapy - Medicare	\$ 71,150	71,150				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (35,145)	(35,145)				
c. Speech Therapy - Non-Medicare	\$ 26,160	26,160				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (26,160)	(26,160)				
5. a. Occupational Therapy - Medicare	\$ 177,785	177,785				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (107,429)	(107,429)				
c. Occupational Therapy - Non-Medicare	\$ 80,880	80,880				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (81,241)	(81,241)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 83,494	83,494				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,482,190	12,482,190				
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 (Specify)	\$ 6	6				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 2,125	2,125				
V. Total Other Revenue (1 thru 8)	\$ 2,131	2,131				
VI. Total All Revenue (III + V)	\$ 12,484,320	12,484,320				

* 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	NurseFac-Aids
	Lab Medicare	\$ 5,969		
	Lab Medicare CA	\$ (5,969)		
	Oxygen Medicare	\$ 21		
	Oxygen Medicare CA	\$ (21)		
	Equipment rental	\$ 839		
	Equipment rental CA	\$ (839)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 2,002		
	Radiology Medicare CA	\$ (2,002)		
	IV Therapy	\$ 2,647		
	IV Therapy CA	\$ (2,647)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	NurseFac-Aids
	Lab	\$ 501.51		
	Lab CA	\$ (501.51)		
	Oxygen	\$ 59		\$ -
	Oxygen CA	\$ (59)		\$ -
	Equipment rental	\$ 5,625		
	Equipment rental CA	\$ (5,625)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 1,080		
	Radiology CA	\$ (1,080)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 4,355		\$ -
	IV therapy CA	\$ (4,355)		\$ -
	Flu shot revenue	\$ (50)		
	Outpatient therapy	\$ -		
	prior period revenue	\$ 83,550		
	rounding	\$ -		
	Total Other Resident Revenue	\$ 83,494	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	NurseFac-Aids
	INTEREST INCOME		\$ 6		
	Total Interest Income		\$ 6	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	NurseFac-Aids
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ 625		
	OPTUM DIVIDENDS REVENUE	\$ 1,500		
	Total Other Revenue	\$ 2,125	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	71,852
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	879,088
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	31,321
5. Prepaid Expenses			\$	595,988
a. Prepaid Insurance	531,727			
b. Prepaid Property Taxes	40,217			
c. Prepaid Expenses Other	24,044			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(316,888)
Due From (to) Related Parties	(302,003)			
Other Owners reserves	(14,886)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,261,359
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost	524,673	\$	453,789
	Accum. Depreciation	70,884	Net	
4. Leasehold Improvements	*Historical Cost	561,183	\$	183,949
	Accum. Depreciation	377,234	Net	
5. Non-Movable Equipment	*Historical Cost	13,309	\$	222
	Accum. Depreciation	13,087	Net	
6. Movable Equipment	*Historical Cost	391,019	\$	111,714
	Accum. Depreciation	279,305	Net	
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	749,673

* 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
Kettle Brook Care Center, LLC	2219-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	2,011,033
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			\$	212,104
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	61,006
Patient Trust Funds			58,451	
Long Term Deposit - primicare			2,555	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	273,110
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,284,142

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Kettle Brook Care Center, LLC		2219-C	9/30/2017	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	334,167
2. Notes Payable (<i>itemize</i>)				\$	
Working Capital Line of Credit					
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>)				\$	163,869
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>)				\$	1,594,144
Related Party Payables		1,110,430			
Accrued Expenses		4,501			
Accrued Resident User Fees		251,609			
Accrued Workers Comp Expense		227,604			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,092,181

* 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 Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,092,181	
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>)				\$
Patient Trust Funds		58,451	58,451	
Long Term Note Securecare Realty				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 58,451
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,150,631

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

Name of Facility	License No.	Report for Year Ended	Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2017	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			\$	1,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(420,591)
6. Gain or Loss for Period			\$	553,101
				10/1/2016 thru 9/30/2017
7. Total Net Worth			\$	133,511
C. Total Reserves and Net Worth			\$	133,511
D. Total Liabilities, Reserves, and Net Worth			\$	2,284,142

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Kettle Brook Care Center, LLC	2219-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,484,320
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	11,931,219
D. Net Income or Deficit			\$	553,101
E. Balance			\$	553,101
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	09/30/17		\$	553,101

I. Preparer's/Reviewer's Certification

Name of Facility Kettle Brook Care Center, LLC	License No. 2219-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> NurseFac-Aids		
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				
iCare Management LLC				
Address		Phone Number		
341 Bidwell Street, Manchester, CT 06040		860-570-2140		