

Preliminary RCR
 State of Connecticut Long-Term Care Facility
 RATE COMPUTATION REPORT
 Based on 10/01/2014 through 09/30/2015

DRAFT

Chelsea Place Care Center

Facility: 41
 Page: 22
 Date: 04/08/2016

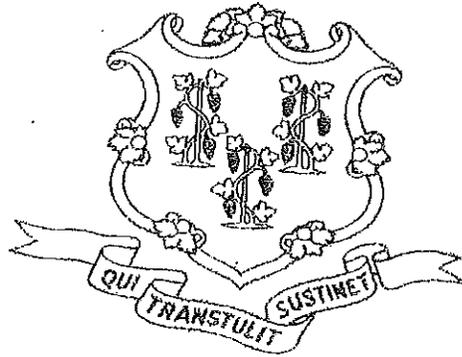
Page - Lic. Type - Rate Yr	Error Message
13-CCH	Prescription Drugs (0) is less than on page 10 (58,742) <i>Adj</i>
3-CCH	(-2), Sum of Salary hours does not match Annual Report figure <i>Minor</i>
4-CCH	Physician (Medical Director) hourly limit exceeded (20) <i>DRD</i>
4-CCH	Physician (Other Physicians) hourly limit exceeded (363) <i>DRD</i>
4-CCH	Dietitian hourly limit exceeded <i>DRD</i>
4-CCH	OT fees do not agree to OT fee adjustment <i>Adj</i>
4-CCH	(2), Total professional fees does not match Annual Report <i>Minor</i>
5-CCH	(9.11), FICA Expense % is greater than 8% of Total Payroll <i>RFI</i>
11-CCH	(10,000), Sum of Ttl Amortization Exp does not match Annual Report
11-CCH	(10,000), Sum of Ttl Property Exp does not match Annual Report
17	Administrator's salary needs to be entered ✓
19	(4,768,741), Accounts Recievable is Greater than 2 months of Total Resident Revenue <i>Adj</i>
18	Annual Report Fair Rent (pg. 23, 24) Additions total (428,732) does not match Real Property Additions on pg. 18 of Rate Comp. (0) ✓
20	(1,000), Sum of Ttl Current Liab does not match Annual Report
20	(1,001), Sum of Ttl Liabilities does not match Annual Report
RC-Nurs Fac-CCH	No Self Pay rates entered

Key in Error

Key in Error

None Provided

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Chelsea Place Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 25 Lorraine Street, Hartford, CT 06105	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
NurseFac-Aids	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2220-C	RHNS	NurseFac-Aids	Medicare Provider 07-5299
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Medicaid Provider Numbers:	CCNH 9761	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2015	Page 1	of 37
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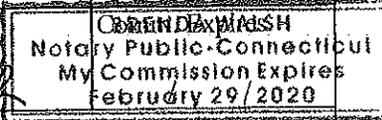
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Chelsea Place Care Center, LLC [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Judy Konow</i>		Date 2/10/16	Signed (Owner) <i>Chris S. Wright</i>		Date 2/10/16
Printed Name (Administrator) Judy Konow			Printed Name (Owner) Chris Wright		
Subscribed and Sworn to before me: <i>Judy Konow</i>	State of CT	Date 2/10/16	Signed (Notary Public) <i>Brenda Walsh</i>		
Address of Notary Public 341 Bidwell Street, Manchester, CT 06040					

(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 Chelsea Place Care Center, LLC		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 25 Lorraine Street, Hartford, CT 06105				
Report Prepared By Denise MacKinnon		Phone Number 860-570-2140 ext 15	Date	
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 860-233-8241		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Chelsea Place Care Center, LLC		Address (No. & Street, City, State, Zip) 25 Lorraine Street, Hartford, CT 06105		
License Numbers:	CCNH 2220-C	RHNS	NurseFac-Aids	Medicare Provider No. 07-5299
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Judy Konow		Nursing Home Administrator's License No.:	001735	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2015	Page 3	of 37
Legal Name of Partnership/LLC		Business Address		State(s) and/or Town(s) in Which Registered	
Chelsea Place Care Center, LLC		25 Lorraine Street, Hartford, CT 06105		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	

General Information and Questionnaire Related Parties*

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
See Attached		<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.
 ** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (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? 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
Accounting Basis

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2015	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	\$	3,749	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	3,749
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 Jackson Lewis 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina,Robinson)) 5 Starble and Harris, iCare Health Management LLC			Telephone Number 860-570-2140 860-678-7775 914-872-6767	
Address (<i>No. & Street, City, State, Zip Code</i>)				
1	341 Bidwell Street, Manchester CT			
2	32 Main Street, Avon, CT			
3	1133 Westchester Ave, Suite S 125, West Harrison, NY 10604			
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	\$	37,140	
2	Lease and contract issues, general legal advice, union funds advice	\$	3,324	
3	Employment law, arbitrations, contract negotiations	\$	22,481	
4	Employment Arbitrations, healthcare law	\$	7,353	
5	Collections - disallow	\$	5,038	
			Charge for Services Provided	
			\$	75,337
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 Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2015				Period 7/1 Thru 9/30			
		Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac-Aids	Total	CCNH	RHNS	NurseFac-Aids
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	234	234	234		234	234		234	
B. On last day of THIS report period	234	234	234		234	234		234	
2. Number of Residents									
A. As of midnight of PREVIOUS report period	232	232	232		232	232		231	
B. As of midnight of THIS report period	222	222	222		231	231		222	
3. Total Number of Days Care Provided During Period									
A. Medicare	2,599	2,599			1,948	1,948		651	
B. Medicaid (Conn.)	79,611	79,611			59,542	59,542		20,069	
C. Medicaid (other states)									
D. Private Pay	260	260			256	256		4	
E. State SSI for RCH									
F. Other (Specify) INSURANCE	21	21			21	21			
G. Total Care Days During Period (3A thru F)	82,491	82,491			61,767	61,767		20,724	
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
4. Medicaid Bed Reserve Days									
B. Other Bed Reserve Days									
5. Total Resident Days (3G + 4A + 4B)	82,491	82,491			61,767	61,767		20,724	

Schedule of Resident Statistics (Cont'd)

Name of Facility Chelsea Place Care Center, LLC	License No. 2220-C	Report for Year Ended 9/30/2015	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	RHNS	CCNH	RHNS	CCNH	RHNS	R.C.H.	ICF-MR
No. of Residents	5		217					
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.	465.00		244.00					
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	3,408	3,408		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	3,560	3,560		
C. Other	2,971	2,971		
D. Total Physical Therapy Treatments	9,939	9,939		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	420	420		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	579	579		
C. Other	376	376		
D. Total Speech Therapy Treatments	1,375	1,375		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	NurseFac-Aids
A. Medicare - Part B	3,198	3,198		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,696	2,696		
C. Other	3,437	3,437		
D. Total Occupational Therapy Treatments	9,331	9,331		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC	2220-C	9/30/2015	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. 1 of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	147,917	2,149			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	416,493	19,914			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	59,606	2,086			
c. Dietary Workers	752,853	40,865			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	514,180	28,165			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	72,883	2,022			
b. Other Maintenance Workers	101,966	5,671			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	289,759	16,736			
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	231,867	4,081			
b. RN					
1. Direct Care	729,233	18,694			
2. Administrative**	336,962	8,712			
c. LPN					
1. Direct Care	2,207,709	73,970			
2. Administrative**					
d. Aides and Attendants	3,460,691	192,697			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	210,457	11,180			
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	225,407	8,246			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	134,884	6,731			
A-13. Total Salary Expenditures	9,892,867	441,917			

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Chelsea Place Care Center, LLC		2220-C		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
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		
Chelsea Place Care Center, LLC		2220-C		9/30/2015		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Judy Konow	147,257		same as employees less union funds	Administrator	2,140	A2			
Sharon Murphy (9/18/15 - 09/30/15)	660				9	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		
Chelsea Place Care Center, LLC	2220-C	9/30/2015	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	72,800	1,456	DED A&S			
2. Dentist						
3. Pharmacist	11,883	264	✓			
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	214,661	2,629				
b. Other						
6. Social Worker	1,017	training				
7. Recreation Worker	11,036	64+Cable				
8. Physicians						
a. Medical Director (entire facility)	80,400	449	DED A&S			
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	32,386	62	DED A&S			
9. Speech Therapist						
a. Resident Care	58,469	743				
b. Other						
10. Occupational Therapist						
a. Resident Care	194,168	2,487	A&S			
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	5,400					
2. Administrative***	11,792	276				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	(2,302)	(160)				
d. Other						
12. Other (Specify) See Attached Schedule	172,353	4,374	✓			
B-13 Total Fees Paid in Lieu of Salaries	864,061	12,580				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 513,965	513,965		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 901,235	901,235		
5. Health Insurance	\$ 1,672,514	1,672,514		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 624,282	624,282		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 79,649	79,649		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 292,870	292,870		
d. Accounting and Auditing	\$ 3,749	3,749		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 75,337	75,337		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 20,403	20,403		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 16,930	16,930		
2. Cellular Phones	\$ 2,188	2,188	AP	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,330,580	1,330,580		
Subtotal	\$ 5,533,951	5,533,951		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:	5,533,951	5,533,951		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 4,767	4,767		
5. Education Expenses Related to Seminars and Conventions	\$ 5,000	5,000		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 1,899	1,899		
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 9,219	9,219		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 14,301	14,301		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 5,130	5,130		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 16,582	16,582		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 450	450		
10. Contributions*** See Attached Schedule	\$ 718	718		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 144,105	144,105		
12. Administrative Management Services**	\$ 461,292	461,292		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 26,715	26,715		
C-14 Total Administrative & General Expenditures	\$ 6,224,129	6,224,129		

* 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	\$ 1,899		\$ -
Total Other Travel and Entertainment	\$ 1,899	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 14,301		\$ -
Total Other Advertising	\$ 14,301	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
Dues			
CAHCF Dues	\$ 16,582.24		\$ -
OTHER DUES			
Total Dues	\$ 16,582	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
CHARITABLE CONTRIBUTIONS	\$ 718		\$ -
Total Contributions	\$ 718	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 610		\$ -
EMPLOYEE RELATIONS	\$ 7,791	P	\$ -
EMPLOYEE RELATIONS-OTHER	\$ 386	R	\$ -
PERMITS & LICENSSES	\$ 2,875		\$ -
VOLUNTEER EXPENSE	\$ 155		\$ -
BANK FEES	\$ 10,693	PST	\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 495		\$ -
LATE FEES	\$ 3,709		\$ -
Rounding			
Total Other Administrative and General	\$ 26,715	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Chelsea Place Care Center, LLC	2220-C	9/30/2015	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	461,292	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	223,220	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	79,305	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 Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2015		Page 18	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 498,683	498,683			
2.	Non-Food Supplies	\$ 60,333	60,333			
3.	Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 49,847	49,847			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ (412)	(412)			
c. Management Services**		\$				
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT		\$ 9,059	9,059			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 617,509	617,509			
2F. Dietary Questionnaire		Total	CCNH	RHNS	NurseFac-Aids	
G.	Resident Meals; Total no. of meals served per day:*	678	678			
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
Chelsea Place Care Center, LLC		2220-C	9/30/2015	19	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. \$	295	295		
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)	\$	68,350	68,350		
c. Management Services**	\$				
d. Other (Specify) LAUNDRY SUPPLIES	\$	2,260	2,260		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	70,905	70,905		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC		2220-C	9/30/2015		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. \$	41,109	41,109		
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. \$	32,118	32,118		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>) HOUSEKEEPING MINIR EQUIPMENT	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	73,227	73,227		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from OMNICARE PHARMACY	\$	58,742	58,742	Adj	
b.	Medicine Cabinet Drugs	\$	29,894	29,894		
c.	Medical and Therapeutic Supplies	\$	95,163	95,163		
d.	Ambulance/Limousine***	\$	19,936	19,936		
e.	Oxygen					
	1. For Emergency Use	\$	4,390	4,390	RFL	
	2. Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$	3,504	3,504		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	9,100	9,100		
i.	Recreation	\$				
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	475,275	475,275		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	696,003	696,003		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 1,271	16/m3	\$ -
NURSING MINOR EQUIP	\$ 5,745		\$ -
MEDICAL RECORDS SUPPLIES	\$ 1,821	16/ms	\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ (21)		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 223,220	20/50	\$ -
NON-COVERED PPS DR. VISITS	\$ 2,821		\$ -
RESIDENT CARE SUPPLIES	\$ 58		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 18,329		\$ -
PERSONAL CARE SUPPLIES	\$ 12,163		\$ -
INCONTINENCY SUPPLIES	\$ 48,282		\$ -
VACCINE RESIDENTS	\$ 2,239		\$ -
PATIENT SPECIAL NEEDS	\$ 571		\$ -
PHYSICAL THERAPY SUPPLIES	\$ 12		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ 120		\$ -
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	\$ 40,677		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 104		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ 153		\$ -
IV THERAPY SUPPLIES	\$ 14,212		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 16,324	24/65	\$ -
ACTIVITIES SUPPLIES	\$ 7,784	20/50	\$ -
ACTIVITIES MINOR EQUIPMENT	\$ 84		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 79,305	20/50	\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
Total Other Resident Care	\$ 475,275	\$ -	\$ -

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

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2015	Page of					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	NurseFac-Aids	Pg	Line
		Yes	No						
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	Housekeeping Services	32,090			20	4b
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	Laundry Services	68,290			19	3b
Eagle Elevator		<input type="radio"/>	<input type="radio"/>	Elevator Contract	10,050			22	6F
Bioserve, Inc.		<input type="radio"/>	<input type="radio"/>	Medical Waste Snow Removal/Landscaping	16,324			22	6F
The Brickman Group/ Begley Landscaping		<input type="radio"/>	<input type="radio"/>		16,873			22	6F
CWPM - Recycling	Box 415, Plainville, CT 06062	<input type="radio"/>	<input type="radio"/>	Trash removal Software Maintenance Contract	55,406			22	6F
American HealthTech		<input type="radio"/>	<input type="radio"/>		10,504			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input type="radio"/>	Payroll Services	79,680			16	M11
National Datacare Corp		<input type="radio"/>	<input type="radio"/>	Resident Trust Software Computer Consulting Services	5,253			16	M11
Prime Care Technology services		<input type="radio"/>	<input type="radio"/>		23,059			16	M11
Priority Express		<input type="radio"/>	<input type="radio"/>	Courier Services	8,756			16	M11
Point Right Inc		<input type="radio"/>	<input type="radio"/>	Nursing Software	4,680			16	M11
		<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
Chelsea Place Care Center, LLC	2220-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 56,564	56,564				
b. Heat	\$ 87,050	87,050				
c. Light & Power	\$ 125,768	125,768				
d. Water	\$ 121,172	121,172				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 50,429	50,429				
f. Other (<i>itemize</i>)	\$ 151,085	151,085				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 592,067	592,067				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 17,836	17,836				
c. Non-Movable Equipment	\$ 716	716				
d. Movable Equipment	\$ 63,717	63,717				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 82,269	82,269				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 110,509	110,509				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 110,509	110,509				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,050,708	1,050,708				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 351,624	351,624				
c. Personal property taxes	\$ 45,954	45,954				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,641,064	1,641,064				

* 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	\$ 19,994		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 6,488		\$ -
ELEVATOR CONTRACT SERVICE	\$ 9,342		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 6,717		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 6,837		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 10,304		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 55,406		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 11,162		\$ -
PLANT MINOR EQUIPMENT	\$ 22,280		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ 2,556		\$ -
Total Other Repairs and Maintenance	\$ 151,085	\$ -	\$ -

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Chelsea Place Care Center, LLC		2720-C		9/30/2015				23	37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
									Is a mileage logbook maintained?
Yes	No	Month	Year						
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									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 1997 DODGE VAN									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
E. Total Depreciation									
								63,717	
								82,269	

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/29/2014	Food Processor: DSSI	\$ 3,059	60	\$ 612
9/5/2014	Furniture: Medline	\$ 7,335	120	\$ 733
11/26/2014	Cherry Cabinet: HD Supply	\$ 4,271	180	\$ 237
4/2/2015	Benches: Begley Roberts	\$ 2,540	180	\$ 71
7/31/2015	Electric Bed: Medline	\$ 6,453	60	\$ 215
8/19/2015	Beds: R.B Higgins & Associate	\$ 5,247	60	\$ 87
8/26/2015	Patient Lift: HD Supply	\$ 5,094	120	\$ 42
9/30/2014	Computer: PrimeCare Tech	\$ 2,825	60	\$ 565
Total additions for Movable Equipment		\$ 36,824		\$ 2,563 *
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:				
4/28/2014	Dish Washer: Proline	\$ 4,758	120	\$ 476
12/8/2014	Bathroom Renovation : Shalom Sahar	\$ 3,855	120	\$ 289
4/19/2015	Carpet Installation: Shalom Sahar	\$ 6,457	60	\$ 538
3/15/2015	Insurance Claim: Sahar Shalom	\$ 2,819	60	\$ 282
3/15/2015	Insurance Claim: Sahar Shalom	\$ 7,220	120	\$ 361
4/30/2015	Smoke Detectors & Pull Stations: S&S Wired	\$ 3,775	120	\$ 157
12/19/2014	Replaced Heater Breaker: Mordern Mechanical	\$ 2,520	120	\$ 189
7/27/2015	Rooftop Compressors: Saucier Mechanical	\$ 7,585	120	\$ 126
Total additions for Leasehold Improvement		\$ 38,990		\$ 2,419 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

10
5
-10

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Chelsea Place Care Center, LLC	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	Page 24	of 37
	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				1,173,867	600,310			108,090		
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)				38,990				2,419		
C-4. Subtotal										
D. Total Amortization										
										110,509
										110,509

* 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	License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC	2220-C	9/30/2015	25	37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*			<input checked="" type="radio"/> Yes <input type="radio"/> No		
			If "Yes," complete Part B. If "No," complete Part C.		
<small>*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.</small>					
Description	Total				
1. Date Land Purchased	04/01/1999				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	04/01/99				
4. Date of Initial Licensure	04/01/99				
5. Total Licensed Bed Capacity	234				
6. Square Footage	66,285				
7. Acquisition Cost					
a. Land					
b. Building	11,495,942				
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			
b. Date Mortgage Obtained		05/30/13			
c. Interest Rate for the Cost Year		319.00%			
d. Term of Mortgage (number of years)		24			
e. Amount of Principal Borrowed		6,664,200			
f. Principal balance outstanding as of 09/30/2015		6,237,111			
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	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Chelsea Place Care Center, LLC		2220-C	9/30/2015		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	
Chelsea Place Care Center, LLC		2220-C		9/30/2015		27 37	
Item				Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) INTEREST				\$ 57,664	57,664		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 57,664	57,664		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 12,246	12,246		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 87,957	87,957		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 4,148	4,148		
14d. Total Insurance Expenditures (14a + b + c)				\$ 104,351	104,351		
15. Total All Expenditures (A-13 thru C-14)				\$ 20,833,847	20,833,847		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC			2220-C	9/30/2015	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	\$ 292,870	292,870		
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 *	\$ 14,301	14,301		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 46,048	46,048		
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)				\$ 353,218	353,218		

* 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.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Chelsea Place Care Center, LLC			2220-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 353,218	353,218		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 19,936	19,936		
29.			X-rays, etc	\$ 3,504	3,504		
30.			Laboratory	\$ 9,100	9,100		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,821	2,821		
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)				\$ 388,579	388,579		

*** 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.

Chelsea Place Care Center, LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J	NON-COVERED PPS DR. VISITS	2,820.86		
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			\$ 2,821	\$ -	\$ -

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	CCNII	RIENS	NurseFac-Aids
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 19,385,444	19,385,444				
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)	\$ 1,183,212	1,183,212				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 116,777	116,777				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 81,615	81,615				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (81,615)	(81,615)				
c. Prescription Drugs - Non-Medicare	\$ 6,259	6,259				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (6,259)	(6,259)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 1,294	1,294				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (1,294)	(1,294)				
3. a. Physical Therapy - Medicare	\$ 189,954	189,954				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (99,575)	(99,575)				
c. Physical Therapy - Non-Medicare	\$ 128,010	128,010				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (128,010)	(128,010)				
4. a. Speech Therapy - Medicare	\$ 65,492	65,492				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (30,678)	(30,678)				
c. Speech Therapy - Non-Medicare	\$ 46,704	46,704				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (46,704)	(46,704)				
5. a. Occupational Therapy - Medicare	\$ 215,038	215,038				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (119,619)	(119,619)				
c. Occupational Therapy - Non-Medicare	\$ 100,860	100,860				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (99,348)	(99,348)				
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$ 35,278	35,278				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 20,942,835	20,942,835				
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)	\$ 131	131				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 1,689	1,689				
V. Total Other Revenue (1 thru 8)	\$ 1,820	1,820				
VI. Total All Revenue (III +V)	\$ 20,944,655	20,944,655				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	Lab Medicare	\$ 33,459		
	Lab Medicare CA	\$ (33,459)		
	Oxygen Medicare	\$ 123		
	Oxygen Medicare CA	\$ (123)		
	Equipment rental	\$ 87		
	Equipment rental CA	\$ (87)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 1,765		
	Radiology Medicare CA	\$ (1,765)		
	IV Therapy	\$ 17,938		
	IV Therapy CA	\$ (17,938)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy	\$ -		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	Lab	2,590.27		
	Lab CA	(2,590.27)		
	Oxygen	\$ 4,332		\$ -
	Oxygen CA	\$ (4,332)		\$ -
	Equipment rental	\$ 4,437		
	Equipment rental CA	\$ (4,437)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ -		
	Radiology CA	\$ -		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 17,776		\$ -
	IV therapy CA	\$ (17,776)		\$ -
	Flu shot revenue	\$ 2,114		
	PRIOR YEAR ADJ - ANCILLARY & OTHER	\$ 33,146		
	rounding	\$ 18		
	Total Other Resident Revenue	\$ 35,278	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Nurse/Pac-Aids
	INTEREST INCOME		\$ 131		
	Total Interest Income		\$ 131	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Nurse/Pac-Aids
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ 1,689		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	Total Other Revenue	\$ 1,689	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(37,990)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	4,768,741
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	43,143
4 Inventories			\$	58,648
5. Prepaid Expenses			\$	827,932
a. Prepaid Insurance	789,576			
b. Prepaid Property Taxes	10,721			
c. Prepaid Expenses Other	27,635			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(1,240,588)
Due From (to) Related Parties	(402,451)			
Other Owners reserves	(838,137)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,419,886
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>595,641</u>		\$	563,986
	Accum. Depreciation <u>31,655</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>1,212,857</u>		\$	502,039
	Accum. Depreciation <u>710,819</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>43,932</u>		\$	3,308
	Accum. Depreciation <u>40,624</u>	Net		
6. Movable Equipment	*Historical Cost <u>636,895</u>		\$	178,736
	Accum. Depreciation <u>458,159</u>	Net		
7. Motor Vehicles	*Historical Cost <u>10,600</u>		\$	
	Accum. Depreciation <u>10,600</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	7,937
Construction in Progress	7,937			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,256,005

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	5,675,891
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>)			\$	79,857
Patient Trust Funds				77,302
Long Term Deposit - primicare				2,555
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	79,857
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,755,749

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC		2220-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	564,739
2. Notes Payable (<i>itemize</i>)				\$	1,732,242
Working Capital Line of Credit					1,732,242
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>)				\$	460,241
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>)				\$	2,058,855
Related Party Payables			1,107,212		
Accrued Expenses			237,910		
Accrued Resident User Fees			323,987		
Accrued Workers Comp Expense			389,746		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,816,077

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,816,077	
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			77,302	\$ 77,302	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
\$ 77,302					
C. Total All Liabilities (Lines A-13 + B-5)					
\$ 4,893,380					

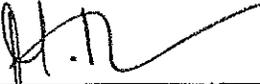
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2015	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			\$	750,560
6. Gain or Loss for Period			\$	110,809
7. Total Net Worth			\$	862,369
C. Total Reserves and Net Worth			\$	862,369
D. Total Liabilities, Reserves, and Net Worth			\$	5,755,749

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Chelsea Place Care Center, LLC	2220-C	9/30/2015	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014		\$	
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	20,944,655
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	20,833,847
D.	Net Income or Deficit		\$	110,809
E.	Balance		\$	110,809
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		\$	110,809
	09/30/15			

I. Preparer's/Reviewer's Certification

Name of Facility Chelsea Place Care Center, LLC		License No. 2220-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input 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 VP Finance	Date Signed 2/10/2016		
Printed Name of Preparer Denise MacKinnon					
Address Address 341 Bidwell Street, Manchester, CT 06040			Phone Number 860-570-2140 ext 15		