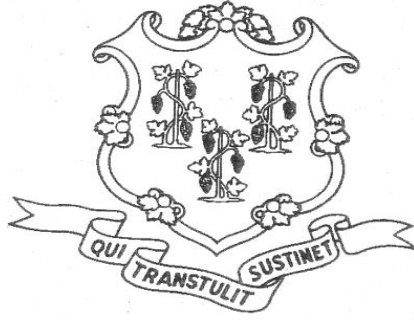


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) The Reservoir Care and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 1 Emily Way, West Hartford, CT 06107	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <span style="margin-left: 150px;"><input type="checkbox"/> (Specify)</span> <span style="margin-left: 150px;"><input type="checkbox"/> (Specify)</span>	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2203-C	(Specify)	(Specify)	Medicare Provider 07-5407
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Medicaid Provider Numbers:	CCNH / RHNS 21668	(Specify)	(Specify)
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### General Information

Name of Facility (as licensed) The Reservoir Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	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 \_\_\_\_\_ [facility name], for the cost report period beginning \_\_\_\_\_ and ending \_\_\_\_\_, 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) Altius,Christal Mala			Printed Name (Owner) Diane Morris - VP Reimbursement		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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State of Connecticut  
**Department of Social Services**  
 55 Farmington Avenue, Hartford, Connecticut 06105

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility The Reservoir Care and Rehabilitation Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 1 Emily Way, West Hartford, CT 06107				
Report Prepared By Rick Fink		Phone Number 410-494-7657	Date 12/28/2023	
Item	Total	CCNH / RHNS	(Specify)	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	3,399,412	3,399,412	
5. All other wages paid	\$	648,694	648,694	
6. <b>Total Wages Paid</b>	\$	4,048,106	4,048,106	
7. Total salaries paid	\$	304,467	304,467	
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$	4,352,573	4,352,573	

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 860-561-7022		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) The Reservoir Care and Rehabilitation Center		Address (No. & Street, City, State, Zip) 1 Emily Way, West Hartford, CT 06107		
License Numbers:	CCNH / RHNS 2203-C	(Specify)	(Specify)	Medicare Provider No. 07-5407
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No                 If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Altius,Christal Mala		Nursing Home Administrator's License No.:	2143	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility The Reservoir Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each

Names of Stockholders Owning at Least 10% of Shares			
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See the attached			
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**General Information and Questionnaire  
 Related Parties\***

Name of Facility The Reservoir Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Genesis Administrative Services LLC	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Home Office	Pg 16/m12	495,470	495,470
Genesis ElderCare Rehabilitation Services GRS	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	73%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	771,706	771,706
Genesis ElderCare Physician Services GPS_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	86%	Medical Director /NP	Pg 13/B8, Pg 10/A12		
Career Staffing Carstaff_C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	60%	Nursing Agency/ Temporary Services	Pg 13/B11 pg 10-12, 1	482,294	482,294
Respiratory Health Services NCRHS C	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E	377	377
Genesis Healthcare Ins Program	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>		Insurance	Pg 27/14	131,301	131,301
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" 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 The Reservoir Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

**General Information and Questionnaire**  
**Other Lines of Business**

Name of Facility The Reservoir Care and Rehabilitation	License No. 0	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility. <span style="float:right;">59,733</span>				
<b>Outpatient Therapy</b>				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
<b>Meals on Wheels</b>				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
Amount Reported				
Annual Report page and line				
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
<b>Apartments, Independent Living, Assisted Living</b>				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

**General Information and Questionnaire**  
**Other Lines of Business (Continued)**

Name of Facility The Reservoir Care at	License No. 0	Report for Year Ended 9/30/2023	Page 7	of 37
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**Child Day Care**

Does the Facility provide Child Day Care?  No

*If yes, please complete the following:*

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

**Adult Day Care**

Does the Facility provide Adult Day Care?  No

*If yes, please complete the following:*

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

### Schedule of Resident Statistics

Name of Facility The Reservoir Care and Rehabilitation Center			License No.		Report for Year Ended 9/30/2023				Page 8		of 37	
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	75	75			75	75						
B. On last day of THIS report period	75	75							75	75		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	65	65			65	65						
B. As of midnight of THIS report period	71	71							71	71		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,814	4,814			4,428	4,428			386	386		
B. Medicaid (Conn.)	12,907	12,907			9,363	9,363			3,544	3,544		
C. Medicaid (other states)												
D. Private Pay	2,977	2,977			2,077	2,077			900	900		
E. State SSI for RCH												
F. Other (Specify)	4,314	4,314			3,084	3,084			1,230	1,230		
G. Total Care Days During Period (3A thru F)	25,012	25,012			18,952	18,952			6,060	6,060		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	4	4			4	4						
B. Other Bed Reserve Days	5	5			5	5						
5. <b>Total Resident Days (3G + 4A + 4B)</b>	25,021	25,021			18,961	18,961			6,060	6,060		

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

Name of Facility The Reservoir Care and Rehabilitation Center				License No.			Report for Year Ended 9/30/2023			Page 9		of 37	
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change		Reason for Change	
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(Specify)	(Specify)		
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH / RHNS	(Specify)	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay		Other State Assisted						
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	(Specify)	R.C.H.	ICF-MR					
No. of Residents	15	33		17									
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	694.38	#####		534.86									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)					
A. Medicare - Part B				1,164	1,164								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				56	56								
C. Other				13,434	13,434								
D. <b>Total Physical Therapy Treatments</b>				14,654	14,654								
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B				372	372								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				8	8								
C. Other				2,803	2,803								
D. <b>Total Speech Therapy Treatments</b>				3,183	3,183								
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B				599	599								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments				30	30								
C. Other				12,065	12,065								
D. <b>Total Occupational Therapy Treatments</b>				12,694	12,694								

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility The Reservoir Care and Rehabilitation Center	License No.	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation?  Yes  No

Item	Total Cost and Hours									
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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)	153,075	(63,566)	2,232							
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	3,288		72							
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	312,937		12,322							
5. Dietary Service										
a. Head Dietitian										
b. Food Service Supervisor										
c. Dietary Workers										
6. Housekeeping Service										
a. Head Housekeeper										
b. Other Housekeeping Workers										
7. Repairs & Maintenance Services										
a. Engineer or Chief of Maintenance	67,394		2,022							
b. Other Maintenance Workers	32,945		1,545							
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	148,104		#DIV/0!							
b. RN										
1. Direct Care	679,524		12,050							
2. Administrative**	195,337		5,193							
c. LPN										
1. Direct Care	1,128,371		30,129							
2. Administrative**										
d. Aides and Attendants	1,323,195		57,043							
e. Physical Therapists										
f. Speech Therapists										
g. Occupational Therapists										
h. Recreation Workers	65,369		2,535							
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	170,050		5,645							
n. Marketing										
o. Other (Specify) See Attached Schedule	72,984		3,048							
A-13. Total Salary Expenditures	4,352,573	(63,566)	#DIV/0!							

\* 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 in the Adjustment column.





**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	
The Reservoir Care and Rehabilitation Center					9/30/2023			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
The Reservoir Care and Rehabilitation Center					9/30/2023			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	(Specify)							
<b>Section III - Administrators***</b>										
Altius,Christal Mala	153,075				Management of Center	2,232	2			
<b>Section IV - Assistant Administrators</b>										
Schiff,Shelly Renee	3,288				Management of Center	72	2			

\*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
The Reservoir Care and Rehabilitation Center		9/30/2023						13	37
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>									
1. Dietitian									
2. Dentist	21,757		149						
3. Pharmacist	17,553		358						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	337,535	(337,535)	4,624						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	64,560		342						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify)									
9. Speech Therapist									
a. Resident Care	125,333	(125,333)	1,607						
b. Other									
10. Occupational Therapist									
a. Resident Care	306,343	(306,343)	4,196						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	11,719	(510)	195						
2. Administrative***									
b. LPN									
1. Direct Care	359,056	(15,619)	8,478						
2. Administrative***									
c. Aides	133,453	(5,805)	5,463						
d. Other									
12. Other (Specify)									
See Attached Schedule	19,865	(4,355)							
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,397,174</b>	<b>(795,500)</b>	<b>25,412</b>						

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

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

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

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

Name of Facility The Reservoir Care and Rehabilitation Center		License No.		Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Career Staffing	Nursing Agency	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Rehabilitation Services	Physical, Occupational, and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Physician Services	Medical Director	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Genesis Eldercare Staffing Services	Nursing Pool	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Respiratory Health Services	Respiratory and Oxygen Supplies	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended					Page	of
The Reservoir Care and Rehabilitation Center		9/30/2023					15	37
Item	Total Including Adjustment	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>1. Administrative and General</b>								
<b>a. Employee Health &amp; Welfare Benefits</b>								
1. Workmen's Compensation	\$ 138,419	151,571	(13,152)					
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 34,143	34,143						
4. Social Security (F.I.C.A.)	\$ 314,529	314,529						
5. Health Insurance	\$ 205,299	205,299						
6. Life Insurance (employees only) (not-owners and not-operators)	\$							
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 198,415	198,415						
8. Uniform Allowance	\$							
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 21,776	21,776						
<b>b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*</b>	\$							
<b>c. Bad Debts*</b>	\$	264,300	(264,300)					
<b>d. Accounting and Auditing</b>	\$ 7,200	7,200						
<b>e. Legal (<i>Services should be fully described on Page 15b</i>)</b>	\$							
<b>f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*</b>	\$							
<b>g. Office Supplies</b>	\$ 19,122	19,122						
<b>h. Telephone and Cellular Phones</b>								
1. Telephone & Pagers	\$ 13,463	13,463						
2. Cellular Phones	\$ 1,451	1,451						
<b>i. Appraisal (<i>Specify purpose and attach copy</i>)*</b>	\$							
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$							
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>								
1. Income*	\$							
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,153	1,153						
3. Resident Day User Fee	\$ 340,692	340,692						
<b>Subtotal</b>	\$ 1,295,662	1,573,113	(277,452)					

\* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

**\*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Union Health & Welfare	\$ 322					
Union Health & Welfare	\$ 689					
Union Health & Welfare	\$ -					
Union Health & Welfare	\$ 8,072					
Union Health & Welfare	\$ 12,314					
Union Health & Welfare	\$ 320					
Union Health & Welfare	\$ 59					
Benefit Allocations	\$ -					
<b>Total</b>	<b>21,776</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

1020520020
3080520020
3210520020
3215520020
3225520020
5035520020
3005520020
1020520060

10205200: Union Hea	5.57
30055200: Union Hea	327.34
30805200: Union Hea	151.77
32155200: Union Hea	5662.56
32255200: Union Hea	12980.05
50355200: Union Hea	466.59

correct 21,776 -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Sales Tax	\$ 1,153					
Sales Tax	\$ -					
<b>Total</b>	<b>\$ 1,153</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

1020640110
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correct

## General Information and Questionnaire Accounting Basis

Name of Facility The Reservoir Care and Rehabilitat	License No.	Report for Year Ended 9/30/2023	Page 15b	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Grant Thornton 2 3 4	Address (No. & Street, City, State, Zip Code) 1600 Market Street, Philadelphia, PA 19103
--	---

**Services Provided by This Firm (describe fully)**

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

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

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

**Services Provided by This Firm (describe fully)**

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

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

Name of Facility	License No.	Report for Year Ended				Page	of
The Reservoir Care and Rehabilitation Center		9/30/2023				16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
<b>Subtotals Brought Forward:</b>	1,295,662	1,573,113	(277,452)				
<b>I. Travel and Entertainment</b>							
1. Resident Travel and Entertainment	\$						
2. Holiday Parties for Staff	\$						
3. Gifts to Staff and Residents	\$						
4. Employee Travel	\$ 3,311	3,311					
5. Education Expenses Related to Seminars and Conventions	\$						
6. Automobile Expense (not purchase or depreciation)	\$						
7. Other (Specify) See Attached Schedule	\$						
<b>m. Other Administrative and General Expenses</b>							
1. Advertising Help Wanted (all such expenses)	\$						
2. Advertising Telephone Directory (all such expenses)**	\$						
3. Advertising Other (Specify)*** See Attached Schedule	\$	12,438	(12,438)				
4. Fund-Raising***	\$						
5. Medical Records	\$						
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$						
7. Postage	\$ 3,044	3,044					
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 5,505	5,505					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$						
9. Subscriptions	\$ 31,481	31,481					
10. Contributions*** See Attached Schedule	\$	116	(116)				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 4,945	4,945					
12. Administrative Management Services**	\$ 495,470	405,492	89,978				
13. Other (Specify) See Attached Schedule	\$ 80,856	105,127	(24,271)				
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,920,274	2,144,572	(224,299)				

\* 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 in the Adjustment column.



Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

correct

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Advertising	\$ 4,421	\$ (4,421)				
Marketing Expense	\$ 1,682	\$ (1,682)				
Marketing Exp- Corporate Spend	\$ 6,188	\$ (6,188)				
Marketing Exp- Corporate Spend	\$ -	\$ -				
Marketing Expense	\$ 147	\$ (147)				
<b>Total Other Advertising</b>	\$ 12,438	\$ (12,438)	\$ -	\$ -	\$ -	\$ -

1020630020  
1020630330  
1020630331  
3165630330  
3080630330

correct

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Licenses & Certifications	\$ 5,505					
Dues to Chamber of Commerce	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
<b>Total Dues</b>	\$ 5,505	\$ -	\$ -	\$ -	\$ -	\$ -

1020630310

correct

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Contributions	\$ 116	\$ (116)				
Political Contributions	\$ -					
	\$ -					
<b>Total Contributions</b>	\$ 116	\$ (116)	\$ -	\$ -	\$ -	\$ -

1020630130  
1020630135

correct

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Bank Service Charges	\$ 13,471					
Collection Fees	\$ 24,271	\$ (24,271)				
Education Expense	\$ -					
Employee Physicals	\$ 6,736					
Employee Relations	\$ 1,690					
Printing	\$ 307					
Training Expense	\$ 73					
Fines & Penalties	\$ -	\$ -				
Miscellaneous	\$ (2,171)					
Rental Expense	\$ 5,544					
Accrued Expense Estimation	\$ -					
Landlord Operating Taxes	\$ -					
State Tax Annual Report Filing	\$ 465					
Recruiting Fees	\$ 47,182					
Recruiting Fees	\$ -					
Non-recurring Charges	\$ -					
Interest Expense	\$ -					
Uniforms	\$ 13					
Equipment Non-Capitalized	\$ 128					
Rental Expense	\$ 1,612					
Recruiting Fees	\$ -					
Software Maintenance	\$ 5,804					
Recruiting Fees	\$ -					
	\$ -					
	\$ -					
<b>Total Other Administrative and General</b>	105,127	\$ (24,271)	\$ -	\$ -	\$ -	\$ -

1020630060 1020630060 Bank Servic 13,471.10 C01M13  
1020630120 1020630120 Collection F 862.55 C01M13  
1020630140 1020630120 Collection F 51.31 C01M13  
1020630180 1020630180 Employee P 6,736.37 C01M13  
1020630200 1020630200 Employee R 1,689.86 C01M13  
3165630200 1020630380 Employee R 0.00 C01M13  
1020630610 1020630380 Printing 307.15 C01M13  
1020630440 1020640080 Recruiting F 1,612.32 C01M13  
3080630440 1020640090 Recruiting F 47,182.18 C01M13  
1020660080 1020630610 Training Ex 73.25 C01M13  
1020630640 1020660990 Uniforms 13.00 C01M13  
5095720090 1020640060 Equipment I (64.25) C01M13  
1020720070 1020640060 Equipment I (1,065.38) C01M13  
3080630440 1020640060 Equipment I 1,257.97 C01M13  
3080630441 1020640090 Miscellaneo (2,171.06) C01M13  
7010800030 1020640090 Miscellaneo (0.01) C01M13  
7010730010 1020660080 Rental Expe 5,269.07 C01M13  
1020630640 1020660080 Rental Expe 275.42 C01M13  
1020640060 1020660100 Repairs & Iv 2,322.68 C01M13  
1020630440 1020660100 Repairs & Iv 3,398.39 C01M13  
1020630520 1020660100 Repairs & Iv 82.68 C01M13  
1020660100 1020660990 Accrued Ex 0.00 C01M13  
3210630440 1020720070 State Tax A 465.00 C01M13  
1020630120 1020630120 Collection F 0.00

correct 105127 -

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

Name of Facility The Reservoir Care and Rehabilitation Ce	License No.	Report for Year Ended 9/30/2023	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Administrative Services LLC	495,470	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12

**\* 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 The Reservoir Care and Rehabilitation Center		License No.	Report for Year Ended 9/30/2023				Page 18	of 37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
<b>2. Dietary</b>								
<b>a. In-House Preparation &amp; Service</b>								
1. Raw Food	\$ 156,007	156,007						
2. Non-Food Supplies	\$ 24,051	24,051						
3. Other (Specify) _____ Contra Meal Expense	\$							
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>	\$ 643,115	643,115						
<b>c. Other (Specify) _____ Books, Dues &amp; Subscriptions</b>	\$							
<b>2D. Total Dietary Expenditures</b>	\$ 823,172	823,172						
<b>2E. Dietary Questionnaire</b>		<b>Total</b>	<b>CCNH / RHNS</b>		<b>(Specify)</b>		<b>(Specify)</b>	
<b>F. Resident Meals: Total no. of meals served per day</b>								
<b>G. Is cost of employee meals included in 2D?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No					
<b>H. Did you receive revenue from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.			
<b>I. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>								
<b>J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.			
<b>K. Is any revenue collected from these people?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.			
<b>L. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>								
<b>M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.			
<b>N. Is any revenue collected from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.			
<b>O. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>								

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

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

Name of Facility The Reservoir Care and Rehabilitation Center		License No.	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Including Adjustment s	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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. \$	3,493	3,493				
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. \$	1,166	1,166				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	185,349	185,349				
c. Other (Specify)		\$						
<b>3D. Total Laundry Expenditures</b>		\$	190,008	190,008				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3E		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.		
G. Did you receive revenue from employees?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?		(Page/Line Item)						
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?								
		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify cost.		
J. Did you receive revenue from these people		<input type="radio"/> Yes		<input checked="" type="radio"/> No		If yes, specify amt.		
K. 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 3D.

\*\*\* 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	
The Reservoir Care and Rehabilitation Cen			9/30/2023				20	37	
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care								
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt.	\$ 6,956	7,805	(849)				
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.	\$ 257,284	288,694	(31,410)				
C.	Other ( <i>Specify</i> )		\$						
4D.	<b>Total Housekeeping Expenditures</b>		\$ 264,240	296,499	(32,259)				
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
1.	Own Pharmacy		\$						
2.	Purchased from Omnicare		\$	241,837	(241,837)				
b.	Medicine Cabinet Drugs		\$ 34,738	34,738					
c.	Medical and Therapeutic Supplies		\$ 84,067	84,067					
d.	Ambulance/Limousine***		\$	2,932	(2,932)				
e.	Oxygen								
1.	For Emergency Use		\$						
2.	Other***		\$	9,971	(9,971)				
f.	X-rays and Related Radiological Procedures***		\$	8,973	(8,973)				
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$						
h.	Laboratory***		\$	60,544	(60,544)				
i.	Recreation		\$ 11,689	16,628	(4,939)				
j.	Direct Management Services*		\$						
k.	Indirect Management Services*		\$						
l.	Cable TV		\$						
m.	Other (Specify)**** See Attached Schedule		\$ 48,977	62,346	(13,369)				
n.	Physical Therapy Expense		\$						
o.	Speech Therapy Expense		\$						
5P.	<b>Total Resident Care Expenditures</b> (5a - 5o)		\$ 179,471	522,038	(342,566)				

\* 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 in the Adjustment column.  
 \*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment			
Incontinency	\$ 23,139						3060610160	306061016  Incontinenc	22,850.84
Advertising-Help Wanted	\$ (167)						3060610161	306061016  Incontinenc	287.94
Advertising-Help Wanted	\$ 5,567						3080630030	306061016  Incontinenc	(166.80)
Books, Dues & Subscriptions	\$ -						3080630080	301061030  Consolidate	3,121.07
Education Expense	\$ 1,524						3080630140	308063003  Advertising-	5,567.31
Supplies	\$ 245						3120630530	308063014  Education E	1,436.99
Respiratory Supplies	\$ 3,055	\$ (3,055)					3155630530	308063014  Education E	87.00
Supplies	\$ -						3170630530	312063053  Supplies	244.56
Office Supplies	\$ 63						3090630535	315563053  Supplies	3,054.50
Office Supplies	\$ -						3120630535	316563053  Supplies	165.47
Office Supplies	\$ -						3165630535	309063053  Office Supp	62.98
Training Expense	\$ 12,762						3080630610	308063055  T&E-Lodgin	5,617.59
Rental Expense	\$ -						3120660080	316563055  T&E-Lodgin	60.95
Rental Expense	\$ 7,194	\$ (7,194)					3155660080	308063061  Training Exj	12,762.00
Consolidated Billing	\$ 3,121	\$ (3,121)					3010610300	315566008  Rental Expt	7,193.57
Tuition Reimbursement	\$ -						3080630630		
Tuition Reimbursement	\$ -						3210630630		
Tuition Reimbursement	\$ -						3225630630		
Office Supplies	\$ -						3150630535		
Office Supplies	\$ -						3155630535		
Supplies	\$ 165						3165630530		62,345.97
T&E-Lodging/Transportation	\$ 5,618						3080630550	\$	-
T&E-Lodging/Transportation	\$ 61						3165630550		
Licenses & Certifications	\$ -						3080630310		
<b>Total Other Resident Care</b>	<b>\$ 62,346</b>	<b>\$ (13,369)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	correct 62,345.97	-	

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

Name of Facility The Reservoir Care and Rehabilitation Center			License No.	Report for Year Ended 9/30/2023				Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	185,349			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	288,694			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	643,115			18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" 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
The Reservoir Care and Rehabilitation		9/30/2023					22	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$	474,831	532,799	(57,969)				
b. Heat	\$	60,572	67,967	(7,395)				
c. Light & Power	\$	115,060	129,107	(14,047)				
d. Water	\$	27,480	30,835	(3,355)				
e. Equipment Lease (Provide detail on page 22b)	\$							
f. Other (itemize) See Attached Schedule	\$							
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$	677,943	760,708	(82,765)				
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$	72,714	23,113	49,601				
c. Non-Movable Equipment	\$	3,728	3,958	(230)				
d. Movable Equipment	\$	28,366	18,038	10,328				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$	104,808	45,109	59,699				
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$							
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	15,988	15,988					
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$	86,346	96,887	(10,541)				
c. Personal property taxes	\$							
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$	207,142	157,984	49,158				

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





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

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

Name of Facility The Reservoir Care and Rehabilitation Center			License No.			Report for Year Ended 9/30/2023		Page 22b	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input checked="" type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
							<b>Total ***</b>		

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

### Depreciation Schedule

Name of Facility The Reservoir Care and Rehabilitation Center			License No.			Report for Year Ended 9/30/2023			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period			14,219		14,219	14,219	S/L	Various					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			390,871		390,871	71,279	S/L	Various	3,818				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			155,893		155,893				19,295				
B-4. Subtotal										23,113			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			6,312		390,871	2,266	S/L	Various	1,856				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			24,322						2,102				
C-4. Subtotal										3,958			
		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								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						101,660		101,660	34,091	S/L	Various	16,569	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						28,207		28,207				1,468	
d. Standard Resident													
e. Specialized Resident													
Total Acquired during this report period						28,207		28,207				1,468	
D-3. Subtotal													18,038
<b>E. Total Depreciation</b>													45,108



\*Ties to Page 23, Line C3  
\*\*Ties to Page 23, Line C2

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Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
<b>Additions:</b>					
5/31/2023	Water Source Heat Pump Rm 223	Administrative	\$ 13,052	05 07	\$ 779
6/30/2023	Water Source Heat Pump	Administrative	\$ 3,000	05 06	\$ 136
6/30/2023	Water Source Heat Pump	Administrative	\$ 3,000	05 06	\$ 136
6/30/2023	Water Source Heat Pump Apt 102	Administrative	\$ 9,155	05 06	\$ 416
<b>Total additions for Movable Equipment</b>					
			\$ 28,207		\$ 1,468 *
<b>Deletions:</b>					
<b>Total deletions for Movable Equipment</b>					
			\$ -		\$ - **

150080 016551  
 150080 016578  
 150080 016579  
 150080 016581

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>				
		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>				
		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

The Reservoir Care and Rehabilitation  
 Depreciation Expense Report  
 As of September 30, 2023

6,741,861.00

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date
57008	150080	Movable Equip	006831	000	Sun Valuat	12/1/2012
57008	150088	Movable Equip	006832	000	Sun Valuat	12/1/2012
57008	150110	Movable Equip	006833	000	Sun Valuat	12/1/2012
57008	150085	Movable Equip	007201	000	Pump motor	3/31/2013
57008	150080	Movable Equip	007467	000	Attendant B	5/31/2013
57008	150085	Movable Equip	007800	000	Tracer reclir	8/31/2013
57008	150085	Movable Equip	007801	000	Tracer IV w	8/31/2013
57008	150085	Movable Equip	007900	000	Tracer IV w	9/30/2013
57008	150080	Movable Equip	008074	000	Attendant H	11/30/2013
57008	150085	Movable Equip	008174	000	OmniCycle	12/31/2013
57008	150085	Movable Equip	008427	000	18" SILVEF	2/28/2014
57008	150085	Movable Equip	008616	000	Big Blue Bc	4/30/2014
57008	150100	Movable Equip	008740	000	Credit Card	5/31/2014
57008	150085	Movable Equip	008851	000	2 ReliaCare	6/30/2014
57008	150085	Movable Equip	008852	000	Countertop	6/30/2014
57008	150085	Movable Equip	009070	000	8 ReliaCare	9/30/2014
57008	150085	Movable Equip	009176	000	Heavy duty	10/31/2014
57008	150080	Movable Equip	009244	000	Parts and rej	11/30/2014
57008	150085	Movable Equip	009242	000	wheelchair	11/30/2014
57008	150085	Movable Equip	009243	000	ReliaCare W	11/30/2014
57008	150088	Movable Equip	009305	000	MATTRES	12/31/2014
57008	150085	Movable Equip	009396	000	wheelchair	1/31/2015
57008	150080	Movable Equip	009441	000	Actuator on	2/28/2015
57008	150085	Movable Equip	009437	000	wheelchair	2/28/2015
57008	150085	Movable Equip	009438	000	wheelchair	2/28/2015
57008	150088	Movable Equip	009520	000	MATTRES	3/31/2015
57008	150088	Movable Equip	009524	000	MATTRES	3/31/2015
57008	150110	Movable Equip	009615	000	HP 400 M4	4/30/2015
57008	150110	Movable Equip	009616	000	HP 400 M4	4/30/2015
57008	150085	Movable Equip	009675	000	UltraWide,	5/31/2015
57008	150088	Movable Equip	009674	000	MATTRES	5/31/2015
57008	150085	Movable Equip	010015	000	Direct Choic	8/31/2015
57008	150085	Movable Equip	010016	000	Economy O	8/31/2015
57008	150110	Movable Equip	010014	000	N McAlliste	8/31/2015
57008	150085	Movable Equip	010052	000	Direct Choic	9/30/2015
57008	150085	Movable Equip	010056	000	Lt Duty Foo	9/30/2015

57008	150085	Movable Equip	010057	000	Undercount	9/30/2015
57008	150088	Movable Equip	010055	000	12 MATTR	9/30/2015
57008	150100	Movable Equip	010054	000	5 Logan Off	9/30/2015
57008	150117	Movable Equip	010053	000	Data Drop	9/30/2015
57008	150080	Movable Equip	010141	000	Sales and U	10/31/2015
57008	150085	Movable Equip	010370	000	Ice Machine	1/31/2016
57008	150087	Movable Equip	010636	000	Pocket tag r	3/31/2016
57008	150085	Movable Equip	010764	000	2 medical gr	4/30/2016
57008	150087	Movable Equip	010762	000	Pocket tag r	4/30/2016
57008	150087	Movable Equip	010763	000	DIRECT CF	4/30/2016
57008	150080	Movable Equip	010881	000	Attendant B	5/31/2016
57008	150085	Movable Equip	010882	000	comforter ta	5/31/2016
57008	150088	Movable Equip	010880	000	13 MATTR	5/31/2016
57008	150117	Movable Equip	010879	000	2 Scout corc	5/31/2016
57008	150080	Movable Equip	010922	000	4 Hoyer Pro	6/30/2016
57008	150080	Movable Equip	011020	000	Hoyer Baria	7/31/2016
57008	150080	Movable Equip	011021	000	2 HOYER F	7/31/2016
57008	150085	Movable Equip	011148	000	Direct Choic	8/31/2016
57008	150085	Movable Equip	011293	000	Direct Choic	10/31/2016
57008	150085	Movable Equip	011294	000	Double 3 Ga	10/31/2016
57008	150080	Movable Equip	011529	000	Boston Diag	1/31/2017
57008	150080	Movable Equip	011835	000	24 fire extin	3/31/2017
57008	150080	Movable Equip	011891	000	Spot Vital S	4/30/2017
57008	150080	Movable Equip	011963	000	Welch Allyr	5/31/2017
57008	150080	Movable Equip	011964	000	Spot Vital S	5/31/2017
57008	150080	Movable Equip	011965	000	Mobile Stan	5/31/2017
57008	150088	Movable Equip	011962	000	2 DermaFlo	5/31/2017
57008	150100	Movable Equip	011961	000	Valencia La	5/31/2017
57008	150088	Movable Equip	012038	000	Gas Grill	6/30/2017
57008	150075	Non Movable Equip	012314	000	payment #2	10/31/2017
57008	150075	Non Movable Equip	012421	000	Final payme	11/30/2017
57008	150080	Movable Equip	012420	000	Unimac #85	11/30/2017
57008	150087	Movable Equip	012478	000	Reclining sh	12/31/2017
57008	150087	Movable Equip	012479	000	Powersmart	12/31/2017
57008	150050	Bldg Imp	012537	000	Water Sourc	1/31/2018
57008	150085	Movable Equip	012535	000	Double Dec	1/31/2018
57008	150085	Movable Equip	012536	000	Single Quic	1/31/2018
57008	150100	Movable Equip	012534	000	Logan Offic	1/31/2018
57008	150057	Bldg Imp	012686	000	Mannington	3/31/2018
57008	150085	Movable Equip	012685	000	Reach-In Re	3/31/2018
57008	150088	Movable Equip	012683	000	DermaFloat	3/31/2018
57008	150088	Movable Equip	012684	000	17 MATTR	3/31/2018
57008	150080	Movable Equip	012773	000	Washer/Ext	4/30/2018
57008	150087	Movable Equip	012772	000	Entrapment	4/30/2018
57008	150057	Bldg Imp	012944	000	Water Sourc	6/30/2018



57008	150058	Bldg Imp	012943	000	Labor and M	6/30/2018
57008	150075	Non Movable Equip	012941	000	1 HP Belt D	6/30/2018
57008	150075	Non Movable Equip	012942	000	A/C Unit Cl	6/30/2018
57008	150100	Movable Equip	012940	000	Logan Offic	6/30/2018
57008	150085	Movable Equip	013013	000	1/2 Gal 3.5	17/31/2018
57008	150085	Movable Equip	013014	000	(2) Direct C	7/31/2018
57008	150085	Movable Equip	013091	000	(8) Wheelch	8/31/2018
57008	150085	Movable Equip	013255	2019	8 Oak Park	11/31/2018
57008	150088	Movable Equip	013254	2019	7 Visco Mat	10/31/2018
57008	150050	Bldg Imp	013350	2019	1st install H	11/30/2018
57008	150050	Bldg Imp	013594	2019	Second&Fir	02/28/19
57008	150050	Bldg Imp	013682	2019	Water Sourc	03/31/19
57008	150075	Non Movable Equip	013683	2019	2 Whalen m	03/31/19
57008	150085	Movable Equip	013681	2019	10 Basic WI	03/31/19
57008	150080	Movable Equip	013799	2019	2nd Floor O	04/30/19
57008	150085	Movable Equip	013795	2019	Electric Cor	04/30/19
57008	150085	Movable Equip	013796	2019	Six Pan Ste	04/30/19
57008	150085	Movable Equip	013797	2019	Food Proces	04/30/19
57008	150085	Movable Equip	013798	2019	1/2 Gallon	04/30/19
57008	150050	Bldg Imp	013881	2019	Push Button	05/31/19
57008	150080	Movable Equip	013879	2019	Rolling Star	05/31/19
57008	150080	Movable Equip	013880	2019	Attendant P	05/31/19
57008	150100	Movable Equip	013878	2019	16 Logan O	05/31/19
57008	150050	Bldg Imp	013989	2019	Allocate GM	06/30/19
57008	150088	Movable Equip	013988	2019	8 Mattresses	06/30/19
57008	150050	Bldg Imp	014070	2019	Allocate GM	07/31/19
57008	150050	Bldg Imp	014072	2019	First Installr	07/31/19
57008	150085	Movable Equip	014071	2019	Whirlpool 1	07/31/19
57008	150080	Movable Equip	014178	2019	Insignia 55"	08/31/19
57008	150028	Land Imp	014266	2019	Asphalt patc	09/30/19
57008	150085	Movable Equip	014265	2019	Electric Can	09/30/19
57008	150100	Movable Equip	014264	2019	Logan Offic	09/30/19
57008	150057	Bldg Imp	014358	2020	New Carpet	10/31/19
57008	150080	Movable Equip	014357	2020	4 Spots Vita	10/31/19
57008	150080	Movable Equip	015156	2020	Portable Air	06/30/20
57008	150080	Movable Equip	015158	2020	2 - Portable	07/31/20
57008	150085	Movable Equip	015159	2020	Dome Stora	07/31/20
57008	150085	Movable Equip	015303	2020	Electric Can	09/30/20
57008	150088	Movable Equip	014781	2020	10 - Panace	03/31/20
57008	150100	Movable Equip	014447	2020	Logan Offic	11/30/19
57008	150087	Movable Equip	<b>015508</b>	2021	Genesis 76i	10/31/20
57008	150085	Movable Equip	<b>015614</b>	2021	Heated 2 St	01/31/21
57008	150087	Movable Equip	<b>015677</b>	2021	Mini Rooter	02/28/21
57008	150088	Movable Equip	<b>015735</b>	2021	40 - Panace	03/31/21
57008	150100	Movable Equip	<b>015734</b>	2021	1 - 310 Serie	03/31/21

57008	150088	Movable Equip	015819	2021 35 - Panacea	04/30/21
57008	150085	Movable Equip	015892	2021 18 - Window	05/31/21
57008	150085	Movable Equip	015893	2021 Medium Du	05/31/21
57008	150050	Bldg Imp	015458	2021 3 - Water Sc	11/30/20
57008	150050	Bldg Imp	015736	2021 Electrical W	03/31/21
57008	150057	Bldg Imp	015894	2021 Reconstruct	05/31/21
57008	150057	Bldg Imp	015935	2021 Video Surve	06/30/21
57008	150050	Bldg Imp	016193	2022 Water Sourc	4/30/2022
57008	150050	Bldg Imp	016207	2022 Water Sourc	5/31/2022
57008	150050	Bldg Imp	016228	2022 (2) Water Sc	6/30/2022
57008	150050	Bldg Imp	016229	2022 Water Sourc	6/30/2022
57008	150050	Bldg Imp	016247	2022 Water Sourc	7/31/2022
57008	150055	Bldg Imp	016133	2022 New Contro	1/31/2022
57008	150080	Movable Equip	016149	2022 New Heat P	2/28/2022
57008	150080	Movable Equip	016194	2022 HoyerPro Si	4/30/2022
57008	150050	Bldg Imp	016413	2023 Water Source	12/31/22
57008	150050	Bldg Imp	016414	2023 Water Source	12/31/22
57008	150050	Bldg Imp	016415	2023 Corridor WSHI	12/31/22
57008	150050	Bldg Imp	016550	2023 Water Source	05/31/23
57008	150050	Bldg Imp	016553	2023 Fire Alarm Par	05/31/23
57008	150050	Bldg Imp	016580	2023 Water Source	06/30/23
57008	150055	Bldg Imp	016552	2023 Boiler	05/31/23
57008	150075	Non Movable Equip	016307	2023 Cooling Tower	10/31/22
57008	150075	Non Movable Equip	016385	2023 Water Source	11/30/22
57008	150075	Non Movable Equip	016448	2023 Cooling Tower	01/31/23
57008	150075	Non Movable Equip	016603	2023 Walk-In Conde	07/31/23
57008	150080	Movable Equip	016551	2023 Water Source	05/31/23
57008	150080	Movable Equip	016578	2023 Water Source	06/30/23
57008	150080	Movable Equip	016579	2023 Water Source	06/30/23
57008	150080	Movable Equip	016581	2023 Water Source	06/30/23





1 Center

Sch 23 Total Deprn	45,108.25
Sch 22 total Deprn Adj	59,699.03
Total Deprn Expense	<u>104,807.28</u>

Acquired Value	PT	DeprMeth	EstLife	Depreciable Basis	Prior Accum Depreciation 10/1/2022	Current YTD Depreciation in 2023
				1,126,474.46	330,874.92	104,807.65
\$10,310.00	P	SLMM	07 00	10,310.00	10,310.00	-
\$12,700.00	P	SLMM	03 00	12,700.00	12,700.00	-
\$24,990.00	P	SLMM	02 00	24,990.00	24,990.00	-
\$4,301.33	P	SLMM	10 00	4,301.33	4,086.24	215.09
\$7,790.17	P	SLMM	07 00	7,790.17	7,790.17	-
\$150.00	P	SLMM	10 00	150.00	136.25	13.75
\$100.00	P	SLMM	10 00	100.00	90.83	9.17
\$100.00	P	SLMM	10 00	100.00	90.00	10.00
\$648.37	P	SLMM	07 00	648.37	648.37	-
\$7,019.11	P	SLMM	10 00	7,019.11	6,141.71	701.91
\$276.60	P	SLMM	10 00	276.60	237.42	27.66
\$461.68	P	SLMM	10 00	461.68	388.60	46.17
\$73.07	P	SLMM	10 00	73.07	60.91	7.31
\$295.50	P	SLMM	10 00	295.50	243.79	29.55
\$2,439.65	P	SLMM	10 00	2,439.65	2,012.74	243.97
\$1,182.02	P	SLMM	10 00	1,182.02	945.60	118.20
\$250.00	P	SLMM	10 00	250.00	197.92	25.00
\$4,354.72	P	SLMM	07 00	4,354.72	4,354.72	-
\$250.00	P	SLMM	10 00	250.00	195.83	25.00
\$272.88	P	SLMM	10 00	272.88	213.77	27.29
\$508.35	P	SLMM	03 00	508.35	508.35	-
\$470.00	P	SLMM	10 00	470.00	360.33	47.00
\$1,276.20	P	SLMM	07 00	1,276.20	1,276.20	-
\$250.00	P	SLMM	10 00	250.00	189.58	25.00
\$250.00	P	SLMM	10 00	250.00	189.58	25.00
\$508.35	P	SLMM	03 00	508.35	508.35	-
\$313.73	P	SLMM	03 00	313.73	313.73	-
\$428.35	P	SLMM	03 00	428.35	428.35	-
\$428.35	P	SLMM	03 00	428.35	428.35	-
\$365.01	P	SLMM	10 00	365.01	267.67	36.50
\$508.36	P	SLMM	03 00	508.36	508.36	-
\$74.67	P	SLMM	10 00	74.67	52.91	7.47
\$75.48	P	SLMM	10 00	75.48	53.48	7.55
\$436.70	P	SLMM	03 00	436.70	436.70	-
\$133.42	P	SLMM	10 00	133.42	93.39	13.34
\$462.28	P	SLMM	10 00	462.28	323.61	46.23

\$2,043.60	P	SLMM	10 00	2,043.60	1,430.52	204.36
\$3,764.80	P	SLMM	03 00	3,764.80	3,764.80	-
\$801.45	P	SLMM	10 00	801.45	561.05	80.15
\$1,000.00	P	SLMM	07 00	1,000.00	1,000.00	-
\$64.00	P	SLMM	07 00	64.00	63.22	0.78
\$2,234.80	P	SLMM	10 00	2,234.80	1,489.87	223.48
\$618.96	P	SLMM	05 00	618.96	618.96	-
\$1,055.08	P	SLMM	10 00	1,055.08	677.02	105.51
\$618.96	P	SLMM	05 00	618.96	618.96	-
\$483.88	P	SLMM	05 00	483.88	483.88	-
\$1,177.31	P	SLMM	07 00	1,177.31	1,065.20	112.11
\$1,352.77	P	SLMM	10 00	1,352.77	856.77	135.28
\$4,078.52	P	SLMM	03 00	4,078.52	4,078.52	-
\$2,111.13	P	SLMM	07 00	2,111.13	1,910.07	201.06
\$17,196.76	P	SLMM	07 00	17,196.76	15,354.25	1,842.51
\$3,666.12	P	SLMM	07 00	3,666.12	3,229.67	436.45
\$495.08	P	SLMM	07 00	495.08	436.17	58.91
\$80.53	P	SLMM	10 00	80.53	48.98	8.05
\$68.09	P	SLMM	10 00	68.09	40.30	6.81
\$2,254.62	P	SLMM	10 00	2,254.62	1,333.98	225.46
\$671.05	P	SLMM	07 00	671.05	543.26	95.87
\$2,174.86	P	SLMM	07 00	2,174.86	1,708.80	310.69
\$1,468.67	P	SLMM	07 00	1,468.67	1,136.47	209.81
\$3,026.87	P	SLMM	07 00	3,026.87	2,306.19	432.41
\$1,461.76	P	SLMM	07 00	1,461.76	1,113.70	208.82
\$595.88	P	SLMM	07 00	595.88	454.03	85.13
\$4,162.50	P	SLMM	03 00	4,162.50	4,162.50	-
\$298.82	P	SLMM	10 00	298.82	159.36	29.88
\$317.99	P	SLMM	03 00	317.99	317.99	-
\$6,195.00	P	SLMM	10	6,195.00	3,045.88	567.88
\$1,380.00	P	SLMM	10	1,380.00	667.00	115.00
\$22,367.00	P	SLMM	7	22,367.00	15,443.88	2,662.74
\$3,400.00	P	SLMM	5	3,400.00	3,230.00	170.00
\$845.48	P	SLMM	5	845.48	803.21	42.27
\$6,381.00	R	SLMM	10	6,381.00	2,981.37	428.97
\$12,238.72	P	SLMM	10	12,238.72	5,718.26	822.77
\$274.37	P	SLMM	10	274.37	128.19	18.44
\$186.68	P	SLMM	10	186.68	87.22	12.55
\$17,957.00	R	SLMM	10	17,957.00	8,103.67	920.87
\$2,933.11	P	SLMM	10	2,933.11	1,323.65	150.41
\$2,143.14	P	SLMM	3	2,143.14	2,500.33	(357.19)
\$4,104.23	P	SLMM	3	4,104.23	4,788.27	(684.04)
\$14,743.64	P	SLMM	7	14,743.64	9,302.54	877.60
\$1,380.23	P	SLMM	5	1,380.23	1,219.20	115.02
\$2,885.00	R	SLMM	10	2,885.00	1,229.92	75.92

\$2,658.75	R	SLMM	5	2,658.75	2,259.94	132.94
\$321.06	P	SLMM	10	321.06	136.87	8.45
\$10,736.03	P	SLMM	10	10,736.03	4,576.94	282.53
\$187.07	P	SLMM	10	187.07	79.76	4.93
\$448.30	P	SLMM	10	448.30	187.26	7.94
\$233.96	P	SLMM	10	233.96	97.72	4.14
\$927.84	P	SLMM	10	927.84	379.43	8.29
\$2,737.11	P	SLMM	7	2,737.11	1,531.48	391.02
\$1,689.98	P	SLMM	3	1,689.98	2,206.36	(516.38)
\$3,175.00	R	SLMM	7	3,175.00	1,738.69	453.57
\$3,520.00	R	SLMM	10	3,520.00	1,261.33	352.00
\$2,645.00	R	SLMM	10	2,645.00	925.75	264.50
\$6,311.88	P	SLMM	10	6,311.88	2,209.16	631.19
\$1,239.80	P	SLMM	10	1,239.80	433.93	123.98
\$4,663.45	P	SLMM	7	4,663.45	2,276.21	666.21
\$1,304.03	P	SLMM	10	1,304.03	445.54	130.40
\$5,771.59	P	SLMM	10	5,771.59	1,971.96	577.16
\$1,292.59	P	SLMM	10	1,292.59	441.63	129.26
\$486.58	P	SLMM	10	486.58	166.25	48.66
\$492.39	R	SLMM	10	492.39	164.13	49.24
\$308.39	P	SLMM	7	308.39	146.85	44.06
\$8,071.94	P	SLMM	7	8,071.94	3,843.78	1,153.13
\$2,697.20	P	SLMM	10	2,697.20	899.07	269.72
\$5,314.52	R	SLMM	10	5,314.52	1,727.22	531.45
\$1,931.41	P	SLMM	3	1,931.41	2,092.36	(160.95)
\$8,112.07	R	SLMM	10	8,112.07	2,568.82	811.21
\$2,645.00	R	SLMM	10	2,645.00	837.58	264.50
\$953.95	P	SLMM	10	953.95	302.08	95.40
\$265.86	P	SLMM	7	265.86	117.11	37.98
\$14,219.00	R	SLMM	3	14,219.00	14,219.00	-
\$718.90	P	SLMM	10	718.90	215.67	71.89
\$145.54	P	SLMM	10	145.54	43.66	14.55
\$21,664.74	P	SLMM	10	21,664.74	6,318.88	2,166.47
\$8,480.24	P	SLMM	7	8,480.24	3,533.43	1,211.46
\$583.86	P	SLMM	7	583.86	187.67	83.41
\$1,248.76	P	SLMM	7	1,248.76	386.52	178.39
\$1,329.35	P	SLMM	10	1,329.35	288.03	132.94
\$761.44	P	SLMM	10	761.44	152.29	76.14
\$2,296.95	P	SLMM	3	2,296.95	1,914.13	382.83
\$145.54	P	SLMM	10	145.54	41.24	14.55
\$324.37	P	SLMM	5	324.37	124.34	64.87
\$2,967.03	P	SLMM	7	2,967.03	706.44	423.86
\$897.58	P	SLMM	5	897.58	284.23	179.52
\$8,592.23	P	SLMM	3	8,592.23	4,296.12	2,864.08
\$444.53	P	SLMM	7	444.53	95.26	63.50

\$7,518.20	P	SLMM	3	7,518.20	3,550.26	2,506.07
\$21,126.43	P	SLMM	7	21,126.43	4,024.08	3,018.06
\$1,979.15	P	SLMM	7	1,979.15	376.98	282.74
\$33,062.09	P	SLMM	8	33,062.09	7,576.73	4,132.76
\$48,743.23	P	SLMM	7	48,743.23	10,444.98	6,963.32
\$206,557.57	P	SLMM	7	206,557.57	39,344.30	29,508.22
\$883.13	P	SLMM	7	883.13	157.70	126.16
\$6,212.57	R	SLMM	7	6,212.57	369.80	887.51
\$4,285.00	R	SLMM	7	4,285.00	204.05	612.14
\$18,568.71	R	SLMM	7	18,568.71	663.17	2,652.67
\$6,795.14	R	SLMM	7	6,795.14	242.68	970.73
\$10,256.39	R	SLMM	7	10,256.39	244.20	1,465.20
\$5,556.79	R	SLMM	7	5,556.79	529.22	793.83
\$9,374.19	P	SLMM	7	9,374.19	781.18	1,339.17
\$3,739.24	P	SLMM	7	3,739.24	222.57	534.18
9,515.13	R	SLMM	6	9,515.13	-	1,189.39
9,515.13	R	SLMM	6	9,515.13	-	1,189.39
3,995.00	R	SLMM	6	3,995.00	-	499.38
13,717.02	R	SLMM	6	13,717.02	-	762.06
110,346.63	R	SLMM	6	110,346.63	-	6,130.37
8,803.65	R	SLMM	6	8,803.65	-	366.82
144,218.04	R	SLMM	6	144,218.04	-	8,012.11
5,635.00	P	SLMM	6	5,635.00	-	860.90
2,460.00	P	SLMM	6	2,460.00	-	341.67
5,635.00	P	SLMM	6	5,635.00	-	626.11
10,592.46	P	SLMM	6	10,592.46	-	294.24
13,052.34	P	SLMM	6	13,052.34	-	725.13
3,000.00	P	SLMM	6	3,000.00	-	125.00
3,000.00	P	SLMM	6	3,000.00	-	125.00
9,154.61	P	SLMM	6	9,154.61	-	381.44





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435,682.57

**Current Accum  
Depreciation  
9/30/2023**

10,310.00

12,700.00

24,990.00

4,301.33

7,790.17

150.00

100.00

100.00

648.37

6,843.62

265.08

434.77

68.22

273.34

2,256.71

1,063.80

222.92

4,354.72

220.83

241.06

508.35

407.33

1,276.20

214.58

214.58

508.35

313.73

428.35

428.35

304.17

508.36

60.38

61.03

436.70

106.73

369.84

1,634.88  
3,764.80  
641.20  
1,000.00  
64.00  
1,713.35  
618.96  
782.53  
618.96  
483.88  
1,177.31  
992.05  
4,078.52  
2,111.13  
17,196.76  
3,666.12  
495.08  
57.03  
47.11  
1,559.44  
639.13  
2,019.49  
1,346.28  
2,738.60  
1,322.52  
539.16  
4,162.50  
189.24  
317.99  
3,613.76  
782.00  
18,106.62  
3,400.00  
845.48  
3,410.34  
6,541.03  
146.63  
99.77  
9,024.54  
1,474.06  
2,143.14  
4,104.23  
10,180.14  
1,334.22  
1,305.84

2,392.88  
145.32  
4,859.47  
84.69  
195.20  
101.86  
387.72  
1,922.49  
1,689.98  
2,192.26  
1,613.33  
1,190.25  
2,840.35  
557.91  
2,942.41  
575.95  
2,549.12  
570.89  
214.91  
213.37  
190.91  
4,996.92  
1,168.79  
2,258.67  
1,931.41  
3,380.03  
1,102.08  
397.48  
155.09  
14,219.00  
287.56  
58.22  
8,485.36  
4,744.90  
271.08  
564.92  
420.96  
228.43  
2,296.95  
55.79  
189.22  
1,130.30  
463.75  
7,160.19  
158.76

6,056.33  
7,042.14  
659.72  
11,709.49  
17,408.30  
68,852.52  
283.86  
1,257.31  
816.19  
3,315.84  
1,213.42  
1,709.40  
1,323.05  
2,120.35  
756.75  
1,189.39  
1,189.39  
499.38  
762.06  
6,130.37  
366.82  
8,012.11  
860.90  
341.67  
626.11  
294.24  
725.13  
125.00  
125.00  
381.44

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

**Amortization Schedule\***

Name of Facility The Reservoir Care and Rehabilitation Center			License No.		Report for Year Ended 9/30/2023			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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 The Reservoir Care and Rehabilitation	License No.	Report for Year Ended 9/30/2023	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		n/a			
2. Date Structure Completed		n/a			
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		75			
6. Square Footage					
7. Acquisition Cost					
a. Land		n/a			
b. Building		n			
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor		Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
GMF		Facility Lease	12/21/2018-12	10 years	15,988
650 Madison Avenue New York, NY 10022					

**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
The Reservoir Care and Rehabilitation			9/30/2023				26	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
2. Second Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
3. Third Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
4. Fourth Mortgage		\$						
Name of Lender		Rate						
Address of Lender								
B. CHEFA Loan Information								
1. Original Loan Amount		\$						
2. Loan Origination Date								
3. Interest Rate %								
4. Term								
5. CHEFA Interest Expense								
12 B7. <b>Total Building Interest Expense</b>		\$						

*(Carry Subtotals forward to next page)*

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

Name of Facility The Reservoir Care and Rehabilitat			License No.	Report for Year Ended 9/30/2023				Page 27	of 37
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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)			\$						
13. <b>Total All Interest Expense</b>			\$						
14. Insurance									
a. Insurance on Property (buildings only)			\$ 35,550	35,550					
b. Insurance on Automobiles			\$						
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)			\$ 66,456	95,751	(29,295)				
2. Fire and Extended Coverage			\$						
3. Other (Specify)			\$						
14d. <b>Total Insurance Expenditures</b>			\$ 102,006	131,301	(29,295)				
15. <b>Total All Expenditures (A-13 thru C-14)</b>			\$ 9,254,937	10,776,029	(1,521,092)				



**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
The Reservoir Care and Rehabilitation Ce		9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 6,989,504	6,989,504			
b. Medicaid Room and Board Contractual Allowance **	\$ (2,903,881)	(2,903,881)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,744,145	2,744,145			
b. Medicare Room and Board Contractual Allowance **	\$ (227,990)	(227,990)			
4. a. Private-Pay Residents and Other	\$ 4,081,970	4,081,970			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,158,704)	(1,158,704)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 116,226	116,226			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (9,656)	(9,656)			
c. Prescription Drugs - Non-Medicare	\$ 148,398	148,398			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (42,882)	(42,882)			
2. a. Medical Supplies - Medicare	\$ 448	448			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (37)	(37)			
c. Medical Supplies - Non-Medicare	\$ 558	558			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (232)	(232)			
3. a. Physical Therapy - Medicare	\$ 363,968	363,968			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (30,239)	(30,239)			
c. Physical Therapy - Non-Medicare	\$ 383,710	383,710			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (109,994)	(109,994)			
4. a. Speech Therapy - Medicare	\$ 129,875	129,875			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (10,790)	(10,790)			
c. Speech Therapy - Non-Medicare	\$ 131,443	131,443			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (37,473)	(37,473)			
5. a. Occupational Therapy - Medicare	\$ 320,414	320,414			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (26,621)	(26,621)			
c. Occupational Therapy - Non-Medicare	\$ 360,688	360,688			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (103,008)	(103,008)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 28,636	28,636			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 21,945	21,945			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,160,422	11,160,422			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$ 187	187			
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 1,324	1,324			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 22,197	22,197			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 23,708	23,708			
<b>VI. Total All Revenue</b> (III +V)	\$ 11,184,129	11,184,129			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
II-6-a	X-Ray	\$ 4,173		
II-6-a	Laboratory	\$ 15,213		
II-6-a	Respiratory Therapy & Supplies	\$ 153		
II-6-a	Nursing Treatment Supplies	\$ -		
II-6-a	Audiology	\$ -		
II-6-a	Incontinency	\$ -		
II-6-a	Oxygen & Supplies	\$ -		
II-6-a	Physician Visit	\$ -		
II-6-a	Ambulance	\$ 1,924		
II-6-a	Flu Shot	\$ 9,768		
II-6-a	Capitation Contracts	\$ -		
II-6-a	X-Ray- Contractual	\$ (347)		
II-6-a	Laboratory- Contractual	\$ (1,264)		
II-6-a	Respiratory Therapy & Supplies- Contractual	\$ (13)		
II-6-a	Nursing Treatment Supplies- Contractual	\$ -		
II-6-a	Audiology- Contractual	\$ -		
II-6-a	Incontinency- Contractual	\$ -		
II-6-a	Oxygen & Supplies- Contractual	\$ -		
II-6-a	Physician Visit- Contractual	\$ -		
II-6-a	Ambulance- Contractual	\$ (160)		
II-6-a	Flu Shot- Contractual	\$ (812)		
II-6-a	Capitation Contracts- Contractual	\$ -		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 28,636</b>	<b>\$ -</b>	<b>\$ -</b>

X-Ray	(4,173.41)	346.74
Laboratory	(15,212.51)	1,263.89
Respirator	(152.50)	12.67
Nursing Ti	-	-
Audiology	-	-
Incontinen	-	-
Oxygen &	-	-
Physician '	-	-
Ambulanc	(1,924.43)	159.89
Flu Shot	(9,768.00)	811.55
Capitation	-	-

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
II-6-b	X-Ray	\$ 4,396		
II-6-b	Laboratory	\$ 24,958		
II-6-b	Respiratory Therapy & Supplies	\$ 1,985		
II-6-b	Nursing Treatment Supplies	\$ -		
II-6-b	Audiology	\$ -		
II-6-b	Incontinency	\$ -		
II-6-b	Oxygen & Supplies	\$ -		
II-6-b	Physician Visit	\$ -		
II-6-b	Ambulance	\$ 949		
II-6-b	Flu Shot	\$ -		
II-6-b	Capitation Contracts	\$ -		
II-6-b	X-Ray- Contractual	\$ (1,375)		
II-6-b	Laboratory- Contractual	\$ (7,971)		
II-6-b	Respiratory Therapy & Supplies- Contractual	\$ (728)		
II-6-b	Nursing Treatment Supplies- Contractual	\$ -		
II-6-b	Audiology- Contractual	\$ -		
II-6-b	Incontinency- Contractual	\$ -		
II-6-b	Oxygen & Supplies- Contractual	\$ -		
II-6-b	Physician Visit- Contractual	\$ -		
II-6-b	Ambulance- Contractual	\$ (269)		
II-6-b	Flu Shot- Contractual	\$ -		
II-6-b	Capitation Contracts- Contractual	\$ -		
<b>Total Other Resident Revenue</b>		<b>\$ 21,945</b>	<b>\$ -</b>	<b>\$ -</b>

	Medicaid	Others
X-Ray	(963.84)	400.44 (3,432.00) 974.20
Laboratory	(6,734.86)	2,798.09 (18,222.99) 5,172.76
Respirator	(1,246.70)	517.96 (738.46) 209.62
Nursing Ti	-	- - -
Audiology	-	- - -
Incontinen	-	- - -
Oxygen &	-	- - -
Physician	-	- - -
Ambulanc	-	- (948.98) 269.38
Flu Shot	-	- - -
Capitation	-	- - -

Interest Income

Page Ref	Account	CCNH / RHNS	(Specify)	(Specify)
IV-5	Interest On Overdue Accounts	\$ 1,324		
<b>Total Interest Income</b>		<b>\$ 1,324</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
IV-8	Interest Income	\$ -		
IV-8	Rental Income	\$ 5,191		
IV-8	Telehealth Services	\$ 17,006		
IV-8	Federal Stimulus	\$ -		
IV-8	State COVID support	\$ -		
IV-8	Misc Income	\$ -		
IV-8				
<b>Total Other Revenue</b>		<b>\$ 22,197</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation		9/30/2023	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	4,543
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,352,821
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(10,004)
4. Inventories			\$	31,982
5. Prepaid Expenses			\$	24,155
a. _____				
b. _____				
c. _____				
d. See Schedule		24,155		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,403,497
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	14,219	\$	
	Accum. Depreciation	14,219		Net
3. Buildings	*Historical Cost	537,201	\$	442,809
	Accum. Depreciation	94,392		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	38,189	\$	31,965
	Accum. Depreciation	6,224		Net
6. Movable Equipment	*Historical Cost	129,867	\$	77,739
	Accum. Depreciation	52,129		Net
7. Motor Vehicles	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	552,513

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Prop Taxes	\$ 21,203
31	A5	Prepaid Escrow Real Estate	\$ -
31	A5	Prepaid Escrow Insurance	\$ -
31	A5	Prepaid Escrow Replace Reserve	\$ -
31	A5	Prepaid Personal Property Tax	\$ 2,952
			-
<b>Total Prepaid Expenses</b>			<b>\$ 24,155</b>

145040  
145280  
145290  
145300  
145310

Schedule of Other Current Assets (Itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ -</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	Line D7	Elimination Intercompany	\$ (8,726,725)
32	Line D7	I/C Due to/Due From GHCLLC	\$ 92,557,993
32	Line D7	I/C Due to/Due From GHCLLC PR	\$ (48,738,781)
32	Line D7	I/C Due to/Due From GHCLLC A/P	\$ (26,136,907)
32	Line D7	I/C Due to/Due From GHCLLC EX	\$ (11,817)
32	Line D7	I/C Due to/Due From GHCLLC AR	\$ (9,284,552)
32	Line D7	I/C Due to/Due From GHCLLC IN	\$ 641,043
32	Line D7	O L/T A Suspense	\$ -
32	Line D7	ROU Bldg Asset-Oper Lease	\$ -
32	Line D7	AccumAmort-ROU Bldg OprLease	\$ -
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
32	Line D7		\$ -
<b>Total Other Assets</b>			<b>\$ 300,253</b>

Eliminati 190010  
I/C Due t 198000  
I/C Due t 198010  
I/C Due t 198020  
I/C Due t 198030  
I/C Due t 198040  
I/C Due t 198050  
O L/T A : 180050  
ROU Bld 150510  
AccumAm 150511

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
33	A12	Accr Exp Other	\$ 15,686
33	A12	Accr Exp Water and Sewer	\$ 1,716
33	A12	Accr Exp Gas	\$ 684
33	A12	Accr Exp Electricity	\$ 14,104
33	A12	Accr Exp Nursing Purchased Ser	\$ -
33	A12	Accr Exp Due to Prior Owner	\$ -
33	A12	Deferred Revenue	\$ 41,866
33	A12	A/R Credit Gross Up Liability	\$ 102,454
33	A12	Accrued Provider/Bed Tax	\$ 93,812
33	A12	Accr Sales and Use Tax - FY18	\$ 0
33	A12	CP OprLease-Bldg Obligation	\$ -
33	A12	CP-Self Insurance WC Reserve	\$ 5,404
33	A12	CP-Self Insurance GLPL Reserve	\$ 323,311
33	A12	Accr Exp Suspense	\$ -
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 599,037</b>

Accr Exp 210010  
Accr Exp 210090  
Accr Exp 210100  
Accr Exp 210110  
Accr Exp 210310  
Accr Exp 210330  
Deferred 210340  
A/R Crec 210345  
Accrued 210350  
Accr Sak 215418  
CP OprL 227610  
CP-Self I 220110  
CP-Self I 220120  
Accr Exp 210240

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
34	B4	LT OprLease-Bldg Obligation	\$ -
34	B4	LT WC Case Reserves	\$ 10,003
34	B4	LT GLPL Case Reserves	\$ 740,504
34	B4	LT WC Insurance Recoveries	\$ 3,908
34	B4	LT GLPL Insurance Recoveries	\$ 18,449
34	B4	LT WC Development	\$ 11,784
34	B4	LT GLPL Development	\$ 269,420
34	B4	LT WC Discount	\$ (1,416)
34	B4	LT WC Gross-up to CP	\$ (5,404)
34	B4	LT GLPL Gross-up to CP	\$ (323,311)
34	B4-1	Escheatable Funds	\$ 34
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 723,970</b>

LT OprLu 276010  
LT WC C 287110  
LT GLPL 287120  
LT WC h 287210  
LT GLPL 287220  
LT WC C 287310  
LT GLPL 287320  
LT WC C 287410  
LT WC C 287510  
LT GLPL 287520  
Escheatr 290060

### G. Balance Sheet (cont'd)

Name of Facility The Reservoir Care and Rehabilitation	License No.	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,956,010	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
3. Buildings			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Non-Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
5. Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
6. Motor Vehicles			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$ 300,253	
_____				
See Schedule			300,253	
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 300,253	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 2,256,263	

\* 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 The Reservoir Care and Rehabilitation Center		License No.	Report for Year Ended 9/30/2023	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,447,989
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
See Schedule					
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> )				\$	167,866
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	776
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> )				\$	599,037
_____					
_____					
_____					
See Schedule					599,037
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>2,215,667</b>

\* 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 The Reservoir Care and Rehabilitation Cent	License No.	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				2,215,667	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 723,970	
See Schedule		723,970			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 723,970	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,939,637	

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Reservoir Care and Rehabilitation		9/30/2023	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,091,474)
6. Gain or Loss for Period			\$	408,100
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	(683,374)
<b>C. Total Reserves and Net Worth</b>			\$	(683,374)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	2,256,263



### H. Changes in Total Net Worth

Name of Facility The Reservoir Care and Rehabilitation C	License No.	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(2,612,567)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	11,184,129
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	9,254,937
D. Net Income or Deficit			\$	1,929,192
E. Balance			\$	(683,374)
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(683,374)
				09/30/23

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

Name of Facility The Reservoir Care and Rehabilitation	License No.	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Rick Fink				
Address Address		Phone Number		
515 Fairmount Avenue, STE 800, Towson, Maryland 21286				
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Rick Fink		410-494-7657		
Contact Email Address				
Rick.Fink@genesishcc.com				