

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	
Address (No. & Street, City, State, Zip Code) 6448 Main Street, Trumbull, CT 06611	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2321-C	RHNS	(Specify)	Medicare Provider 07-5001
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Medicaid Provider Numbers:	CCNH 6841	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2019	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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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) Gaudioso, Marian			Printed Name (Owner) Keith Davis, V.P. of Reimb., Genesis Healthcare		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 6448 Main Street, Trumbull, CT 06611				
Report Prepared By Thomas Farnan		Phone Number 978-247-5029	Date 12/28/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$	9,121,322	9,111,585	9,737
5. All other wages paid	\$	1,598,809	1,502,880	95,929
6. Total Wages Paid	\$	10,720,131	10,614,465	105,666
7. Total salaries paid	\$	579,156	568,211	10,945
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	11,299,287	11,182,676	116,611

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-268-6204		Report for Year Ended 9/30/2019		Page 2	of 37
Name of Facility (as shown on license) HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			Address (No. & Street, City, State, Zip) 6448 Main Street, Trumbull, CT 06611		
License Numbers:	CCNH 2321-C	RHNS	(Specify)	Medicare Provider No. 07-5001	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator			Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

ST. JOSEPH'S CENTER

6448 Main Street
Trumbull, CT 06611

HBR Trumbull, LLC (Operator)

EIN: 20-4599841
101 East State Street
Kennett Square, PA 19348

-
Ownership
Harborside Danbury Limited Partnership (100%)

Harborside Danbury Limited Partnership

EIN: 06-1528119
101 East State Street
Kennett Square, PA 19348

Ownership
Harborside Healthcare Limited Partnership (99% Limited Partner)
Harborside Health I, LLC (1% General Partner)

Harborside Healthcare Limited Partnership

EIN: 04-2985687
101 East State Street
Kennett Square, PA 19348

Ownership
Harborside Healthcare Advisors Limited Partnership (99% Limited Partner)
KHI LLC (1% General Partner)

Harborside Health I, LLC

EIN: 51-0304578
101 East State Street
Kennett Square, PA 19348

Ownership
Harborside Healthcare Advisors Limited Partnership (100%)

Harborside Healthcare Advisors Limited Partnership

EIN: 04-2985690
101 East State Street
Kennett Square, PA 19348

Ownership

Harborside Healthcare, LLC (99% Limited Partner)

KHI LLC (1% General Partner)

KHI LLC

EIN: 51-0304577

101 East State Street

Kennett Square, PA 19348

Ownership

Harborside Healthcare, LLC (100%)

Harborside Healthcare, LLC

EIN: 04-3307188

101 East State Street

Kennett Square, PA 19348

Ownership

SunBridge Healthcare, LLC (100%)

SunBridge Healthcare, LLC

EIN: 85-0370802

101 East State Street

Kennett Square, PA 19348

Ownership

Genesis Holdings, LLC (100%)

Genesis Holdings, LLC

EIN: 30-0843337

101 East State Street

Kennett Square, PA 19348

Ownership

Genesis HealthCare LLC (100%)

Genesis HealthCare LLC

EIN: 27-3237296

101 East State Street

Kennett Square, PA 19348

Ownership

GEN Operations II, LLC (100%)

GEN Operations II, LLC

EIN: 27-3237225
101 East State Street
Kennett Square, PA 19348

Ownership

GEN Operations I, LLC (100%)

GEN Operations I, LLC

EIN: 27-3237090
101 East State Street
Kennett Square, PA 19348

Ownership

FC-GEN Operations Investment, LLC (100%)

FC-GEN Operations Investment, LLC

EIN: 27-3237005
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (approximately 59.2957%)
Sundance Rehabilitation Holdco, Inc. (5.5444%)
Other members that are disclosed herein as owners of Genesis Healthcare, Inc.
Other members that do not trigger 5% ownership test

Sundance Rehabilitation Holdco, Inc.

EIN: 38-3954180
101 East State Street
Kennett Square, PA 19348

Ownership

Sun Healthcare Group, Inc. (100%)

Sun Healthcare Group, Inc.

EIN: 13-4230695
101 East State Street
Kennett Square, PA 19348

Ownership

Genesis Healthcare, Inc. (100%)

Genesis Healthcare, Inc.

(publicly traded company on the New York Stock Exchange)

(f/k/a Skilled Healthcare Group, Inc.)

EIN: 20-3934755

101 East State Street

Kennett Square, PA 19348

Ownership

HCCF Management Group XI, LLC (approximately 14.0%)

Senior Care Genesis, LLC (approximately 5.3%)

ZAC Properties XI, LLC (approximately 8.1%)

Welltower, Inc. (approximately 5.9%)

Others that do not trigger 5% ownership test

HCCF Management Group XI, LLC

EIN: 20-8751674

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

Ownership

[Arnold M. Whitman\[1\]](#)

3820 Mansell Road

Suite 280

Alpharetta, GA 30022

ZAC Properties XI, LLC

EIN: 20-8794579

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Ownership

[Steven E. Fishman\[2\]](#)

1617 JFK Boulevard

Suite 545

Philadelphia, PA 19103

Other members that do not trigger 5% ownership test

Welltower Inc.

EIN: 34-1096634

4500 Dorr Street

Toledo, OH 43615

Ownership

(publicly traded company on the New York Stock Exchange)

Senior Care Genesis, LLC

EIN: 20-8282470

234 Church Street, Suite 901
New Haven, CT 06510

Ownership
[David Reis](#)^[3]

234 Church Street, Suite 901
New Haven, CT 06510

The information included in this memorandum supersedes all previously submitted ownership information for the Operator as well as all officer/director/manager information for the Operator and its 5% or more direct and indirect ownership.

[1] [HCCF is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Whitman may be considered the beneficial owner of the shares held by HCCF.](#)

[2] [ZAC Properties is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Fishman may be considered the beneficial owner of the shares held by ZAC Properties.](#)

³ Senior Care is a privately-held company that is not affiliated with Genesis, however, it is our understanding that Mr. Reis may be considered the beneficial owner of the shares held by Senior Care.

**General Information and Questionnaire
Related Parties***

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2019	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 Healthcare Corp	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Home Office	Pg 16/m12	1,231,675	1,231,675
Genesis ElderCare Rehabilitation Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	66%	PT/OT/ST- Direct and Indirect Cost	Pg 13/B5, 9,10	866,730	866,730
Genesis ElderCare Staffing Services	101 East State Street, Kennett Square, PA 19348	<input type="radio"/>	<input checked="" type="radio"/>	50%	Staffing Pool	Pg 10/A12, p15-1		
Genesis ElderCare Physician Services	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	87%	Medical Director /NP	Pg 13/B8, Pg 10/A12	51,240	51,240
Career Staffing	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>	84%	Outside Agency	Pg 13/B11 pg 10-12, 15		
Respiratory Health Services	515 Fairmount Ave, 6th Floor, Suite 600, Towson, MD 21286	<input checked="" type="radio"/>	<input type="radio"/>	50%	Respiratory Therapy	Pg 13/B12, Pg 20/C5E2	13,672	13,672
Genesis Healthcare Corp	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Insurance	Pg 27/14	467,537	467,537
Genesis Healthcare Corp	101 East State Street, Kennett Square, PA 19348	<input checked="" type="radio"/>	<input type="radio"/>		Capital Interest	Page 17, page 26-12A		
		<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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2019	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<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? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C			Report for Year Ended 9/30/2019		Page of 6 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 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"/>								
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

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

General Information and Questionnaire Accounting Basis

Name of Facility HBR Trumbull, LLC -d/b/a: St. Jos	License No. 2321-C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	\$
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	Telephone Number
1	
2	
3	
4	
5	

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

1

2

3

4

5

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

Schedule of Resident Statistics

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		License No. 2321-C			Report for Year Ended 9/30/2019				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	297	274		23	297	274		23	292	269			23
B. On last day of THIS report period	292	269		23	292	269		23	292	269			23
2. Number of Residents													
A. As of midnight of PREVIOUS report period	258	244		14	258	244		14	267	250			17
B. As of midnight of THIS report period	262	245		17	267	250		17	262	245			17
3. Total Number of Days Care Provided During Period													
A. Medicare	3,409	3,409			2,759	2,759			650	650			
B. Medicaid (Conn.)	77,062	77,062			57,273	57,273			19,789	19,789			
C. Medicaid (other states)													
D. Private Pay	4,655	4,655			3,509	3,509			1,146	1,146			
E. State SSI for RCH	5,696			5,696	4,173			4,173	1,523				1,523
F. Other (Specify)	3,433	3,433			2,700	2,700			733	733			
G. Total Care Days During Period (3A thru F)	94,255	88,559		5,696	70,414	66,241		4,173	23,841	22,318			1,523
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	137			137	96			96	41				41
B. Other Bed Reserve Days	43	43			38	38			5	5			
5. Total Resident Days (3G + 4A + 4B)	94,435	88,602		5,833	70,548	66,279		4,269	23,887	22,323			1,564

Schedule of Resident Statistics (Cont'd)

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Man			License No. 2321-C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	
7/1/2019	X			5						269			SNF Licensed beds decreased from
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	6		217		#####			17					
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	566.38		254.53		566.38			94.00					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,203	3,203			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									2,000	2,000			
C. Other									11,961	11,961			
D. Total Physical Therapy Treatments									17,164	17,164			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									537	537			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									305	305			
C. Other									1,426	1,426			
D. Total Speech Therapy Treatments									2,268	2,268			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,809	4,809			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									1,956	1,956			
C. Other									14,594	14,594			
D. Total Occupational Therapy Treatments									21,359	21,359			

Report of Expenditures - Salaries & Wages

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	License No. 2321-C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	147,935	1,955			9,443	125
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	23,542	782			1,503	50
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	497,941	23,233			31,783	1,483
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	137,093	3,898			8,751	249
b. Other Maintenance Workers	277,982	14,812			17,744	945
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	396,733	7,925				
b. RN						
1. Direct Care	1,339,193	36,342		RN		
2. Administrative**	176,022	4,152		NUMD		
c. LPN						
1. Direct Care	3,379,938	114,354		LPN		
2. Administrative**				NLN1		
d. Aides and Attendants	4,063,878	232,069		PCA		
e. Physical Therapists				ACN1		
f. Speech Therapists				CNA		
g. Occupational Therapists						
h. Recreation Workers	310,116	17,095			19,795	1,091
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	279,749	9,876			17,856	630
n. Marketing						
o. Other (Specify)						
See Attached Schedule	152,553	8,393			9,737	536
A-13. Total Salary Expenditures	11,182,675	474,885			116,611	5,109

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Ward Clerks	\$ -	-	\$ -	-	\$ -	-
Clerk-Central Supply	\$ 54,790	2,901	\$ -	-	\$ 3,497	185
Medical Records	\$ 71,157	3,988	\$ -	-	\$ 4,542	255
	0 \$ -	-	\$ -	-	\$ -	-
	0 \$ -	-	\$ -	-	\$ -	-
Coordinator-Staffing Centers	\$ 26,606	1,503	\$ -	-	\$ 1,698	96
	0 \$ -	-	\$ -	-	\$ -	-
	0 \$ -	-	\$ -	-	\$ -	-
Total	\$ 152,553	8,393	\$ -	-	\$ 9,737	536

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Consulting Fees	\$ 407	n/a	\$ -	\$ -	\$ -	\$ -
Purchased Services	\$ 1,240	n/a	\$ -	\$ -	\$ -	\$ -
Purchased Services	\$ 27,418	n/a	\$ -	\$ -	\$ -	\$ -
Purchased Services	\$ 13,364	n/a	\$ -	\$ -	\$ -	\$ -
	0 \$ -	n/a	\$ -	\$ -	\$ -	\$ -
	0 \$ -	n/a	\$ -	\$ -	\$ -	\$ -
Total	\$ 42,429	-	\$ -	-	\$ -	-

**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	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Gaudio, Marian	147,936		9,443		Management of Center	2,080	2			
Section IV - Assistant Administrators										
Beard, Nicole Elizabeth 6/12/19-9/30/19	13,191		842		Assists in overseeing facility operations	584	3			
Mightly, Shanique Racquel 1/9/19-5/15/19	10,351		661		Assists in overseeing facility operations	248	3			

*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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	24,263					
3. Pharmacist	30,366	759				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	693,997	11,567				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	60,690	192				
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	66,681	1,258				
b. Other						
10. Occupational Therapist						
a. Resident Care	197,322	3,654				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	17,781	392				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	42,429					
B-13 Total Fees Paid in Lieu of Salaries	1,133,529	17,822				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 515,907	510,748			5,159
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 120,134	118,933			1,201
4. Social Security (F.I.C.A.)	\$ 824,093	815,852			8,241
5. Health Insurance	\$ 1,249,197	1,236,705			12,492
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 490,377	485,473			4,904
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 391,386	367,903			23,483
d. Accounting and Auditing	\$				
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 39,408	37,044			2,364
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 25,848	24,297			1,551
2. Cellular Phones	\$ 3,485	3,276			209
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 1,946	1,829			117
3. Resident Day User Fee	\$ 1,320,901	1,320,901			
Subtotal	\$ 4,982,682	4,922,961			59,721

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description		CCNH	RHNS	(Specify)
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total		\$ -	\$ -	\$ -

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
Sales Tax		\$ 1,829	\$ -	\$ 117
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
	0	\$ -	\$ -	\$ -
Total		\$ 1,829	\$ -	\$ 117

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

Name of Facility	License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor	2321-C	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	4,982,682	4,922,961		59,721	
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 3,129	2,941		188	
5. Education Expenses Related to Seminars and Conventions	\$ 395	371		24	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 13,026	12,244		782	
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	\$ 7,127	6,699		428	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 21,341	20,061		1,280	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 105	99		6	
10. Contributions*** See Attached Schedule	\$ 1,575	1,480		94	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 8,658	8,139		519	
12. Administrative Management Services**	\$ 1,179,987	1,109,188		70,799	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 253,170	237,980		15,190	
C-14 Total Administrative & General Expenditures	\$ 6,471,195	6,322,164		149,031	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising	\$ 4,551	\$ -	\$ 290
Marketing Expense	\$ 6,268	\$ -	\$ 400
Marketing Expense	\$ 228	\$ -	\$ 15
Marketing Exp- Corporate Spend	\$ 1,197	\$ -	\$ 76
	\$ -	\$ -	\$ -
Total Other Advertising	\$ 12,244	\$ -	\$ 782

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Licenses and Certification fee	\$ 20,061	\$ -	\$ 1,280
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Dues	\$ 20,061	\$ -	\$ 1,280

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions	\$ 1,410	\$ -	\$ 90
Contributions	\$ 71	\$ -	\$ 5
	\$ -	\$ -	\$ -
Total Contributions	\$ 1,480	\$ -	\$ 94

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Service Charges	\$ 6,818	\$ -	\$ 435
Collection Fees	\$ 96,579	\$ -	\$ 6,165
Education Expense	\$ 28	\$ -	\$ 2
Employee Physicals	\$ 12,014	\$ -	\$ 767
Employee Relations	\$ 6,169	\$ -	\$ 394
Printing	\$ 139	\$ -	\$ 9
Training Expense	\$ 493	\$ -	\$ 31
Uniforms	\$ 158	\$ -	\$ 10
Fines & Penalties	\$ 23,957	\$ -	\$ 1,529
Miscellaneous	\$ (31)	\$ -	\$ (2)
Rental Expense	\$ 136	\$ -	\$ 9
Accrued Expense Estimation	\$ 1,236	\$ -	\$ 79
State Tax Annual Report Filing	\$ 301	\$ -	\$ 19
Landlord Operating Taxes	\$ 2,256	\$ -	\$ 144
Non-recurring Charges	\$ 84,618	\$ -	\$ 5,401
Interest Expense	\$ 5	\$ -	\$ 0
Foreign Recruitment Cost	\$ 3,104	\$ -	\$ 198
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Total Other Administrative and General	\$ 237,980	\$ -	\$ 15,190

Schedule C-1 - Management Services*

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's N	License No. 2321-C	Report for Year Ended 9/30/2019	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348	1,231,675	Mgmt Services, Property Mgmt Assisting, MIS, Personnel, Compliance	pg 16 m-12
Genesis Health Ventures, 101 East St., Kennett Square, PA 19348		Capital Interest	pg 26 12-A-1

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		2321-C	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 473,753	445,328			28,425
2.	Non-Food Supplies	\$ 79,485	74,716			4,769
3.	Other (Specify) _____	\$ (26,479)	(24,890)			(1,589)
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 1,816,005	1,707,045			108,960
c. Other (Specify) _____						
		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 2,342,764	2,202,199			140,565
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F.	Resident Meals: Total no. of meals served per day:*					
G.	Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		License No. 2321-C	Report for Year Ended 9/30/2019	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	15,455	14,528	927
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. \$	15,800	14,852	948
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	599,934	563,938	35,996
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	631,189	593,318	37,871
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<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
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		2321-C	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	26,021	24,460		1,561
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. \$	909,760	855,174		54,586
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 935,781	879,634		56,147
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	307,504	307,504		
	b. Medicine Cabinet Drugs	\$	26,541	26,541		
	c. Medical and Therapeutic Supplies	\$	267,907	267,907		
	d. Ambulance/Limousine***	\$	7,314	7,314		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	16,788	16,788		
	f. X-rays and Related Radiological Procedures***	\$	18,215	18,215		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	60,495	60,495		
	i. Recreation	\$	43,323	40,724		2,599
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (<i>Specify</i>)**** See Attached Schedule	\$	190,767	179,321		11,446
5M. Total Resident Care Expenditures (5a - 5j)			\$ 938,854	924,809		14,045

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Incontinency	\$ 129,941	\$ -	\$ 8,294
Advertising-Help Wanted	\$ 849	\$ -	\$ 54
Education Expense	\$ 2,234	\$ -	\$ 143
Meetings & Seminars	\$ -	\$ -	\$ -
Supplies	\$ 2,977	\$ -	\$ 190
Supplies	\$ 19,774	\$ -	\$ 1,262
Supplies	\$ 60	\$ -	\$ 4
Office Supplies	\$ (35)	\$ -	\$ (2)
Office Supplies	\$ -	\$ -	\$ -
Training Expense	\$ -	\$ -	\$ -
Rental Expense	\$ -	\$ -	\$ -
Rental Expense	\$ 8,932	\$ -	\$ 570
Consolidated Billing	\$ 13,457	\$ -	\$ 859
Books, Dues & Subscriptions	\$ -	\$ -	\$ -
Tuition Reimbursement	\$ -	\$ -	\$ -
Office Supplies	\$ 90	\$ -	\$ 6
Licenses & Certifications	\$ 1,440	\$ -	\$ 92
Incontinency - Rebates	\$ (258)	\$ -	\$ (16)
Tuition Reimbursement	\$ (139)	\$ -	\$ (9)
	0	\$ -	\$ -
	0	\$ -	\$ -
	0	\$ -	\$ -
Total Other Resident Care	\$ 179,321	\$ -	\$ 11,446

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			License No. 2321-C		Report for Year Ended 9/30/2019			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Laundry Purchased Services	599,934			19	3b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Housekeeping Purchased Services	909,760			20	4b
Healthcare Services Group	Drive, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	Vendor Contracted	Dietary Purchased Services	1,816,005			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"/>							
		<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
HBR Trumbull, LLC -d/b/a: St. Joseph's Man	2321-C	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 488,715	459,392			29,323	
b. Heat	\$ 242,909	228,334			14,575	
c. Light & Power	\$ 356,483	335,094			21,389	
d. Water	\$ 411,879	387,166			24,713	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 1,499,986	1,409,986			90,000	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 5,655	5,316			339	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 1,074	1,010			64	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 6,729	6,326			403	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,610,503	1,513,873			96,630	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 233,181	219,190			13,991	
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,850,413	1,739,389			111,024	

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

Schedule of Other Repairs and Maintenance

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

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended			Page	of				
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor		2321-C		9/30/2019			23	37				
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements												
1. Acquired prior to this report period		211,103		211,103	33,001	S/L	Various					
2. Disposals (attach schedule)		(211,103)		(211,103)	(33,001)							
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period		1,100,639		1,100,639	336,184	S/L	Various	0				
2. Disposals (attach schedule)		(1,100,639)		(1,100,639)	(336,184)							
3. Acquired during this report period (attach schedule)		120,398		120,398				5,655				
B-4. Subtotal									5,655			
C. Non-Movable Equipment												
1. Acquired prior to this report period		284,650		284,650	167,645							
2. Disposals (attach schedule)		(284,650)		(284,650)	(167,645)							
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Motor Vehicles (attach schedule)					8,930		8,930	8,930				
b. Disposals (attach schedule)					(8,930)		(8,930)	(8,930)				
c. Acquired during this report period (attach schedule)												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					466,853		466,853	243,121			0	
b. Disposals (attach schedule)					(466,853)		(466,853)	(243,121)				
c. Acquired during this report period (attach schedule)					31,321						1,074	
D-3. Subtotal												1,074
E. Total Depreciation												6,729

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
10/1/2018	Deletion - Various Asset	\$ (211,103)		
Total deletions for Land Improvements		\$ (211,103)		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/31/2019	Push Button Combination Door Lock	\$ 814	09 07	28.32
9/30/2019	Boiler Plant Investigation Project	\$ 12,500	09 03	0
1/31/2019	Dec Boiler Rental	\$ 13,355	09 11	897.82
2/28/2019	Upgrade of replacement of new Front Entrance Doors	\$ 18,510	09 10	1098.04
2/28/2019	February Boiler Rental	\$ 13,355	09 10	792.25
2/28/2019	January Boiler Rental	\$ 13,355	09 10	792.25
3/31/2019	Temp Boiler Rental for March	\$ 13,355	09 09	684.87
4/30/2019	2 Excitor antenna's for front door	\$ 1,347	09 08	58.08
5/31/2019	April Boiler Rental	\$ 14,419	09 07	501.51
5/31/2019	Upgrade and Replacement of Front Doors	\$ 1,199	09 07	41.7
4/30/2019	Cabinets & Countertops final pmt	\$ 15,288	09 08	658.96
5/31/2019	New Flooring for nurses kitchenettes floors 5,4,3,2	\$ 2,901	09 07	100.9
Total additions for Building Improvements		\$ 120,398		\$ 5,655 *
Deletions:				
10/1/2018	Deletion - Various Asset	\$ (1,100,639)		
Total deletions for Building Improvements		\$ (1,100,639)		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				

10/1/2018	Deletion - Various Asset	\$ (284,650)		
Total deletions for Non-Movable Equipment		\$ (284,650)		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/31/2019	Record Sales and Use Tax per Tax Department	\$ 64	07 00	3.05
6/30/2019	Record Sales & Use Tax per tax department	\$ 71	07 00	2.54
7/31/2019	Frigidaire 15,000 PTAC 230 Volt	\$ 605	07 00	14.41
1/31/2019	Convection Pellet Heater	\$ 4,299	09 11	289
4/30/2019	Counter Cubelet Ice Machine & Ice Machine Stand	\$ 4,479	09 08	193.08
4/30/2019	Filter for Ice Makers up to 600lbs	\$ 179	09 08	7.73
6/30/2019	Conveyor Toaster	\$ 812	09 06	21.38
7/31/2019	Conveyor Toaster 800 slices per hour	\$ 891	09 05	15.76
9/30/2019	2 Hotpoint Top Mount Refrigerators White	\$ 1,227	09 03	0
8/31/2019	63 Mattresses	\$ 15,513	03 00	430.92
6/30/2019	2 Logan Office Chairs	\$ 285	09 06	7.5
7/31/2019	Big and Tall Swivel/Tilt Mid Back Chair	\$ 287	09 05	5.07
4/30/2019	CAT6 Fax lines to fax machine in main lobby	\$ 1,011	07 00	60.15
4/30/2019	Patched into switch 6 port 32 for internet	\$ 399	07 00	23.74
9/30/2019	September 2019 DSSI Accrual	\$ 1,199		0
Total additions for Movable Equipment		\$ 31,321		\$ 1,074 *
Deletions:				
10/1/2018	Deletion - Various Asset	\$ (466,853)		
Total deletions for Movable Equipment		\$ (466,853)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Schedule of Vehicle Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
10/1/2018	Deletion - Various Asset	\$ (8,930)		

Total deletions for Leasehold Improvement		\$ (8,930)		\$ -

**

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

HBR Trumbull, LLC -d/b/a: St. Joseph's Manor
 Depreciation Expense Report
 As of September 30, 2018

											(2,072,174.61)	(788,880.48)
Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation	
57007	150020	Land Imp	010051	000	Parking lot lighting	9/30/2015	(1,817.36)	R	SLMM	08 03	(660.87)	
57007	150025	Land Imp	007511	000	Exterior signage	6/30/2013	(4,314.52)	R	SLMM	10 00	(2,265.12)	
57007	150025	Land Imp	012313	000	Labor & materials to pave main roadway	10/31/2017	(200,543.00)	R	SLMM	06 02	(29,810.45)	
57007	150025	Land Imp	012861	000	Sales Tax for invoice 495818	5/31/2018	(4,428.01)	R	SLMM	05 07	(264.36)	
57007	150050	Bldg Imp	007513	000	Taco pumpwith new motor	6/30/2013	(980.00)	R	SLMM	10 06	(489.99)	
57007	150050	Bldg Imp	007673	000	Jeron Provider 680	7/31/2013	(12,536.01)	R	SLMM	10 05	(6,217.88)	
57007	150050	Bldg Imp	007677	000	Jeron Provider 680	7/31/2013	(12,536.01)	R	SLMM	10 05	(6,217.88)	
57007	150050	Bldg Imp	007984	000	Flat roof on C wing	10/31/2013	(18,900.00)	R	SLMM	10 02	(9,140.19)	
57007	150050	Bldg Imp	008172	000	Frame for shower cabinet	12/31/2013	(2,541.43)	R	SLMM	10 00	(1,207.17)	
57007	150050	Bldg Imp	008337	000	Kolher generator 250 kw	1/31/2014	(1,063.45)	R	SLMM	09 11	(500.45)	
57007	150050	Bldg Imp	008423	000	Roofing	2/28/2014	(44,100.00)	R	SLMM	09 10	(20,555.10)	
57007	150050	Bldg Imp	008424	000	Digital controller on cooling tower	2/28/2014	(1,865.00)	R	SLMM	09 10	(869.28)	
57007	150050	Bldg Imp	008425	000	Replacement of rotted cast iron piping	2/28/2014	(4,243.37)	R	SLMM	09 10	(1,977.85)	
57007	150050	Bldg Imp	008426	000	Roof leak repair new vent and patches	2/28/2014	(1,225.38)	R	SLMM	09 10	(571.18)	
57007	150050	Bldg Imp	008958	000	20 minute fire rated resident room door	7/31/2014	(568.97)	R	SLMM	09 05	(251.76)	
57007	150050	Bldg Imp	008959	000	Closers for Chapel doors	7/31/2014	(850.80)	R	SLMM	09 05	(376.46)	
57007	150050	Bldg Imp	010366	000	Fire damper actuators	1/31/2016	(5,594.72)	R	SLMM	07 11	(1,884.54)	
57007	150050	Bldg Imp	010367	000	Wiring for washing machine	1/31/2016	(2,433.40)	R	SLMM	07 11	(819.68)	
57007	150050	Bldg Imp	010368	000	Fire door for rehab gym	1/31/2016	(1,526.12)	R	SLMM	07 11	(514.06)	
57007	150050	Bldg Imp	010877	000	Demo old condensate tanks and pump	5/31/2016	(24,950.00)	R	SLMM	07 07	(7,676.92)	
57007	150050	Bldg Imp	010878	000	(1) 45 gal condensate tank (2) condensa	5/31/2016	(23,185.00)	R	SLMM	07 07	(7,133.84)	
57007	150050	Bldg Imp	010921	000	Sales tax on original invoice LM15-421	6/30/2016	(3,056.57)	R	SLMM	07 06	(916.97)	
57007	150050	Bldg Imp	011292	000	Fire doors basement entry	10/31/2016	(1,377.23)	R	SLMM	07 02	(368.33)	
57007	150050	Bldg Imp	011959	000	Jeron Provider 680	5/31/2017	(20,968.50)	R	SLMM	06 07	(4,246.79)	
57007	150050	Bldg Imp	012037	000	Call Bell System	6/30/2017	(20,968.50)	R	SLMM	06 06	(4,032.40)	
57007	150050	Bldg Imp	012476	000	Floor mounted toilet combo	12/31/2017	(745.60)	R	SLMM	06 00	(93.20)	
57007	150050	Bldg Imp	012477	000	Jeron Provider 68+	12/31/2017	(86,992.17)	R	SLMM	06 00	(10,874.03)	
57007	150050	Bldg Imp	012533	000	12 Panic Bars and Closures	1/31/2018	(7,338.15)	R	SLMM	05 11	(826.84)	
57007	150050	Bldg Imp	012853	000	Toilet	5/31/2018	(667.35)	R	SLMM	05 07	(39.84)	
57007	150050	Bldg Imp	012860	000	New Roof	5/31/2018	(42,438.00)	R	SLMM	05 07	(2,533.61)	
57007	150055	Bldg Imp	006823	000	Sun Valuation - PPE Building Imp 15 yr	12/1/2012	(345,600.00)	R	SLMM	11 00	(183,272.71)	
57007	150055	Bldg Imp	008609	000	BLAST TUBE/FL ROD PILOT ASSEMBL	4/30/2014	(4,025.54)	R	SLMM	09 08	(1,839.27)	
57007	150055	Bldg Imp	008850	000	Aquastat circulator	6/30/2014	(1,690.40)	R	SLMM	09 06	(756.25)	
57007	150055	Bldg Imp	010049	000	Pivot frame and door	9/30/2015	(1,921.00)	R	SLMM	08 03	(698.55)	
57007	150055	Bldg Imp	010050	000	Repairs to service elevator	9/30/2015	(9,667.34)	R	SLMM	08 03	(3,515.40)	
57007	150055	Bldg Imp	010365	000	Expansion tank for boiler	1/31/2016	(3,307.76)	R	SLMM	07 11	(1,114.19)	
57007	150055	Bldg Imp	010476	000	Repairs to concrete overhang	2/29/2016	(4,126.40)	R	SLMM	07 10	(1,360.85)	
57007	150055	Bldg Imp	010635	000	2 Altronix power supply, 24VDC 8 amp po	3/31/2016	(2,878.50)	R	SLMM	07 09	(928.56)	
57007	150055	Bldg Imp	010919	000	Electric door edge	6/30/2016	(5,723.76)	R	SLMM	07 06	(1,717.13)	
57007	150055	Bldg Imp	012111	000	Giant Lift Freight Elevator-50%	7/31/2017	(32,356.00)	R	SLMM	06 05	(5,882.91)	
57007	150055	Bldg Imp	012419	000	Lift gate elevator for kitchen	11/30/2017	(32,356.00)	R	SLMM	06 01	(4,432.33)	
57007	150055	Bldg Imp	012859	000	Rental Boiler While Waiting for New	5/31/2018	(71,190.05)	R	SLMM	05 07	(4,250.15)	
57007	150055	Bldg Imp	013012	000	Boiler and ot Water Storage Tank Replac	7/31/2018	(46,684.45)	R	SLMM	05 05	(1,436.44)	
57007	150055	Bldg Imp	013089	000	New Circuit Board for Elevator	8/31/2018	(16,169.45)	R	SLMM	05 04	(252.65)	
57007	150055	Bldg Imp	013090	000	Boiler Plant Upgrade (First Billing)	8/31/2018	(70,858.25)	R	SLMM	05 04	(1,107.16)	
57007	150055	Bldg Imp	013176	000	Boiler Rental- September	9/30/2018	(13,355.00)	R	SLMM	05 03	-	
57007	150055	Bldg Imp	013177	000	Boiler Rental- August	9/30/2018	(13,355.00)	R	SLMM	05 03	-	
57007	150057	Bldg Imp	007674	000	Roam Alert Wander Detection System	7/31/2013	(33,991.06)	R	SLMM	10 00	(17,562.07)	
57007	150057	Bldg Imp	007793	000	pocket tag reader	8/31/2013	(613.42)	R	SLMM	10 00	(311.81)	
57007	150057	Bldg Imp	008739	000	Video DVR monitoring system	5/31/2014	(5,314.31)	R	SLMM	09 07	(2,403.01)	
57007	150057	Bldg Imp	009030	000	Kitchen cabinets Toffee	8/31/2014	(1,518.59)	R	SLMM	09 04	(664.40)	
57007	150057	Bldg Imp	010918	000	Security monitor and wall mount	6/30/2016	(2,449.24)	R	SLMM	07 06	(734.78)	
57007	150057	Bldg Imp	011482	000	Amplifier for paging system	12/31/2016	(1,798.91)	R	SLMM	07 00	(449.73)	
57007	150057	Bldg Imp	011960	000	Interlocking plank flooring	5/31/2017	(3,432.80)	R	SLMM	06 07	(695.25)	
57007	150057	Bldg Imp	012110	000	Install Luxury Vinyl Tile-Cafeteria	7/31/2017	(6,154.00)	R	SLMM	06 05	(1,118.91)	
57007	150057	Bldg Imp	013175	000	Vinyl Flooring	9/30/2018	(8,576.06)	R	SLMM	05 03	-	
57007	150065	Bldg Imp	007064	000	HVACSYSTEM	12/31/2012	(3,164.23)	R	SLMM	11 00	(1,654.05)	
57007	150065	Bldg Imp	007065	000	CLACT120105	12/31/2012	(14,710.00)	R	SLMM	11 00	(7,689.30)	
57007	150075	Non Movable Equip	006824	000	Sun Valuation - PPE Fixed Equip 10 yea	12/1/2012	(197,690.00)	P	SLMM	09 00	(128,132.43)	
57007	150075	Non Movable Equip	007672	000	Roam Alert Wander Detection System	7/31/2013	(33,991.06)	P	SLMM	10 00	(17,562.07)	
57007	150075	Non Movable Equip	007675	000	Exhaust pipe insulation on chiller	7/31/2013	(9,249.40)	P	SLMM	10 00	(4,778.86)	
57007	150075	Non Movable Equip	007676	000	Muffler catalytic converter insulation on ch	7/31/2013	(13,412.96)	P	SLMM	10 00	(6,930.05)	
57007	150075	Non Movable Equip	008422	000	Alenti w/scale multipurpose lifter	2/28/2014	(8,289.02)	P	SLMM	09 10	(3,863.52)	
57007	150075	Non Movable Equip	010369	000	Compressor walk in freezer	1/31/2016	(2,065.31)	P	SLMM	07 11	(695.68)	
57007	150075	Non Movable Equip	010876	000	Water heater replacement	5/31/2016	(6,168.30)	P	SLMM	07 07	(1,897.94)	
57007	150075	Non Movable Equip	010920	000	Conductivity controllers on 2 cooling towe	6/30/2016	(6,764.56)	P	SLMM	07 06	(2,029.37)	
57007	150075	Non Movable Equip	011483	000	American Standard 4 ton A/C unit	12/31/2016	(7,019.10)	P	SLMM	07 00	(1,754.78)	

HBR Trumbull, LLC -d/b/a: St. Joseph's Manor
 Depreciation Expense Report
 As of September 30, 2018

											(2,072,174.61)	(788,880.48)
Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation	
57007	150080	Movable Equip	006825	000	Sun Valuation - PPE Moveable Equip 7 Y	12/1/2012	(28,930.00)	P	SLMM	07 00	(24,108.36)	
57007	150080	Movable Equip	008420	000	Frame grey for shower cabinet	2/28/2014	(2,289.59)	P	SLMM	07 00	(1,499.16)	
57007	150080	Movable Equip	008421	000	4 Alenti w/scale	2/28/2014	(32,546.12)	P	SLMM	07 00	(21,309.98)	
57007	150080	Movable Equip	008738	000	GE 3.7cf Top Ld Washer 12 Cycl	5/31/2014	(861.44)	P	SLMM	07 00	(533.27)	
57007	150080	Movable Equip	009435	000	support vest for patient lifting	2/28/2015	(484.43)	P	SLMM	07 00	(248.00)	
57007	150080	Movable Equip	009754	000	3 Attendant Vital Signs Monitors and cart	6/30/2015	(6,449.04)	P	SLMM	07 00	(2,994.20)	
57007	150080	Movable Equip	009755	000	Sales and Use Tax	6/30/2015	(72.00)	P	SLMM	07 00	(33.44)	
57007	150080	Movable Equip	010044	000	Batteries for lifts	9/30/2015	(2,349.81)	P	SLMM	07 00	(1,007.07)	
57007	150080	Movable Equip	010048	000	Unimac washer	9/30/2015	(25,199.63)	P	SLMM	07 00	(10,799.85)	
57007	150080	Movable Equip	010140	000	Direct Choice Meal Delivery Cart	10/31/2015	(15,718.42)	P	SLMM	07 00	(6,549.35)	
57007	150080	Movable Equip	011361	000	2 Unimac Washers	11/30/2016	(52,077.47)	P	SLMM	07 00	(13,639.34)	
57007	150080	Movable Equip	011627	000	Attendant Bladder Scanner	2/28/2017	(7,669.12)	P	SLMM	06 10	(1,776.99)	
57007	150080	Movable Equip	011628	000	Vitalstim Handheld	2/28/2017	(1,307.02)	P	SLMM	06 10	(302.84)	
57007	150080	Movable Equip	011833	000	Huntleigh Pocket Sized Doppler Kit	3/31/2017	(874.18)	P	SLMM	06 09	(194.26)	
57007	150080	Movable Equip	012172	000	Uni Mac Dryer	8/31/2017	(13,739.36)	P	SLMM	06 04	(2,350.16)	
57007	150080	Movable Equip	013174	000	5 - LED Tv's	9/30/2018	(2,220.69)	P	SLMM	05 03	-	
57007	150080	Movable Equip	013227	000	Refrigerator 18 cu ft	9/30/2018	(483.95)	P	SLMM	05 03	-	
57007	150085	Movable Equip	007066	000	BEDFRAMES	12/31/2012	(1,648.43)	P	SLMM	10 00	(947.83)	
57007	150085	Movable Equip	007067	000	PARTS&MISCMINOREQUIPMENT	12/31/2012	(1,345.86)	P	SLMM	10 00	(773.89)	
57007	150085	Movable Equip	007068	000	MATTRESSES	12/31/2012	(4,200.83)	P	SLMM	10 00	(2,415.46)	
57007	150085	Movable Equip	007175	000	24x18 recling wheelchair	2/28/2013	(465.00)	P	SLMM	10 00	(259.63)	
57007	150085	Movable Equip	007200	000	24x18 reclining wheelchair	3/31/2013	(465.00)	P	SLMM	10 00	(255.76)	
57007	150085	Movable Equip	007279	000	24x18 recling wheelchair	4/30/2013	(420.00)	P	SLMM	10 00	(227.50)	
57007	150085	Movable Equip	007280	000	24x18 recling wheelchair	4/30/2013	(420.00)	P	SLMM	10 00	(227.50)	
57007	150085	Movable Equip	007281	000	24x18 recling wheelchair	4/30/2013	(465.00)	P	SLMM	10 00	(251.88)	
57007	150085	Movable Equip	007367	000	24x18 recling wheelchair	5/31/2013	(465.00)	P	SLMM	10 00	(248.01)	
57007	150085	Movable Equip	007512	000	Window treatments and furniture	6/30/2013	(19,486.18)	P	SLMM	10 00	(10,230.26)	
57007	150085	Movable Equip	007670	000	Hobart Model UW50+BUILDUP Pot Wash	7/31/2013	(11,965.00)	P	SLMM	10 00	(6,181.92)	
57007	150085	Movable Equip	007671	000	Touchfree Ice Nug. Maker/Disp.	7/31/2013	(4,760.27)	P	SLMM	10 00	(2,459.49)	
57007	150085	Movable Equip	007794	000	broda wheelchair	8/31/2013	(360.00)	P	SLMM	10 00	(183.00)	
57007	150085	Movable Equip	007795	000	broda wheelchair	8/31/2013	(360.00)	P	SLMM	10 00	(183.00)	
57007	150085	Movable Equip	007796	000	high back wheelchair	8/31/2013	(275.00)	P	SLMM	10 00	(139.80)	
57007	150085	Movable Equip	007797	000	high back wheelchair	8/31/2013	(275.00)	P	SLMM	10 00	(139.80)	
57007	150085	Movable Equip	007798	000	24x18 recling wheelchair	8/31/2013	(465.00)	P	SLMM	10 00	(236.38)	
57007	150085	Movable Equip	007799	000	Blixer, 5-1/2 qt Triple Phase blender	8/31/2013	(2,959.50)	P	SLMM	10 00	(1,504.41)	
57007	150085	Movable Equip	007898	000	24x18 reclining wheelchair	9/30/2013	(465.00)	P	SLMM	10 00	(232.51)	
57007	150085	Movable Equip	007983	000	Hobart utensil washer	10/31/2013	(11,530.93)	P	SLMM	10 00	(5,669.36)	
57007	150085	Movable Equip	008073	000	Aluminum frame dry erase marke	11/30/2013	(473.65)	P	SLMM	10 00	(228.96)	
57007	150085	Movable Equip	008173	000	OmniCycle Elite Rehab System	12/31/2013	(7,019.11)	P	SLMM	10 00	(3,334.07)	
57007	150085	Movable Equip	008607	000	Big Blue Board	4/30/2014	(461.68)	P	SLMM	09 08	(210.94)	
57007	150085	Movable Equip	008608	000	Frigidaire 14.8cf Fridge RH Wh	4/30/2014	(537.07)	P	SLMM	09 08	(245.39)	
57007	150085	Movable Equip	008610	000	Sit bath system	4/30/2014	(2,220.91)	P	SLMM	09 08	(1,014.73)	
57007	150085	Movable Equip	008611	000	Sit bath system	4/30/2014	(3,514.48)	P	SLMM	09 08	(1,605.77)	
57007	150085	Movable Equip	008613	000	1 Tracer SX5 and 6 Tracer EX2 Wheelch	4/30/2014	(1,895.72)	P	SLMM	09 08	(866.15)	
57007	150085	Movable Equip	008614	000	Frigidaire 14.8cf Fridge	4/30/2014	(537.09)	P	SLMM	09 08	(245.39)	
57007	150085	Movable Equip	008615	000	3 Tracer SX5 Recliner Wheelchair	4/30/2014	(1,141.08)	P	SLMM	09 08	(521.35)	
57007	150085	Movable Equip	008737	000	GE 18.1cf Fridge IceMkr RH Wht	5/31/2014	(698.72)	P	SLMM	09 07	(315.94)	
57007	150085	Movable Equip	008849	000	Bristol Toffee Cabinets	6/30/2014	(1,518.59)	P	SLMM	09 06	(679.37)	
57007	150085	Movable Equip	009069	000	DUET TRANSPORT CHAIR/ROLLATOR	9/30/2014	(377.53)	P	SLMM	09 03	(163.24)	
57007	150085	Movable Equip	009304	000	(5) 1.6 cu ft medical grade refrigerator	12/31/2014	(2,529.58)	P	SLMM	09 00	(1,054.01)	
57007	150085	Movable Equip	009671	000	Thomas pump.Product Model#208d for s	5/31/2015	(498.61)	P	SLMM	08 07	(193.64)	
57007	150085	Movable Equip	009672	000	1/2 Gallon 3.5 HP Blender with	5/31/2015	(420.52)	P	SLMM	08 07	(163.30)	
57007	150085	Movable Equip	009753	000	Direct Choice Overbed Table	6/30/2015	(147.15)	P	SLMM	08 06	(56.26)	
57007	150085	Movable Equip	010045	000	Megapulse II Diathermy	9/30/2015	(6,487.35)	P	SLMM	08 03	(2,359.05)	
57007	150085	Movable Equip	010046	000	6 UNIFRAME ROUND TABLE, 60in DIA	9/30/2015	(3,644.01)	P	SLMM	08 03	(1,325.11)	
57007	150085	Movable Equip	010047	000	ICE MACHINE FULL DICE AND BIN	9/30/2015	(2,888.42)	P	SLMM	08 03	(1,050.33)	
57007	150085	Movable Equip	010139	000	SLICER TOMATO 1/4" 1 EA - STK	10/31/2015	(316.94)	P	SLMM	08 02	(113.20)	
57007	150085	Movable Equip	010297	000	Direct Choice Low Bed Overbed	12/31/2015	(78.89)	P	SLMM	08 00	(27.12)	
57007	150085	Movable Equip	010300	000	Tracer SX5 and Tracer EX2 wheelchairs	12/31/2015	(534.96)	P	SLMM	08 00	(183.89)	
57007	150085	Movable Equip	010632	000	3-Gallon Brewer Urn, Single	3/31/2016	(2,041.92)	P	SLMM	07 09	(658.68)	
57007	150085	Movable Equip	010633	000	Double Deck Convection Oven,	3/31/2016	(11,640.97)	P	SLMM	07 09	(3,755.16)	
57007	150085	Movable Equip	010634	000	10 Tracer EX2 Wheelchair	3/31/2016	(1,961.80)	P	SLMM	07 09	(632.85)	
57007	150085	Movable Equip	010917	000	Vicair Vector Bariatric Wheelc	6/30/2016	(315.76)	P	SLMM	07 06	(94.73)	
57007	150085	Movable Equip	011185	000	One Gallon Stainless Steel 3 Speed Blen	9/30/2016	(1,215.41)	P	SLMM	07 03	(335.28)	
57007	150085	Movable Equip	011630	000	6 Large bussing carts	2/28/2017	(2,098.14)	P	SLMM	06 10	(486.16)	
57007	150085	Movable Equip	011834	000	2 USTEP L1 WALKERS	3/31/2017	(1,728.19)	P	SLMM	06 09	(384.04)	
57007	150085	Movable Equip	012682	000	Direct Choice Heated Plate Dispenser	3/31/2018	(1,680.31)	P	SLMM	05 09	(146.11)	

HBR Trumbull, LLC -d/b/a: St. Joseph's Manor
 Depreciation Expense Report
 As of September 30, 2018

											(2,072,174.61)	(788,880.48)
Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Current Accum Depreciation	
57007	150085	Movable Equip	012855	000	(2) Tracer Wheelchair	5/31/2018	(453.42)	P	SLMM	05 07	(27.07)	
57007	150085	Movable Equip	012856	000	9XT Wheelchair	5/31/2018	(507.56)	P	SLMM	05 07	(30.30)	
57007	150085	Movable Equip	012857	000	Slip-Top Overbed Table	5/31/2018	(578.52)	P	SLMM	05 07	(34.54)	
57007	150088	Movable Equip	006826	000	Sun Valuation - PPE Moveable Equip 3 y	12/1/2012	(14,360.00)	P	SLMM	03 00	(14,360.00)	
57007	150088	Movable Equip	007368	000	185 MATTRESS,GENESIS VISCO SELE	5/31/2013	(47,332.61)	P	SLMM	03 00	(47,332.61)	
57007	150088	Movable Equip	012681	000	DermaFloat Alternating Pressure Air Mat	3/31/2018	(2,143.14)	P	SLMM	03 00	(357.19)	
57007	150088	Movable Equip	012854	000	(7) DermaFloat Mattress/ Foam Mattress	5/31/2018	(21,238.77)	P	SLMM	03 00	(2,359.86)	
57007	150088	Movable Equip	012858	000	Bariatric Bed	5/31/2018	(2,640.67)	P	SLMM	03 00	(293.41)	
57007	150088	Movable Equip	012939	000	(2) DermaFloat Mattress	6/30/2018	(5,217.49)	P	SLMM	03 00	(434.79)	
57007	150088	Movable Equip	013172	000	60 - Mattresses	9/30/2018	(14,485.51)	P	SLMM	03 00	-	
57007	150088	Movable Equip	013173	000	3 - Mattresses	9/30/2018	(1,027.65)	P	SLMM	03 00	-	
57007	150100	Movable Equip	008736	000	Credit Card Machine	5/31/2014	(73.07)	P	SLMM	09 07	(33.06)	
57007	150100	Movable Equip	009068	000	IntelliFAX 4100e Business-Clas	9/30/2014	(319.04)	P	SLMM	09 03	(137.96)	
57007	150100	Movable Equip	011629	000	12 task chairs	2/28/2017	(1,450.17)	P	SLMM	06 10	(336.02)	
57007	150110	Movable Equip	006827	000	Sun Valuation - PPE IS Equip - 3 Year	12/1/2012	(15,530.00)	P	SLMM	02 00	(15,530.00)	
57007	150110	Movable Equip	007150	000	4 Port Corporate Office - tax added	1/31/2013	(2,722.86)	P	SLMM	03 00	(2,722.86)	
57007	150110	Movable Equip	007899	000	Lenovo TC M72Z, image & asset tag	9/30/2013	(678.06)	P	SLMM	03 00	(678.06)	
57007	150110	Movable Equip	008953	000	1 HP LaserJet PRO 400	7/31/2014	(529.85)	P	SLMM	03 00	(529.85)	
57007	150110	Movable Equip	008954	000	2 Cisco 2911 Security Bundle	7/31/2014	(4,558.08)	P	SLMM	03 00	(4,558.08)	
57007	150110	Movable Equip	008955	000	1 Cisco 2911 Security Bundle	7/31/2014	(1,472.83)	P	SLMM	03 00	(1,472.83)	
57007	150110	Movable Equip	008956	000	1 Cisco Catalyst 2960-X	7/31/2014	(1,306.40)	P	SLMM	03 00	(1,306.40)	
57007	150110	Movable Equip	008957	000	1 Cisco Catalyst 2960-X	7/31/2014	(1,306.40)	P	SLMM	03 00	(1,306.40)	
57007	150110	Movable Equip	009029	000	1 APC SmartUPS	8/31/2014	(877.25)	P	SLMM	03 00	(877.25)	
57007	150110	Movable Equip	009436	000	HP LaserJet Pro 400	2/28/2015	(428.96)	P	SLMM	03 00	(428.96)	
57007	150110	Movable Equip	010042	000	1 HP LaserJet PRO 400	9/30/2015	(448.72)	P	SLMM	03 00	(448.72)	
57007	150110	Movable Equip	010043	000	1 HP M425DN printer, & tag	9/30/2015	(448.72)	P	SLMM	03 00	(448.72)	
57007	150110	Movable Equip	010298	000	1 HP LaserJet PRO M426FDN	12/31/2015	(492.66)	P	SLMM	03 00	(451.61)	
57007	150110	Movable Equip	010299	000	1 Cisco 2911 Security Bundle	12/31/2015	(1,473.21)	P	SLMM	03 00	(1,350.44)	
57007	150110	Movable Equip	011291	000	1 HP LaserJet PRO M402N	10/31/2016	(183.89)	P	SLMM	03 00	(117.50)	
57007	150117	Movable Equip	008612	000	Cabling for fax voice and data	4/30/2014	(1,462.00)	P	SLMM	07 00	(922.47)	
57007	150117	Movable Equip	009673	000	Phone line install	5/31/2015	(1,141.42)	P	SLMM	07 00	(543.54)	
57007	150117	Movable Equip	010041	000	Cabling for copiers & faxes	9/30/2015	(2,000.00)	P	SLMM	07 00	(857.16)	
57007	150117	Movable Equip	010238	000	Cabling for copier & fax	11/30/2015	(500.00)	P	SLMM	07 00	(202.38)	
57007	150117	Movable Equip	012680	000	Add a Data Drop	3/31/2018	(770.00)	P	SLMM	05 09	(66.96)	
57007	150130	Vehicle - Movable	006828	000	Sun Valuation - PPE Vehicles	12/1/2012	(8,930.00)	A	SLMM	04 00	(8,930.00)	

HBR Trumbull, LLC -d/b/a: St. Joseph's Manor
 Depreciation Expense Report
 As of September 30, 2019

Sch 23 Total Deprn	6,729.03
Sch 29 total Deprn Adj	301,700.44
Total Deprn Expense	308,429.47

2,491,240.58

2,491,240.58 788,880.48 308,429.47 1,097,309.95

Prior Accum **Current YTD** **Current**
Depreciation **Depreciation** **Accum**

Locati	G/L Asset	Acct Desc	Sys	Ex	Description	In Svc Date	AcquiredValue	PT	DeprMeth	EstLife	Depreciable Basis	9/30/2018	2,019.00	9/30/2019
57007	150050	Bldg Imp	012477	000	Jeron Provider 68+	12/31/2017	86,992.17	R	SLMM	10	86,992.17	10,874.03	8,699.22	19,573.25
57007	150050	Bldg Imp	012533	000	12 Panic Bars and C	1/31/2018	7,338.15	R	SLMM	10	7,338.15	826.84	733.82	1,560.66
57007	150117	Movable Equ	012680	000	Add a Data Drop	3/31/2018	770.00	P	SLMM	5	770.00	66.96	154.00	220.96
57007	150088	Movable Equ	012681	000	DermaFloat Alternat	3/31/2018	2,143.14	P	SLMM	3	2,143.14	357.19	714.38	1,071.57
57007	150085	Movable Equ	012682	000	Direct Choice Heate	3/31/2018	1,680.31	P	SLMM	5	1,680.31	146.11	336.06	482.17
57007	150050	Bldg Imp	012853	000	Toilet	5/31/2018	667.35	R	SLMM	5	667.35	39.84	133.47	173.31
57007	150088	Movable Equ	012854	000	(7) DermaFloat Matt	5/31/2018	21,238.77	P	SLMM	3	21,238.77	2,359.86	7,079.59	9,439.45
57007	150085	Movable Equ	012855	000	(2) Tracer Wheelcha	5/31/2018	453.42	P	SLMM	5	453.42	27.07	90.68	117.75
57007	150085	Movable Equ	012856	000	9XT Wheelchair	5/31/2018	507.56	P	SLMM	5	507.56	30.30	101.51	131.81
57007	150085	Movable Equ	012857	000	Slip-Top Overbed T	5/31/2018	578.52	P	SLMM	5	578.52	34.54	115.70	150.24
57007	150088	Movable Equ	012858	000	Bariatric Bed	5/31/2018	2,640.67	P	SLMM	3	2,640.67	293.41	880.22	1,173.63
57007	150055	Bldg Imp	012859	000	Rental Boiler While	5/31/2018	71,190.05	R	SLMM	5	71,190.05	4,250.15	14,238.01	18,488.16
57007	150050	Bldg Imp	012860	000	New Roof	5/31/2018	42,438.00	R	SLMM	5	42,438.00	2,533.61	8,487.60	11,021.21
57007	150050	Bldg Imp	012860	000	New Roof-Sale Tax	5/31/2018	2,694.81	R	SLMM	5	2,694.81	-	538.96	538.96
57007	150025	Land Imp	012861	000	Sales Tax for invoice	5/31/2018	4,428.01	R	SLMM	5	4,428.01	264.36	885.60	1,149.96
57007	150088	Movable Equ	012939	000	(2) DermaFloat Mat	6/30/2018	5,217.49	P	SLMM	3	5,217.49	434.79	1,739.16	2,173.95
57007	150055	Bldg Imp	013012	000	Boiler and ot Water	7/31/2018	46,684.45	R	SLMM	5	46,684.45	1,436.44	9,336.89	10,773.33
57007	150055	Bldg Imp	013089	000	New Circuit Board f	8/31/2018	16,169.45	R	SLMM	5	16,169.45	252.65	3,233.89	3,486.54
57007	150055	Bldg Imp	013090	000	Boiler Plant Upgrad	8/31/2018	70,858.25	R	SLMM	5	70,858.25	1,107.16	14,171.65	15,278.81
57007	150088	Movable Equ	013172	000	60 - Mattresses	9/30/2018	14,485.51	P	SLMM	3	14,485.51	-	4,828.50	4,828.50
57007	150088	Movable Equ	013173	000	3 - Mattresses	9/30/2018	1,027.65	P	SLMM	3	1,027.65	-	342.55	342.55
57007	150080	Movable Equ	013174	000	5 - LED Tv's	9/30/2018	2,220.69	P	SLMM	5	2,220.69	-	444.14	444.14
57007	150057	Bldg Imp	013175	000	Vinyl Flooring	9/30/2018	8,576.06	R	SLMM	5	8,576.06	-	1,715.21	1,715.21
57007	150055	Bldg Imp	013176	000	Boiler Rental- Septe	9/30/2018	13,355.00	R	SLMM	5	13,355.00	-	2,671.00	2,671.00
57007	150055	Bldg Imp	013177	000	Boiler Rental- Augu	9/30/2018	13,355.00	R	SLMM	5	13,355.00	-	2,671.00	2,671.00
57007	150080	Movable Equ	013227	000	Refrigerator 18 cu ft	9/30/2018	483.95	P	SLMM	5	483.95	-	96.79	96.79
57007	150050	Bldg Imp	013349	000	DPH Documents	11/30/2018	3,960.00	R	SLMM	5	3,960.00	-	660.00	660.00
57007	150055	Bldg Imp	013252	000	Rental- Temp Boiler	10/31/2018	13,355.00	R	SLMM	5	13,355.00	-	2,448.42	2,448.42
57007	150055	Bldg Imp	013253	000	2 New Boilers, upgr	10/31/2018	143,187.50	R	SLMM	5	143,187.50	-	26,251.04	26,251.04
57007	150055	Bldg Imp	013347	000	boiler rental (for nov	11/30/2018	13,355.00	R	SLMM	5	13,355.00	-	2,225.83	2,225.83
57007	150055	Bldg Imp	013348	000	New boiler (final pr	11/30/2018	70,858.25	R	SLMM	5	70,858.25	-	11,809.71	11,809.71
57007	150057	Bldg Imp	013346	000	50%down pmt cabin	11/30/2018	16,470.67	R	SLMM	5	16,470.67	-	2,745.11	2,745.11
57007	150085	Movable Equ	013345	000	6 uniframe round dir	11/30/2018	4,665.15	P	SLMM	5	4,665.15	-	777.53	777.53
57007	150050	Bldg Imp	013874	000	Push Button Combir	05/31/19	814.11	R	SLMM	10	814.11	-	27.14	27.14
57007	150050	Bldg Imp	014263	000	Boiler Plant Investig	09/30/19	12,500.00	R	SLMM	10	12,500.00	-	-	-
57007	150055	Bldg Imp	013501	000	Dec Boiler Rental	01/31/19	13,355.00	R	SLMM	10	13,355.00	-	890.33	890.33
57007	150055	Bldg Imp	013591	000	Upgrade of replacem	02/28/19	18,509.84	R	SLMM	10	18,509.84	-	1,079.74	1,079.74
57007	150055	Bldg Imp	013592	000	February Boiler Ren	02/28/19	13,355.00	R	SLMM	10	13,355.00	-	779.04	779.04
57007	150055	Bldg Imp	013593	000	January Boiler Rent	02/28/19	13,355.00	R	SLMM	10	13,355.00	-	779.04	779.04
57007	150055	Bldg Imp	013680	000	Temp Boiler Rental	03/31/19	13,355.00	R	SLMM	10	13,355.00	-	667.75	667.75
57007	150055	Bldg Imp	013794	000	2 Excitor antenna's f	04/30/19	1,347.44	R	SLMM	10	1,347.44	-	56.14	56.14
57007	150055	Bldg Imp	013876	000	April Boiler Rental	05/31/19	14,418.50	R	SLMM	10	14,418.50	-	480.62	480.62
57007	150055	Bldg Imp	013877	000	Upgrade and Replac	05/31/19	1,198.86	R	SLMM	10	1,198.86	-	39.96	39.96
57007	150057	Bldg Imp	013793	000	Cabinets & Countert	04/30/19	15,287.79	P	SLMM	10	15,287.79	-	636.99	636.99
57007	150057	Bldg Imp	013875	000	New Flooring for nu	05/31/19	2,901.02	P	SLMM	10	2,901.02	-	96.70	96.70
57007	150080	Movable Equ	013873	000	Record Sales and Us	05/31/19	64.00	P	SLMM	7	64.00	-	3.05	3.05
57007	150080	Movable Equ	013985	000	Record Sales & Use	06/30/19	71.00	P	SLMM	7	71.00	-	2.54	2.54
57007	150080	Movable Equ	014067	000	Frigidaire 15,000 PT	07/31/19	605.13	P	SLMM	7	605.13	-	14.41	14.41
57007	150085	Movable Equ	013500	000	Convection Pellet Hi	01/31/19	4,298.94	P	SLMM	10	4,298.94	-	286.60	286.60
57007	150085	Movable Equ	013791	000	Counter Cubelet Ice	04/30/19	4,479.42	P	SLMM	10	4,479.42	-	186.64	186.64
57007	150085	Movable Equ	013792	000	Filter for Ice Makers	04/30/19	179.37	P	SLMM	10	179.37	-	7.47	7.47
57007	150085	Movable Equ	013987	000	Conveyor Toaster	06/30/19	812.28	P	SLMM	10	812.28	-	20.31	20.31
57007	150085	Movable Equ	014069	000	Conveyor Toaster 80	07/31/19	890.51	P	SLMM	10	890.51	-	14.84	14.84
57007	150085	Movable Equ	014262	000	2 Hotpoint Top Mou	09/30/19	1,227.15	P	SLMM	10	1,227.15	-	-	-
57007	150088	Movable Equ	014177	000	63 Mattresses	08/31/19	15,513.16	P	SLMM	3	15,513.16	-	430.92	430.92
57007	150100	Movable Equ	013986	000	2 Logan Office Chai	06/30/19	285.07	P	SLMM	10	285.07	-	7.13	7.13
57007	150100	Movable Equ	014068	000	Big and Tall Swivel/	07/31/19	286.66	P	SLMM	10	286.66	-	4.78	4.78
57007	150117	Movable Equ	013789	000	CAT6 Fax lines to f	04/30/19	1,010.53	P	SLMM	7	1,010.53	-	60.15	60.15
57007	150117	Movable Equ	013790	000	Patched into switch	04/30/19	398.81	P	SLMM	7	398.81	-	23.74	23.74

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor			2321-C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph	License No. 2321-C	Report for Year Ended 9/30/2019	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	292				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
GMF-CT	Facility Lease	7/1/2019-12/31	10 years	1,513,873	
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
HBR Trumbull, LLC -d/b/a: St. Josep		2321-C	9/30/2019			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Jos		2321-C		9/30/2019		27	37
Item				Total	CCNH	RHNS	(Specify)
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. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 38,245	35,950		2,295
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 429,292	403,534		25,758
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 467,537	439,484		28,053
15. Total All Expenditures (A-13 thru C-14)				\$ 27,570,536	26,827,188		743,348

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 27,449	25,802		1,647
Page 13 - Professional Fees							
5.	13	8-c	Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,000,022	1,000,022		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1-c	Bad Debts	\$ 391,386	367,903		23,483
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m-2 &	Unallowable Advertising *	\$ 13,026	12,244		782
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 1,575	1,480		94
21.			Unallowable Management Fees	\$ (51,688)	(48,586)		(3,101)
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 370,971	356,283		14,688
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,752,741	1,715,149		37,592

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	2	Administrator's salary disallowed	\$ 25,802	\$ -	\$ 1,647
10	a12o		0 \$ -	\$ -	\$ -
10	a12o		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other Salaries Adjustment			\$ 25,802	\$ -	\$ 1,647

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	5	Rehabilitation Services	\$ 141,376	\$ -	\$ -
13	5	Rehabilitation Services	\$ 552,621	\$ -	\$ -
13	9	Speech Therapist	\$ 66,681	\$ -	\$ -
13	10	Occupational Therapist	\$ 197,322	\$ -	\$ -
13	12	Other	\$ 1,240	\$ -	\$ -
13	12	Other	\$ 27,418	\$ -	\$ -
13	12	Respiratory Purchased Servies	\$ 13,364	\$ -	\$ -
Total Other Fees Adjustments			\$ 1,000,022	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m-8a	Chamber of Commerce	\$ -	\$ -	\$ -
16	m-13	Collection Fees	\$ 96,579	\$ -	\$ 6,165
16	m-13	Estimated Accrual	\$ 1,236	\$ -	\$ 79
16	m-13	Non-recurring charges	\$ 84,618	\$ -	\$ 5,401
16	m-13	Penalty	\$ 23,957	\$ -	\$ 1,529
0	0		0 \$ -	\$ -	\$ -
15	1a3		0 \$ -	\$ -	\$ -
15	1a4		0 \$ -	\$ -	\$ -
15	1-a-1	adj workers comp	\$ 149,893	\$ -	\$ 1,514
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
0	0		0 \$ -	\$ -	\$ -
Total Other A&G Adjustments			\$ 356,283	\$ -	\$ 14,688

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

Name of Facility				License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's Manor				2321-C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,752,741	1,715,149		37,592
Page 20 - Resident Care Supplies***							
27.	20	5-a-2	Prescription Drugs	\$ 307,504	307,504		
28.	20	5-d	Ambulance/Limousine	\$ 7,314	7,314		
29.	20	5-f	X-rays, etc	\$ 18,215	18,215		
30.	20	5-h	Laboratory	\$ 60,495	60,495		
31.			Medical Supplies	\$			
32.	20	5-e-2	Oxygen (non emergency)	\$ 16,788	16,788		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 44,855	44,855		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (301,700)	(301,700)		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 22,080	22,080		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 25,898	24,344		1,554
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$ 235,193	221,082		14,112
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,189,382	2,136,124		53,258

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-j	Consolidated Billing	\$ 14,316	\$ -	\$ -
20	5-j	Respiratory Supplies	\$ 21,036	\$ -	\$ -
20	5-j	Respiratory Rental	\$ 9,502	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
Total Other Ancillary Costs			\$ 44,855	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Page 22	7a	Land Imp	\$ (21,592)	\$ -	\$ -
Page 22	7b	Bldg Imp	\$ (189,032)	\$ -	\$ -
Page 22	7c	Non Movable Equip	\$ (31,453)	\$ -	\$ -
Page 22	7d	Movable Equip	\$ (59,624)	\$ -	\$ -
0	0	Land Imp		\$ -	\$ -
0	0	Land Imp		\$ -	\$ -
0	0	Land Imp		\$ -	\$ -
0	0	Land Imp		\$ -	\$ -
Total Excess Movable Equipment Depreciation			\$ (301,700)	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6b		\$ -	\$ -	\$ -
22	6c		\$ -	\$ -	\$ -
22	6d		\$ -	\$ -	\$ -
22	6a	Teresian Towers Misc Revenue - Maint Dept	\$ 7,891	\$ -	\$ -
22	6b	Teresian Towers Misc Revenue- Electricity revenue	\$ 14,189	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
Total Other Property Adjustments			\$ 22,080	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5-i	Cable TV	\$ 24,344	allow \$3600	\$ 1,554
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -

Total Other Adjustments			\$ 24,344	\$ -	\$ 1,554

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14 c1	General liability Insurance Adjust	\$ 221,082	\$ -	\$ 14,112
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
0	0		\$ -	\$ -	\$ -
Total Other Adjustments			\$ 221,082	\$ -	\$ 14,112

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's M2321-C		9/30/2019		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 41,291,502	39,226,927		2,064,575	
b. Medicaid Room and Board Contractual Allowance **	\$ (21,194,952)	(20,135,204)		(1,059,748)	
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,838,785	1,838,785			
b. Medicare Room and Board Contractual Allowance **	\$ (590,735)	(590,735)			
4. a. Private-Pay Residents and Other	\$ 4,598,575	4,598,575			
b. Private-Pay Room and Board Contractual Allowance **	\$ (1,102,206)	(1,102,206)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 140,490	140,490			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (45,134)	(45,134)			
c. Prescription Drugs - Non-Medicare	\$ 192,246	180,711		11,535	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (52,483)	(49,334)		(3,149)	
2. a. Medical Supplies - Medicare	\$ 347	347			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (112)	(112)			
c. Medical Supplies - Non-Medicare	\$ 837	787		50	
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (403)	(379)		(24)	
3. a. Physical Therapy - Medicare	\$ 463,520	463,520			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (148,912)	(148,912)			
c. Physical Therapy - Non-Medicare	\$ 419,666	394,486		25,180	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (129,128)	(121,380)		(7,748)	
4. a. Speech Therapy - Medicare	\$ 125,054	125,054			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (40,175)	(40,175)			
c. Speech Therapy - Non-Medicare	\$ 164,202	154,350		9,852	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (50,012)	(47,011)		(3,001)	
5. a. Occupational Therapy - Medicare	\$ 683,289	683,289			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (219,516)	(219,516)			
c. Occupational Therapy - Non-Medicare	\$ 526,676	495,075		31,601	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (156,999)	(147,579)		(9,420)	
6. a. Other (<i>Specify</i>) - Medicare	\$ 101,150	95,081		6,069	
b. Other (<i>Specify</i>) - Non-Medicare	\$ 352,146	331,016		21,130	
III. Total Resident Revenue (Section I. thru Section II.)	\$ 27,167,718	26,080,816		1,086,902	
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$ 24,930	23,434		1,496	
5. Interest Income (<i>Specify</i>)	\$ 3,722	3,722			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 32,183	30,252		1,931	
8. Other (<i>Specify</i>)	\$ 53,190	53,190			
V. Total Other Revenue (1 thru 8)	\$ 114,025	110,598		3,427	
VI. Total All Revenue (III +V)	\$ 27,281,743	26,191,414		1,090,329	

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-a	X-Ray	\$ 9,509	\$ -	\$ 607
II-6-a	Laboratory	\$ 41,910	\$ -	\$ 2,675
II-6-a	Respiratory Therapy & Supplies	\$ 4,929	\$ -	\$ 315
II-6-a	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Audiology	\$ 17	\$ -	\$ 1
II-6-a	Incontinency	\$ -	\$ -	\$ -
II-6-a	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Ambulance	\$ 470	\$ -	\$ 30
II-6-a	Flu Shot	\$ 25,495	\$ -	\$ 1,627
II-6-a	Capitation Contracts	\$ -	\$ -	\$ -
II-6-a	Radiology Service	\$ -	\$ -	\$ -
II-6-a	Outpatient Therapy Program	\$ -	\$ -	\$ -
II-6-a	Case Management	\$ 57,755	\$ -	\$ 3,686
II-6-a	X-Ray	\$ (3,055)	\$ -	\$ (195)
II-6-a	Laboratory	\$ (13,464)	\$ -	\$ (859)
II-6-a	Respiratory Therapy & Supplies	\$ (1,583)	\$ -	\$ (101)
II-6-a	Nursing Treatment Supplies	\$ -	\$ -	\$ -
II-6-a	Audiology	\$ (5)	\$ -	\$ 0
II-6-a	Incontinency	\$ -	\$ -	\$ -
II-6-a	Oxygen & Supplies	\$ -	\$ -	\$ -
II-6-a	Physician Visit	\$ -	\$ -	\$ -
II-6-a	Ambulance	\$ (151)	\$ -	\$ (10)
II-6-a	Flu Shot	\$ (8,191)	\$ -	\$ (523)
II-6-a	Capitation Contracts	\$ -	\$ -	\$ -
II-6-a	Radiology Service	\$ -	\$ -	\$ -
II-6-a	Outpatient Therapy Program	\$ -	\$ -	\$ -
II-6-a	Case Management	\$ (18,555)	\$ -	\$ (1,184)
Total Other Resident Revenue - Medicare		\$ 95,081	\$ -	\$ 6,069

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
II-6-b	X-Ray	\$ 73	\$ -	\$ 5
II-6-b	Laboratory	\$ 10,562	\$ -	\$ 674
II-6-b	Respiratory Therapy & Supplies	\$ 5,667	\$ -	\$ 362
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	\$ -	\$ -	\$ -
II-6-b	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Capitation Contracts	\$ -	\$ -	\$ -
II-6-b	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Outpatient Therapy Program	\$ -	\$ -	\$ -
II-6-b	X-Ray	\$ (38)	\$ -	\$ (2)
II-6-b	Laboratory	\$ (5,422)	\$ -	\$ (346)
II-6-b	Respiratory Therapy & Supplies	\$ (2,909)	\$ -	\$ (186)
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	\$ -	\$ -	\$ -
II-6-b	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Capitation Contracts	\$ -	\$ -	\$ -
II-6-b	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Outpatient Therapy Program	\$ -	\$ -	\$ -
II-6-b	Daycare	\$ -	\$ -	\$ -
II-6-b	X-Ray	\$ 5,481	\$ -	\$ 350
II-6-b	Laboratory	\$ 70,273	\$ -	\$ 4,486
II-6-b	Respiratory Therapy & Supplies	\$ 6,174	\$ -	\$ 394
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	\$ 1,033	\$ -	\$ 66
II-6-b	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Capitation Contracts	\$ 341,971	\$ -	\$ 21,828
II-6-b	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Outpatient Therapy Program	\$ -	\$ -	\$ -
II-6-b	Daycare	\$ -	\$ -	\$ -
II-6-b	X-Ray	\$ (1,314)	\$ -	\$ (84)
II-6-b	Laboratory	\$ (16,843)	\$ -	\$ (1,075)
II-6-b	Respiratory Therapy & Supplies	\$ (1,480)	\$ -	\$ (94)
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	\$ (247)	\$ -	\$ (16)
II-6-b	Flu Shot	\$ -	\$ -	\$ -
II-6-b	Capitation Contracts	\$ (81,965)	\$ -	\$ (5,232)
II-6-b	Radiology Service	\$ -	\$ -	\$ -
II-6-b	Outpatient Therapy Program	\$ -	\$ -	\$ -
II-6-b	Daycare	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
Total Other Resident Revenue		\$ 331,016	\$ -	\$ 21,130

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
IV-5	Interest on Overdue Accts	\$	\$ 3,722	\$ -	\$ -
0	0	\$	\$ -	\$ -	\$ -
0	0	\$	\$ -	\$ -	\$ -
0	0	\$	\$ -	\$ -	\$ -
Total Interest Income			\$ 3,722	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
IV-8	Timable basement rent	\$ 49,773	\$ -	\$ -
IV-8	Security-Maint employees rounding grounds	\$ -	\$ -	\$ -
IV-8	WESTERN MA RENDERING CO	\$ 14	\$ -	\$ -
IV-8	Office of State Comptroller to State Treasurer	\$ 40	\$ -	\$ -
IV-8	Medical Records	\$ -	\$ -	\$ -
IV-8	harsian towers utilities	\$ -	\$ -	\$ -
IV-8	Donation	\$ 20	\$ -	\$ -
IV-8	Hair Dresser	\$ -	\$ -	\$ -
IV-8	Reclass to Incontinency	\$ 603	\$ -	\$ -
IV-8	SETTLEMENT - REHABCARE SETTLEMENT ADMIN Total	\$ 600	\$ -	\$ -
IV-8	UHC Optum Care Plus Part B (Capitated)	\$ 2,140	\$ -	\$ -
0	0	\$ -	\$ -	\$ -
Total Other Revenue		\$ 53,190	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph's	2321-C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	12,484
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,281,386
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(50,186)
4. Inventories			\$	103,978
5. Prepaid Expenses			\$	10,964
a. _____				
b. _____				
c. _____				
d. See Schedule		10,964		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,358,625
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____	120,398	\$	114,743
	Accum. Depreciation _____	5,655 Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____	31,321	\$	30,246
	Accum. Depreciation _____	1,074 Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	144,989

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Prop Taxes	\$ 4,003
31	A5	Prepaid Personal Property Tax	\$ 6,960
Total Prepaid Expenses			\$ 10,964

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

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	ROU Bldg Asset-Oper Lease	\$ 4,575,109
32	D7	AccumAmort-ROU Bldg OprLease	\$ (208,708)
32	D7	Elimination Intercompany	\$ 15,957,236
32	D7	I/C Due to/Due From GHLLC	\$ 137,485,041
32	D7	I/C Due to/Due From GHLLC PR	#####
32	D7	I/C Due to/Due From GHLLC A/P	\$ (47,703,493)
32	D7	I/C Due to/Due From GHLLC EX	\$ (1,040)
32	D7	I/C Due to/Due From GHLLC AR	\$ (6,619,788)
32	D7	I/C Due to/Due From GHLLC IN	\$ (347,987)
Total Other Assets			\$ 1,673,228

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Accr Exp Other	\$ 1,721
33	A12	Accr Exp Water and Sewer	\$ 6,051
33	A12	Accr Exp Gas	\$ 13,501
33	A12	Accr Exp Electricity	\$ 15,375
33	A12	Deferred Revenue	\$ 77,863
33	A12	A/R Credit Gross Up Liability	\$ 140,793
33	A12	Accrued Provider/Bed Tax	\$ 336,762
33	A12	Accr Gross Rec Tax-FY11	\$ 2,640
33	A12	Accr Gross Rec Tax-FY12	\$ 2,400
33	A12	Accr Gross Rec Tax-FY13	\$ 2,400
33	A12	Accr Gross Rec Tax-FY14	\$ 2,400
33	A12	Accr Gross Rec Tax-FY15	\$ 2,400
33	A12	Accr Gross Rec Tax-FY16	\$ 2,400
33	A12	Accr Gross Rec Tax-FY17	\$ 2,400
33	A12	Accr Gross Rec Tax-FY18	\$ 4,200
33	A12	Accr Sales and Use Tax - FY18	\$ 52
Total Other Current Liabilities (Itemize)			\$ 613,358

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph'	2321-C	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	2,503,614
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	1,673,228
_____			\$	1,673,228
See Schedule			1,673,228	\$
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,673,228
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,176,842

* 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 HBR Trumbull, LLC -d/b/a: St. Joseph's Mand		License No. 2321-C	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,318,767
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>)				\$	726,359
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	613,358

See Schedule					613,358
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,658,484

* 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 HBR Trumbull, LLC -d/b/a: St. Joseph's M	License No. 2321-C	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				2,658,484
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
LT Debt-Financing Obligation		4,415,231		
Escheatable Funds		1,728		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,416,959
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,075,443

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

Name of Facility	License No.	Report for Year Ended	Page	of
HBR Trumbull, LLC -d/b/a: St. Joseph	2321-C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,609,807)
6. Gain or Loss for Period			\$	(288,795)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(2,898,602)
C. Total Reserves and Net Worth			\$	(2,898,602)
D. Total Liabilities, Reserves, and Net Worth			\$	4,176,841

H. Changes in Total Net Worth

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's	License No. 2321-C	Report for Year Ended 9/30/2019	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(2,609,808)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	27,281,742
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	27,570,535
D. Net Income or Deficit			\$	(288,794)
E. Balance			\$	(2,898,602)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(2,898,602)

I. Preparer's/Reviewer's Certification

Name of Facility HBR Trumbull, LLC -d/b/a: St. Joseph's	License No. 2321-C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Thomas Farnan				
Address Address			Phone Number	
200 Brickstone Square, Andover, MA 01810			978-247-5029	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Thomas Farnan			978-247-5029	
Contact Email Address				
Thomas.Farnan@genesishcc.com				