# Craig J. Lubitski Consulting LLC & CJLC LLC

# CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

Mr. Chris LaVigne CON & Reimbursement Department of Social Services 55 Farmington Avenue Hartford, CT 06105

Pitchville

Mr. LaVigne:

This enclosed 2015 Medicaid Cost Report intentionally omits the following disallowances:

- a. Administrator and Related Party salaries
- b. Dues and Membership Fees to Professional Associations
- c. Physical or Speech Therapy salaries or fees
- d. Depreciation and/or interest expense related to capitalized items previously deemed unallowable by the Department

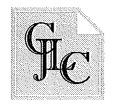
It is our understanding that the software utilized by the Department in the rate setting process computes the necessary disallowances for these areas and our intention is to eliminate the potential for a duplicate disallowance.

If you have any questions, please contact me at 860-610-9009.

Respectfully,

Craig J. Lubitski, CPA

Partner

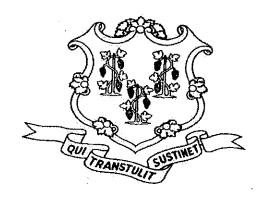


225 Pitkin Street
East Hartford
Connecticut 06108

860.610.9009 (t) 860.610.9030 (f)

cilc.com

# **State of Connecticut**



# **Annual Report of Long-Term Care Facility**Cost Year 2015

Name of Facility (as licensed)							
Fitchville Residential Care Home Ll						<del>.</del>	
Address (No. & Street, City, State, 2	=						
187 Fitchville Rd., Bozrah, CT 0633	34		• • • • • • • • • • • • • • • • • • • •				
Type of Facility							
Chronic and Convalescent		Rest Home wit	h Nursing				
☐ Nursing Home only		Supervision on	ly	$\square$	Residenti	al Ca	re Home
(CCNH)		(RHNS)					
Report for Year Beginning		Report for Yea	r Ending				
10/1/2014		9/30/2015					
License Numbers:	CCNH	RHNS	Reside	ential Care I 1872	Home	Me	dicare Provider
				10/2			
Medicaid Provider Numbers:	CC	CNH	RF	INS		IC	F-IID
For Department Use Only							
Sequence Number   Signed and	Date	Sequence N	lumber	Signed a	ınd Notari	zed	Date Received
Assigned Notarized	Received	Assign	ed	Digited a	ma rotan	Lou	Date Received

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# State of Connecticut **Department of Social Services**

# 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	stm	ent		Page	of
-				1A	37
Name of Facility		Period Cov	ered:	From	То
Fitchville Residential Care Home LLC				10/1/2014	9/30/2015
Address of Facility 187 Fitchville Rd., Bozrah, CT 06334					
Report Prepared By Craig J. Lubitski Consulting LLC		Phone Nun 860-610-90		Date 2/15/2016	
Item		Total	CCNH	RHNS	Residentia 1 Care Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$			***************************************	
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.	

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# **General Information and Questionnaire Type of Facility - Organization Structure**

				<u> </u>	
	Phone No. of Fa 860-887-2585	cility Report fo			of
Name of Facility (as shown on license)		o. & Street, City		2	37
Fitchville Residential Care Home LLC		o. & Sireei, Cii) lle Rd., Bozrah,			
CCNH		Residential Ca		Medicare I	Provider No.
License Numbers:			1872	111001101110	10(10011101
Type of Facility (Check appropriate box(es))				<u> </u>	00000
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Supervision only		☑ Resident	ial Care Hor	ne
Type of Ownership (Check appropriate box)					
O Proprietorship	O Profit Corp.	O Non-Profi	Corp. O	Government	O Trust
If this facility opened or closed during report year pro-	vide:	Date Opened	Date Clo	sed	
Has there been any change in ownership			<u> </u>		
or operation during this report year?	O Yes	⊙ No	If "Yes,"	explain full	у.
Administrator Name of Administrator		Nussin	g Home		
Mary Lou Zimbouski			strator's		
Watty Dou Zimoodski			ise No.:		
Other Operators/Owners who are assistant administrat	tors (full or part time		•		
Name		Lice	nse No.:		
			-		

# General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page	of
Fitchville Residential Care Ho	me LLC	187	2 9/30/2015		3	37
Legal Name of Par Fitchville Residential Care Ho		Business 187 Fitchville CT 06334		State(s) and/o Which R CT, Bozrah		
Name of Partners/Members	Business Ac	ldress		Γitle	% Ou	ned/
Sifwat Ali	268 Middlesex Ave., C	Chester, CT	Member		17	
Fozia Ali	128 Curtis St., Merider	ı, CT	Member		17	7
Sipra Mitra	1 Griswold St., Meride	en, CT	Member		16.	5
Jit Mitra	1 Griswold St., Meride	en, CT	Member		16.	5
Razia Rehman	268 Middlesex Ave., C	Chester, CT	Member		16.	5
Abdul Rehman	268 Middlesex Ave., C	Chester, CT	Member		16.	5
		****				

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# General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
Fitchville Residential Care Home LLC		9/30/2015		3A 37
If this facility is owned or operated as a corpo	oration, provide the	e following informat	tion:	
Legal Name of Corporation		s Address		ch Incorporated
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares				

# General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Fitchville Residential Care Home LLC	1872	9/30/2015	3B 37
If this facility is owned or operated as an individua		rovide the following informat	ion:
Ow	ner(s) of Facility		
			LA PROPERTY OF THE PARTY OF THE
			,
·			
		4,000,000	
		A Section 1	
	· · · · · · · · · · · · · · · · · · ·	·	
	,		
		vi	

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# General Information and Questionnaire Related Parties\*

Name of Facility		License No.	No.	Report for Year Ended		Page	of
Fitchville Residential Care Home LLC	are Home LLC		1872	9/30/2015		4	37
Are any individuals rece	Are any individuals receiving compensation from the facility related through	cility rel	ated through		If "Yes," provide the Name/Address and	e Name/Add	ress and
marriage, ability to cont	marriage, ability to control, ownership, family or business association?	SS assoc		O Yes © No	complete the information on Page 11 of the report.	ation on Pag	ge 11 of the report.
					- Principle of the control of the co		
Are any individuals or c	Are any individuals or companies which provide goods or services,	or servic	es,				
including the rental of p	including the rental of property or the loaning of funds to this facility,	to this fa	cility,				
related through family a	related through family association, common ownership, control, or business	control,	or business	• Yes O No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	cility?		If "Yes," provide the following information:	e following	nformation:
		Also	Also Provides		Indicate Where		
Name of Related	Business	Non-R	Non-Related Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company		Yes	No   %**	_	Page # / Line #	Reported	Related Party
Fitchville Home	14 Woods Row, Monroe, CT	0	•	Rental of real estate	22/9	066,69	066,69
Great American/AAIC	301 E 4th Street, Cincinnati, OH	0	•	Shared property and liability insurance	27/14a	13,378	13,378
Progressive Auto Insurance	P.O. Box 94739, Cleveland, OH	0	•	Shared automobile insurance	27/14b	826	826
BerkleyNet	P.O. Box 920179, Needham, MA	0	•	Shared worker's compensation insurance	15/1/a1	17,688	17,688
CBIA/Anthem	P.O. Box 150496, Hartford, CT	0	•	Shared health insurance	16/m13	487	487
Paychex	714 Brook Street, Rocky Hill, CT	0	•	Shared payroll processing fees	16/m13	3,755	3,755
	-	0	•		·		
		0	•	-			
		0	0				
A THE PERSON NAMED IN COLUMN TWO IN COLUMN T							

\* Use additional sheets if necessary.

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

Fitchville 9/30/2015 Attachment to Page 4

Name of Related	Description of Goods / Services	Indicate Where Costs are Included in Annual Report		Actual Cost to the
Individual or Company	ny Provided	Page#/Line#	Cost Reported	Related Party
Cornerhouse	Intercompany receivables / payables	33 / A12	23,998.00	23,998.00
Eagle Landing	Intercompany receivables / payables	33 / A12	156,022.78	156,022.78
Silver Manor	Intercompany receivables / payables	31 / A8	319,207.69	319,207.69
Owner	Intercompany receivables / payables	33 / A12	14,194.03	14,194.03
ELR Care	Intercompany receivables / payables	33 / A12	32,364.90	32,364.90
Affiliates	Intercompany receivables / payables	31 / A8	72,910.17	72,910.17

# **General Information and Questionnaire**Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page of
Fitchville Residential Care Home LLC	1872		9/30/2015	5 37
If the facility is licensed as CDH and/or RCH o	r provides A	DS or TB	I services with special Medic	aid rates, costs
must be allocated to CCNH and RHNS as follo	ws:		-	
Item			Method of Allocatio	n
Dietary	1	Number of	meals served to residents	
Laundry	1	Number of	pounds processed	
Housekeeping	1	Number of	square feet serviced	
	1	Number of	hours of routine care provide	ed by EACH
Nursing	E	employee o	classification, i.e., Director (c	r Charge Nurse),
	F	Registered	Nurses, Licensed Practical N	lurses, Aides and
	1	Attendants		
Direct Resident Care Consultants	1	Number of	hours of resident care provide	ed by EACH
	s	specialist	(See listing page 13)	
Maintenance and operation of plant	S	Square fee	t	
Property costs (depreciation)	S	Square fee	t	
Employee health and welfare		Gross salaı	ries	
Management services			e cost center involved	
All other General Administrative expenses		Total of D	rect and Allocated Costs	
The preparer of this report must answer the foll	owing questi	ons applic	able to the cost information p	rovided.
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why su	ich allocation was
costs allocated as required?	o res	O 140	not made.	
2. Explain the allocation of related company ex	epenses and a	ttach copy	of appropriate supporting da	ta.
				•
3. Did the Facility appropriately allocate and se	elf-disallow d	lirect and i	ndirect costs to non-nursing l	nome cost centers?
(e.g., Assisted Living, Home Health, Outpati	ient Services,	Adult Da	y Care Services, etc.)	
	O Vos	O No	If "No," explain fully why su	ich allocation was
	• Yes	O No	not made.	

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# 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 about and he included in these amounts

should not be included in these amounts.  Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Fitchville Residential Care Home LLC			1872	9/30/2015			6 37
	Related * to	d * to					
	Owners	ers,					
	Operators,	tors,		í	(	Annual	
	Officers	ers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed
	0	•					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage I og Book Waintained for All Leased Vehicles?	V besea	shirles ?	O Yes	O No	No	Total ***	

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Is a Mileage Log Book Maintained for All Leased Vehicles?

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

# General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Fitchville Residential Care Home L	1872	9/30/2015		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
O Accrual O Cash O	Modified Cash				
Is the accounting basis for this					
period the same as for the $\Theta$	Yes	If "No," explain.			
previous period?	No				
Indonoudout Accounting Firm				···	
Independent Accounting Firm Name of Accounting Firm	·	Address (No. & Street, City, State, Zip Code)	•		
1 Craig J. Lubitski Consulting Ll	LC.	225 Pitkin Street, East Hartford, CT 0619	ስደ		
2 James Tabb, CPA		P.O. Box 452, Somers, CT 06071	00		
3		1,0,251 102, 5511415, 51 555, 1			
4					
Services Provided by This Firm (de	scribe fully)				
1 Monthly Accounting & Preparation o	f 2015 Medicaid Cost Report		\$	15,036	
2 Tax Planning 2013			\$	2,000	
3			\$		
4			\$		
		:		r Services Pr	ovided
			\$	17,036	Office
Are These Charges Reflected in the Expend	diture Portion of This Report? If V	es, Specify Expense Classification and Line No.		17,030	
	P15 1d	es, openly Expense Causinounion and Emeric.			
Legal Services Information		·			
Name of Legal Firm or Independen	t Attorney		Telephon	e Number	
1 N/A		$\alpha$	-		
2					
2 3 4		•			
5					
Address (No. & Street, City, State, 2	Zip Code)				
1 2 3 4					
2					
3					
5					
Services Provided by This Firm (de	scribe fully)				
1 N/A			\$		
2			\$		
3			\$		
4			\$		
5			\$		
				r Services Pr	ovided
		·	\$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 1
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	1 4		<del></del>
O Yes • No	•				

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# Schedule of Resident Statistics

Name of Facility			License No.	₩.			Report fo	Report for Year Ended	q		Page	Jo
Fitchville Residential Care Home LLC			1	1872			9/30/2015	16			∞	37
And design the second s						Period 10/1 Thru 6/30	1 Thru 6/.	30	[	Period 7/1 Thru 9/30	Thru 9/	3.0
	Total All	Total CCNH	Total RHNS	Total Residential				Residential				Residential
	Levels	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHINS	Care Home
Certified Bed Capacity     A On last day of PREVIOUS report period	25			25	25			25	25		i i	25
B. On last day of THIS report period	25			25	25			25	25			25
2. Number of Residents A. As of midnight of PREVIOUS report period	24			24	24			24	24			24
B. As of midnight of THIS report period	24			24	24	-	-	24	24			24
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)												
C. Medicaid (other states)												
D. Private Pay	1,062			1,062	848			848	214			214
E. State SSI for RCH	7,484			7,484	5,606			5,606	1,878			1,878
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	8,546			8,546	6,454			6,454	2,092			2,092
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved	rim.											
Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	8,546			8,546	6,454			6,454	2,092			2,092

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

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Lice	nse No.	,			Repor	for Year			Page	of
Fitchville Res	idential	Care Ho	ome LLC		1872					9/30/201	5		9	37
			in the certified b		pacity du	ring tl	he repo	rt yea	r?	0	Yes	•	No	
11 125	<del></del>		f Change		Cl	ange	in Bed			Car	pacity Afte	er Change		
			Residential			iange		-			24420	g-		
Date of	CCNH	RHNS	Care Home		Lost		(	Saine	d					
CI .										<b>i</b>		Residential		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason f	or Change
													*****	
				-										
1	_	_	in certified bed o 90 days followir			the re	eport ye	ear (as	report	ed in item	4 above)	provide the nur	nber of	
			Change in Re	esider	nt Days					CC	NH	RHNS	Residential	Care Home
1st chang										<b></b>				-"
2nd char 3rd chan					<del></del>									
4th chan				-									<u> </u>	
		lents an	d Rates on Septe	mber	30 of Co	st Ye	ar						· · · · · ·	
			Medicare		Medi					Se	lf-Pay		Other Sta	te Assisted
	Item		CCNH	C	CNH	RI	HNS	CC	CNH	Rŀ	INS	Residential Care Home	R.C.H.	ICF-IID
No. of R	esidents	3										3		
Per Dien														
a. One b								-				115.00		
b. Two								<u> </u>						
c. Three		e												
bed 1	ms.							<u> </u>						
			al Therapy Treat	ment	s					то	TAL	CCNH	RHNS	Residential Care Home
		are - Par									40 25 000 000			
В.			lusive of Part B) e Treatments											
			Treatments	-				****						
C.	Other	torunte	Tioumono											
		Physical	Therapy Treati	nents										
8. Total Nu	ımber o	f Speech	Therapy Treatr	nents			•							
Α.	Medica	are - Par	t B						-					
В.			lusive of Part B)	)										
-			e Treatments Treatments							1			<u></u>	
	Other	toranve	Treatments							<u> </u>			<b> </b>	
		Sneech '	Therapy Treatm	ents										
			ational Therapy		ments									
		are - Par								And the second second second	SECTION OF SECTION			
В.	Medica	aid (Exc	lusive of Part B	)										
	1. Mai	intenanc	e Treatments							ļ			ļ	
		torative	Treatments											
<u>C.</u>	Other	0	ional Therapy T	Canad.	nautc									
I D.	. 1 otat C	эссираі	waa inerapy i	ream	nems					1		I	1	I

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

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	12 40-40-1	Report for Ye		Page	of
Fitchville Residential Care Home LLC	1872		9/30/2015		10	37
Are time records maintained by all individuals receiving co	ompensation?	0	Yes	0	No	
			Total Cost			
	####		10001 C031	and Hours		
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						6666
of Schedule A1)  2. Administrator(s) (Complete also Sec. III						
of Schedule A1)					48,154	2,08
Assistant Administrator (Complete also Sec. IV					40,134	2,00
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)						
5. Dietary Service						
a. Head Dietitian b. Food Service Supervisor		<u> </u>		1		
c. Dietary Workers					31,764	1,11
6. Housekeeping Service					31,704	1,11
a. Head Housekeeper			The state of the s			
b. Other Housekeeping Workers					44,159	4,48
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance b. Other Maintenance Workers	1		1		28,611	1.00
8. Laundry Service					28,611	1,90
a. Supervisor					(A) 2465-7465/A) 2466	
b. Other Laundry Workers						
Barber and Beautician Services						
10. Protective Services						
11. Accounting Services a. Head Accountant						
b. Other Accountants			<u> </u>			
12. Professional Care of Residents					10000	
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						March Death Sweet SHE
c. LPN						
Direct Care     Administrative**						
d. Aides and Attendants					120,355	9,98
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers i. Physicians						
Medical Director						
Utilization Review						
4. Other (Specify)						
j. Dentists	+	-				
k. Pharmacists				<del>                                     </del>		
Podiatrists						
m. Social Workers/Case Management						
n Morlecting						
n. Marketing			Control Control	S. Carrier and Company of the Compan	parameter and the second	
o. Other (Specify) See Attached Schedule						

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)

	CC	CNH	RI	INS	Residential	Care Home
Position	\$	Hours	\$	Hours	\$	Hours
		66.030-69.03.02		The state of the state of		
	4 (4) 530 (4) (80 (8) (	120 00 00 00 00		50.000.000.00	35 (0.45)(0.00)	90.50.650.50.00.00
			3 10 14 19 13 C			
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				33.40		
				200000000000000000000000000000000000000	E-02 (3) (8) (8) (0)	
Total	\$ -	-	\$ -	-	\$ -	

# Schedule of Other Fees (Page 13)

	CC	NH	RI	INS	Residential	Care Home
Service	\$	Hours	8	Hours	\$	Hours
	recently decisions		8. (5.98) 12. (6.98)			
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The second secon						
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	9000700000					50 COM (C. 100)
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	60 30 00 12				0.0000000000000000000000000000000000000	
	46.00	0.50.000.000.000				20 (2) (25 (26 (3) )
	55.02.05.04.40.0		\$4,149.00 SQ 000.15	Company (Co.)		
	5 5 6 6					
	\$ 32.50 A. A.			ASA 9000 SERVED 1466)	ANSWERS STREET	34430.55.30.50
Total	\$		\$ -	\$50.00 \(\sigma \text{res} = \sigma \text{res}	\$	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

- Harman Mary Property Communication Communi			Assistani	Administra	tant Administrators and Other Related Parties	Relate	d rariles			
Name of Facility				License No.		Report for	Report for Year Ended		Page	of
Fitchville Residential Care Home LLC	LLC			1872		9/30/2015			11	37
		Salary Paid	ļd							
			Residential	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHNS	Care Home	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
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 all armines for calonies will be accordated an lace full information is mountaled. The additional absets if wantind	be concider	ad malace fi	11 information	is meanided The	man it was land to the state of	irod				

<sup>\*</sup> 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.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

		F	Assistant	Administra	tant Administrators and Other Related Parties"	Related	rarnes			-
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
Fitchville Residential Care Home LLC	LLC			1872		9/30/2015			12	37
		Salary Paid	q							-
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Mary Lou Zimbouski			48,154		Administrator	2,080 A2		N/A		
Section IV - Assistant Administrators										· ·
										,
	, .									
		·						5 5 6 9 9		
*No allourance for calaries will be considered unlace full information is movided. Itse additional chests if required	he concide	togalum ber	1,11 information	n is provided Tie	anditional chapte if the	inited.				

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

<sup>\*\*</sup> Include all other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

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

CSP-13 Rev. 9/2002

**B.** Report of Expenditures - Professional Fees

B. Report of E		es - rroi			D	_£
Name of Facility Fitchville Residential Care Home LLC	License No. 18'	70	Report for Y 9/30/2015	ear Ended	Page 13	of 37
Fitchville Residential Care Fiolile LLC	10.	<i>,</i>	<u> </u>		13	31
			Total Cost	and Hours	1	
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
*B. Direct care consultants paid on a fee	CCIVII	110013	KIIVS	170013	Care Trome	110013
for service basis in lieu of salary	Sile Sile					
(For all such services complete Schedule B1)						
Dietitian	ALLES SERVICES					
2. Dentist						
3. Pharmacist						
4. Podiatrist					· · · · · · · · · · · · · · · · · · ·	
5. Physical Therapy			Check Colonia			
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	Control of the Contro					
b. Utilization Review						
(Title 18 and 19 only) monthly meeting	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT					
c. Resident Care**						
d. Administrative Services facility						
Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee				ļ		
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)			2.500			
				d sinus handaday noong a katanan ya magamata		Martin Martin Martin Comment
9. Speech Therapist						
a. Resident Care					<u>.                                    </u>	
b. Other						
10. Occupational Therapist						
a. Resident Care					ļ	
b. Other				1766-1811-1061-106-108		
11. Nurses and aides and attendants						
a. RN						
1. Direct Care					·	
2. Administrative***						
b. LPN						
1. Direct Care					<u> </u>	
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						<u> </u>
B-13 Total Fees Paid in Lieu of Salaries  * Do not include in this section management consultants or services white			<u> </u>	<u> </u>	<u> </u>	<u> </u>

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

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

Name of Facility Fitchville Residential Care Home LLC	License No. 1872		Report for Y 9/30/2015	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Operato	* to Owners, rs, Officers	Expla	nation of Re	
		Yes O	No O			
		0	0			
				-		
		0	0			
		0	0			
and the formal distance and the second of th		0	0			
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		0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

# C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Y	ear Ended	Page	of
Fitchville Residential Care Home LLC	1872	9/30/2015		15	37
					Residential
Item		Total	CCNH	RHNS	Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
Workmen's Compensation		\$ 17,688			17,688
2. Disability Insurance		\$			
3. Unemployment Insurance		\$ 10,498			10,498
4. Social Security (F.I.C.A.)		\$ 21,180			21,180
5. Health Insurance		\$ 487	-		487
6. Life Insurance (employees only)					
(not-owners and not-operators)		\$ 			
7. Pensions (Non-Discriminatory)		\$			
(not-owners and not-operators)					
8. Uniform Allowance		\$			
9. Other (Specify)		\$			
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	1	\$	A long to the second		
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*		\$			
d. Accounting and Auditing		\$ 17,036			17,036
e. Legal (Services should be fully described	l on Page 7)	\$			
f. Insurance on Lives of Owners and		\$			
Operators (Specify)*					
g. Office Supplies		\$ 695			695
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 2,495			2,495
2. Cellular Phones		\$ 			
i. Appraisal (Specify purpose and		\$			
attach copy)*					
j. Corporation Business Taxes (franchise to		\$			
k. Other Taxes (Not related to property - Se	ee Page 22)				
1. Income*		\$			4,205
2. Other (Specify)		\$			
See Attached Schedule					
3. Resident Day User Fee		\$			
Subtotal		\$ 74,284			74,284

<sup>\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

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

Fitchville Residential Care Home LLC 9/30/2015

Attachment Page 15

# Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
			i i i i i i i i i i i i i i i i i i i
			4.00
		0.00	
	175.00 TO 155.00		
	Selection of the select		
Total	\$ -	\$ -	\$ -

.

# **Schedule of Other Taxes**

Description	CCNH	RHNS	Residential Care Home
Description		King	Care Home
	N 7 F C 10 F C		
		FR 21 THE AUGUST	Distriction of the second
Total	\$ -	\$	\$ -

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

Name of Facility	License No.		Report for	Year Ended	Page	of
Fitchville Residential Care Home LLC	1872		9/30/2015		16	37
						Residential
Item			Total	CCNH	RHNS	Care Home
Subtota	ls Brought Forwa	rd:	74,284			74,284
Travel and Entertainment						
Resident Travel and Entertainment		\$	. 1			1
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$				
<ol><li>Education Expenses Related to Seminars at</li></ol>		\$		***************************************		
6. Automobile Expense (not purchase or depr	eciation)	\$	1,636			1,636
7. Other (Specify)		\$				
See Attached Schedule						GINES AND COLUMN
m. Other Administrative and General Expenses						
Advertising Help Wanted (all such expense)		\$				
2. Advertising Telephone Directory (all such	expenses )***	\$				
3. Advertising Other (Specify)***	•	\$				
See Attached Schedule	0.0 = 10.00					
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service		\$				
directly and not by contract or fee for servi	ce)***					
7. Postage		\$	134			134
* 8. Dues and Membership Fees to Professional		\$		Auto-Section and Auto-Section and Auto-Section and Auto-Section and Auto-Section and Auto-Section and Auto-Sec		
Associations (Specify)						6 A C 10 C 10 C 10 C
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Illowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	_	\$				
Schedule C-2, Page 21 for each firm or ind	ividual)	<u> </u>				
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	6,319			6,319
See Attached Schedule		*	A:			
C-14 Total Administrative & General Expenditures		\$	82,374	L		82,374

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

### Schedule of Other Travel and Entertainment

			Residential
Description	CCNH	RHNS	Care Home
	0004.00.04A000		(\$100 KTB (\$50)
	68 25 26 50 s	0.000.000.000.000	55-555-55-55-2
	980 SS: S\$ 454.	Posta montanta	
		4.000 (0.000)	Karaja Redeki
	Assaulta (Feb.	0.280354032743	NAMES OF SOME
	Appendix descriptions		on and of any
	(25)25-45-55		
Total Other Travel and Entertainment	S -	\$ -	\$

Schedule of Other Advertising

T. 1.4			
Description	CCNH	RHNS	Care Home
Total Other Advertising	S -	\$ -	\$ -

Schedule of Dues

			Residential
Description	CCNH	RHNS	Care Home
		2.20.50.50.50	ec. (es 352) (es 3
		A. (5) (6)	
		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
			(2001) - CA-2
		200000000000000000000000000000000000000	
	110000000000000000000000000000000000000	V 12/2/2/2014 (4.5)	
Total Dues	\$ -	\$	3 -

Schedule of Contributions

			Residential
Description	CCNH	RHNS	Care Home
		2007	
		edigo respect of	
	effektion (and lateral)		
Total Contributions	\$ -	S -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RIINS	Residential Care Home
Penalties & Late Charges		Three states of the said	\$ 1,898
Bank Service Charges	Section of the section		\$ 335
Licenses & Permits	ALCOHOL: STORY	AND US OF	\$ 330
Payroll Processing Charges	\$25 \$20 X\$25 \$35 X\$	vsjatna trivijsta i sić	\$ 3,755
	200200000000000000000000000000000000000		
			5.64.6400
		48.69.09.8	35.187.351.651
	Station in		\$150 SENSON
	36 X 56 X 25 X 30 X	2020/03/2020/03	50.044.66.66.6
	San Salaman San San San San San San San San San S	1960 (80.00)	50,455,550,450,4
Total Other Administrative and General	s -	\$	\$ 6,319

# Schedule C-1 - Management Services\*

Name of Facility Fitchville Residential Care Home LLC	License No. 1872	Report for Year Ended 9/30/2015	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 #

<sup>\*</sup> 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)

N. T	1,		n rage 3)	In . c	** > 1 1	I.B.	^
Name of Facility		Licens			Year Ended	Page	of
Fitchville Residential Care Home LLC		<u> </u>	1872	9/30/20	15	18	37
						i i	ntial Care
Item			Total	CCNH	RHNS	H	ome
2. Dietary						1	
<ul> <li>a. In-House Preparation &amp; Service</li> </ul>							
1. Raw Food		5	31,897				31,897
2. Non-Food Supplies		9	11,324				11,324
3. Other (Specify)		_	3				
b. Purchased Services (by contract other		9	}				
than through Management Services)							
(Complete Schedule C-2 att. Page 21)			100				
c. Management Services**		\$					
d. Other (Specify)		9					
d. Other (Speedy)		_					
				10000			
2E. Total Dietary Expenditures (2a + b + c + d)			43,221				43,221
25. 10.00 2000 2000		4	75,221	1		<u> </u>	
						1	ntial Care
2F. Dietary Questionnaire			Total	CCNH	RHNS	H	ome
G. Resident Meals: Total no. of meals served per	r day	y:*	75				75
H. Is cost of employee meals included in 2E?	0	Yes	•	No			_
I. Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
J. Where is the revenue received reported in the	Cos	st Repo	t? (Page/Line	Item)			
Is cost of meals provided to persons other				<del></del>			
K. than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify		
Members, Guests) included in 2E?	_		_		cost.		
L. Is any revenue collected from these people?	0	Yes	•	No	If yes, specify amt.		
M. Where is the revenue received reported in the	Cos	st Repo	t? (Page/Line	Item)			
Is cost of food (other than meals, e.g.,							
N. snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	•	No	If yes, specify cost.		
O. Is any revenue collected from employees?	0	Yes	•	No	If yes, specify		
					amt.		

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

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Fitchville Residential Care Home LLC		License		Report for Year Ended		Page	of
Fitchville Residential Care H	ome LLC	<u> </u>	1872	9/30/2015	· · · · · · · · · · · · · · · · · · ·	19	37
						I .	itial Care
	Item	1	Total	CCNH	RHNS	H	ome
Laundry     a. In-House Processing     1. Bed linens, cubi	* cle curtains, draperies,	Lbs.					
gowns and other washed, ironed,	resident care items and/or processed.***	Amt. \$	1,342	,			1,342
gowns, etc. was	Employee items including uniforms, gowns, etc. washed, ironed and/or						
processed.***		Amt. \$					
3. Personal clothin	=	Lbs.					
washed, ironed,	and/or processed.***	Amt. \$					
4. Repair and/or p	urchase of linens.***	Lbs.					
		Amt. \$					
b. Purchased Services (	•	\$		S introducional Samples Asian		a kawanin na mining	
than through Manag						12:27	
(Complete Schedule							
c. Management Service	s**	\$	1				
d. Other (Specify)		\$	111	Prince and the second s		a de la companya de l	111
Laundry supplies							
3E. Total Laundry Expendi	tures (3a + b + c + d)	\$	1,453				1,453
3F. Laundry Questionnaire							
G. Is cost of employee laun	dry included in 3E? C	Yes	•	No	If yes, specify cost.		
H. Did you receive revenue	from employees?	Yes	•	No	If yes, specify amt.		
I. Where is the revenue re-	ceived reported in the Cos	st Report?	•	(Page/Line	e Item)		
J. Is Cost of laundry provide than employees or resident		) Yes	•	No	If yes, specify cost.		
K. Did you receive revenue	from these people?	Yes	•	No	If yes, specify amt.		
L. Where is the revenue re-	ceived reported in the Cos	st Report?	?	(Page/Line	e Item)		

<sup>\*</sup> Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> 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 Lice			Rep	ort for Year E	Ended	Page	of
	hville Residential Care Home LLC	1872		9/30/2015		20	37
							Residential
	Item			Total	CCNH	RHNS	Care Home
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
ļ	1. Supplies - Cleaning (Mops,	Amt.	\$	438			438
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$		÷		
	Page 21)						
	c. Management Services*		\$				
	d. Other (Specify)		\$			·	
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	438			438
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	<ol> <li>Own Pharmacy</li> </ol>		\$				
	2. Purchased from		\$				
		•					
	b. Medicine Cabinet Drugs		.\$	186			186
	c. Medical and Therapeutic Supplies		\$				
	d. Ambulance/Limousine***		\$				
	e. Oxygen						
	<ol> <li>For Emergency Use</li> </ol>		\$				
	2. Other***		\$				
	f. X-rays and Related Radiological		\$				
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***	<u> </u>	\$				
	i. Recreation		\$	87			87
	j. Other (Specify)****		\$	3,363			3,363
	See Attached Schedule					(1) 10 Z 10 Z	
5K.	Total Resident Care Expenditures (5a - 5	<u>j)                                    </u>	\$	3,637			3,637

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

# Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Cable TV			\$ 3,363
		3 2 2 2 2	
Command Electric Command Comma			
Total Other Resident Care	\$ -	\$ -	\$ 3,363

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

of   37			Line														
Page	í	* -	Pg														
	The state of the s	Total Cost/Page Ref.***	Residential Care Home								:						
		Total Cost	RHNS														
70			CCNH														
Report for Year Ended 9/30/2015			Full Explanation of Service Provided*														
License No.			Explanation of Relationship														
	o Owners,	Officers	Ŋ	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Related ** to Owners,	Operators, Officers	Yes	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T.C			Address					- 1									
Home																	
Name of Facility Fitchville Residential Care Home LLC			Name of Individual or Company														

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> 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 Y	ear Ended		Page of
Fitchville Residential Care Home LLC	1872	9/30/2015			22   37
			•		Residential Care
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	9,163			9,163
b. Heat	\$	11,289			11,289
c. Light & Power	\$	10,550			10,550
d. Water	\$	3,564			3,564
e. Equipment Lease (Provide detail on p	age 6) \$				
f. Other (itemize)	\$	5,488			5,488
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a -	-6f) \$	40,054			40,054
7. Depreciation (complete schedule page 23	*)				
a. Land Improvements	\$	1,020			1,020
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$				
*7e. Total Depreciation Costs $(7a + b + c + d)$	) \$	1,020			1,020
8. Amortization (Complete att. Schedule Page	ge 24*)				
a. Organization Expense	\$				
b. Mortgage Expense	\$	-			
c. Leasehold Improvements	\$	7,808			7,808
d. Other (Specify)	\$				
*8e. Total Amortization Costs $(8a+b+c+d)$	\$	7,808			7,808
9. Rental payments on leased real property l	ess				
real estate taxes included in item 10b	\$	69,990			69,990
10. Property Taxes					
a. Real estate taxes paid by owner	\$	12,664			12,664
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$	659			659
11. <i>Total Property Expenses</i> (7e + 8e + 9 +	10) \$	92,140			92,140

<sup>\*</sup> 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		lential Home
Fire Protection Services			\$	1,113
Rubbish Removal			\$	2,836
Equipment Rental		17	\$	1,439
Small Equipment			\$	100
		1 - 1 - 1 - 1 - 1		
	A SECOND			
	9.15			
	13 Mg 19 19 19 19 19 19 19 19 19 19 19 19 19			
			85	
	5.0			
			8.00	18358
Total Other Repairs and Maintenance	\$ 	\$ -	\$	5,488

\_\_\_\_\_\_

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Depreciation Schedule

			Deprec	Depreciation Schedule	pedule						
Name of Facility Fitchville Residential Care Home LJ.C			License No. 1872	7		Report for Year Ended 9/30/2015	nded	•	Page 23	of 37	
			Historical			Accumulated					
-			Cost	Less		Depreciation to	Method of				
,			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	Total	
Property Item			Land	value	Deprecialed	i cai s Opcialions	Сергестаноп	רוונ	TOT TIME TOWN	TOTALS	
A. Land Improvements											
<ol> <li>Acquired prior to this report period</li> </ol>			15,300		15,300	8,192	SL	15	1,020		w.7722-4
<ol><li>Disposals (attach schedule)</li></ol>											
3. Acquired during this report period (attach schedule)	n schedule)										
A-4. Subtotal										1,020	
B. Building and Building Improvements											
			855,490		855,490	142,441	142,441 Related Party	20			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	h schedule)										
2. Disposals (attach schedule)											····
3. Acquired during this report period (attach schedule)	h schedule)										
	Is a mileage										н
	logbook	Date of	Historical			Accumulated					
<u> </u>	maintained?	Acquisition	Cost	Less		Depreciation to	Method of				
			Exclusive of	Salvage	Cost to Be	Beginning of		Useful	Depreciation		
	Yes No	Month Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals	
D. Movable Equipment											water-
1. Motor venicles (Specify name, moder											escr
and year of each vehicle)											*****
											on server
C, C											***************************************
ď,											
2. Movable Equipment											200
a. Acquired prior to this report period		90	54,229		54,229	54,229	SL				
b. Disposals (attach schedule)											2000 SALES
c. Acquired during this report period											
(attach schedule)											3777X355°I
D-3. Subtotal											
E. Total Depreciation										1,020	

### Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
				141111
		0.49 (60 80 80	\$5-200 ALC SECTION	45 50 55 550 860
		100 Amil 150		54590 546
		193.161.797.001.00	100 CO CONT. CONT. (1)	
otal additions for Land	Improvements	\$		\$
eletions:	\$100 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			The Gardes Committee	
10.00		No. of the control of the control of	54,000,000,000	Service de la company
		57.000.500.500.500	3.00.00.00.00	
		S. M. S. S. S.	5.00.00.00.00	
				2010/05/05/05
		0.500.500	50 000 150 000 000	
otal deletions for Land	Improvements	S -	00.000.000.000.000	\$

<sup>\*</sup>Ties to Page 23, Line A3

### Schedule of Building Improvements Acquired during this report period

	ag ampiro remenso accidente a anomag mor report person		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			50 60000 01 05	
		Activities and the control		
		60 marks 50 mg	En. (20.435 (86.43)	8 8 8 8 8
Cotal additions for	Building Improvements	\$ -		\$ -
Ocletions:				
			1000	
8 2925 (Factor)			586/1997/2017	77 (22 (32 (32 (32)
8 (8) (8) (8) (8)			6.28.00.50.00	
9-88-88 S1(8-8)		900000000000000000000000000000000000000	65,013,033,033,033	
		1000 to 0000 to 0000 to 0000	X1.000000000000000000000000000000000000	and was the Call
			6 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Total deletions for	Building Improvements	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line B3

### Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
		8 5 6 6 6 6 6 A		
			Ş. 3. 3. 3. 3. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	\$1500 BAR
			11 15 15 15 15 15	933 833 933
				20.03.157.032.002
1.8m (45 0 a 65 0 5 0 1 8 m ) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			68 988 980 1950 988	0.0000000000000000000000000000000000000
ART NA CHENT CONTROL C			Actual and the Actual Con-	50 3214753 3855 3867
Total additions for Non-Me	ovable Equipment	\$ -		\$ -
Deletions:				
30.00.00.00.00.00.00.00.00			Section in the second	
		Caragada de abrasa do Caragada		\$465.46E.08E.00E
50 (87 85 (0.00)	and the second	0.000 St.800 St.00	2012/08/08/09	5.65.05.65.65
				0.65 (0.45 (0.5
G-Break Brown Break				\$165.54.57.54
91773 S S S S S				
Total deletions for Non-Mo	ovable Equipment	\$ -	2000202	\$

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

### Schedule of Movable Equipment Acquired during this report period

			Usefui	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	-			
		in the book of the section		
	en e			
Total additions for	Movable Equipment	s -		\$ -
Deletions:				
				160000000000000000000000000000000000000
		10.000000000000000000000000000000000000	000000000000000000000000000000000000000	500000000000000000000000000000000000000
Total deletions for	Movable Equipment	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line D2c

### Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/28/2015	Fire Supression System	\$ 2,473	10	\$ 247
8/15/2015	Roof Repairs	\$ 1,800	10	\$ 180
Total additions for	Leasehold Improvement	\$ 4,273		\$ 427
Deletions:				
A STATE OF S				
		# 450 HE AND ED H		
			3.40.00.00.0	
Total deletions for	Leasehold Improvement	\$ -		\$ -

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 23, Line D2b

<sup>\*\*</sup>Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

# Amortization Schedule\*

Nan	Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Fitcl	Fitchville Residential Care Home LLC			1872	9/30/2015			24	37
					Accumulated				
		Date of			Amort. to				
		Acquisition	u		Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate /	Amortization	
	Item	Month Year	ur   Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Ä.	Organization Expense								
	1.								
	2.								
	3.								
A-4.	. Subtotal								
B.	Mortgage Expense								
	1.							00000	
	2.								
	3.								
B-4.	. Subtotal								
<u>ن</u>	Leasehold Improvements and Other	-							
	1. Acquired prior to this report period	VAR VAR	15	100,196	49,421	SL	7	7,380	
	2. Disposals (attach schedule)								
	3. Acquired during this report period								
	(attach schedule)			4,273				427	
C-4.	. Subtotal								7,808
Ö	Total Amortization								7,808

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR D. Actual Life if owned by Related Party.

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

Name of Facility License No.		Report for Year En	ded		Page	of
Fitchville Residential Care Home LLC 1872		9/30/2015			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the Facility		Yes	0	No	If "Yes," comple	ete Part B.
or leased from a Related Party?*	0	103	0	NO	If "No," complete	e Part C.
*If any owner or operator of this facility is related by						
business association to any person or organization fro a related party transaction.	m whom	buildings are leased, the	en it is considered			
Description		Total				
Date Land Purchased		6-1-05				
Date Structure Completed		0100				
3. If <b>NOT</b> Original Owner, Date of Purchase		06/01/05				
4. Date of Initial Licensure		06/01/05		100		
5. Total Licensed Bed Capacity		25				
6. Square Footage		4,000				
7. Acquisition Cost						
a. Land		190,000				
b. Building		715,490				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	gage
1. Financing						
<ul> <li>a. Type of Financing (e.g., fixed, variable)</li> </ul>		VAR	VAR			
<ul> <li>b. Date Mortgage Obtained</li> </ul>		06/01/05	10/12/05			, ,
c. Interest Rate for the Cost Year		8.50%	5.16%			
d. Term of Mortgage (number of years)		10	20			
e. Amount of Principal Borrowed		480,000	347,000			
f. Principal balance outstanding as of		91 - 197 ( C. 198- 20 )	50 - 190 - 110 - 100 - 1	91-24-24-24-24-24-24-24-24-24-24-24-24-24-		
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						
Principal Outstanding on Note Paid-Off						
Part C - Arms-Length Leases for Real Pro	nerty 1	mnrovements Only	7		<u> </u>	<u> </u>
Name and Address of Lessor		perty Leased		Term of Lease	Annual Amoun	t of Lease
Traine and reduced of Bonds	110	Jointy Excused	Dute of Bouse	TOTAL OF ESTADO	111110411111111111111111111111111111111	V GI LICUSC

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 Ye	ar Ended		Page of
Fitchville Residential Care Home LLQ 1872		9/30/2015			26   37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest					
A. Building, Land Improvement & Non-Movable	le				
Equipment  1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender			ACCURAGE AND ADDRESS OF THE PARTY OF THE PAR		
Second Mortgage  Name of Lender	\$ T B-4-				
Name of Lender	Rate				
Address of Lender					
			er en en en		
3. Third Mortgage	\$				100 To 10
Name of Lender	Rate				
Address of Lender					
Address of Delider					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
	<u> </u>				
Address of Lender					
B. CHEFA Loan Information					
Original Loan Amount	\$				
Loan Origination Date					PROPERTY OF THE PROPERTY OF TH
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				
12 D1. Avia Duning Interest Expense (III - III 1 D3)	Ψ	(0)	v Subtotals f	1.	<u> </u>

(Carry Subtotals forward to next page)

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

Name of Facility  Licens Fitchville Residential Care Home I	e No. 1872		Report for Y 9/30/2015	ear Ended		Page of 27   37
Prenyme Residential Care Home 1	1072		7/30/2013			Residential
Item			Total	CCNH	RHNS	Care Home
	btotals Brou	ıght Forward:				
12. C. Movable Equipment		8				
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				17. mar 18. mar 19. ma
A. Item	Rate	Amount				STATE OF STREET
Lender						
Address of Lender						
Address of Lender		•				
B. Item	Rate	Amount				
D. Item	Raw	Amount				
Lender						
Dondor						
Address of Lender						
12. C. 3. Total Movable Equipment In	terest					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify	)	\$				
13. Total All Interest Expense (12B7 +	12C3 + 12D	9) \$				
14. Insurance						42.2=2
a. Insurance on Property (building	s only)	\$			-	13,378
b. Insurance on Automobiles	: 6 - 1	\$	826			826
c. Insurance other than Property (a 1. Umbrella (Blanket Coverage						
		<u> </u>				
<ul><li>2. Fire and Extended Coverage</li><li>3. Other (<i>Specify</i> )</li></ul>		\$	<del></del>			
5. Outer (specify)		t,				
14d. Total Insurance Expenditures (14a	+b+c	9	14,204			14,204
15. Total All Expenditures (A-13 thru	****	\$				550,563

## D. Adjustments to Statement of Expenditures

	e of Fa			Lic	cense No.	Report for Ye	ear Ended	Page	of
Fitch	ville R	eside	ntial Care Home LLC		1872	9/30/2015		28	37
					Total				
	Page				Amount of			Resident	
	No.		Item Description		Decrease	CCNH	RHNS	Ho	me
Page	10 - S	alarie	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
			sional Fees						
5.	_		Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
Page.	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$					
10.			Accounting & Legal	\$					
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$			General transfer to the second		1000 10 10 10 10 10 10 10 10 10 10 10 10
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.			Unallowable Advertising *	\$					
19.	15	1k1	Income Tax / Corporate Business Tax	<del>-\$</del>	3,955				3,955
20.	15	IKI	Fund Raising / Contributions	\$	3,700				3,700
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	1,898				1,898
		)iotar	y Expenditures	Ψ	1,070				1,070
24.	10-7	irenn'	Meals to employees, guests and others						
۷4.			who are not residents	\$					
Daga	70 7	aurol	ry Expenditures	φ					
25.		AUUHU	Laundry services to employees, guests				200		
23.			and others who are not residents	\$					
D.	20 1	Y		Φ					
		iouse.	keeping Expenditures						
26.			Housekeeping services to employees, guests	ф					
<u> </u>	<u> </u>		and others who are not residents	\$	5.050				5.052
			Subtotal (Items 1 - 26)	\$	5,853	<u> </u>			5,853

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

<sup>\*\*</sup> 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 Kei	Description	CCNH	RHNS	Care Home
					And the second s
A Comment of the Comm					1,000,000
Total Other	r Salaries A	Adjustment	\$ -	\$ -	\$ -

## Schedule of Fees Adjustments

					Residential
Page Ref	Line Ref	Description	CCNH	RHNS	Care Home
500 5600 16			sto Cateria sa protessão		
				4 8 8 C 8 C .	
	80 000 000 000				11/12/05/05/10/06/15/15/1
30.00.00					
				3.75 - 12.0 - 2.0 - 31 - 12.0 - 12.0 - 12.0 - 12.0 - 12.0 - 12.0 - 12.0 - 12.0 - 12.0 - 12.0 - 12.0 - 12.0 - 1	15.7 (1) (1) (1) (1) (1) (1) (1)
8.88.84.5	61-14-15 (S. 1811)				
				9 12 13 13 13 13 13 13	
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

## Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	A decrease of the state of the first	Penalties & Late Charges	9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Torrest Sei Gregories (com )	\$ 1,898
-35-16-16-28-			O COULTANT COLUMN		100000000000000000000000000000000000000
			5 6 7 5 5 9	1 5 5 5 6 6	
2000 St. 12 (40)					
			oliosta, con especiale espe		40.000
4000			9.05.3516		
Fotal Othe	r A&G Ad	ljustments	\$ -	<b>  \$</b> -	\$ 1,898

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

- T		***.	D. Adjustments to Stateme					I	~
	e of Fa			Lic	cense No.	Report for Y	ear Ended	Page	of
Fitch	ville F	teside	ntial Care Home LLC	L	1872	9/30/2015		29	37
	_	l			Total			L	
	Page		1		Amount of			l	ntial Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	H	ome
			Subtotals Brought Forward	\$	5,853				5,853
	20 - I	Reside	nt Care Supplies***						
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.		<u> </u>	Laboratory	\$					<u> </u>
31.			Medical Supplies	\$					······································
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34.		<u>                                     </u>	Other - See Attached Schedule	\$					
	22 - N	<u> Iaint</u>	enance and Property						
35.			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
36.		1	Depreciation on Unallowable						
			Motor Vehicles	\$					
37.	22	10c	Unallowable Property and Real						
			Estate Taxes	\$	63				63
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	Shooman and a shoom a				
	27 - I	nsura							
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
	r - Mis	scella	neous						
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,						
			enhancement or promotion of the						
		l	providers interest	\$	·				
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See						
		l	Attached Schedule	\$			٠		
Not I	or Pr	ofit P	roviders Only						
50.			Building/Non Movable Eq. Depreciation						
			Unallowable Building Interest -						
			See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	5,916				5,916

<sup>\*\*\*</sup> Hems 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	Residential Care Home
			2000 000 000 000 000		
4705005500550					
Observation of					
N. 9. C. (C. V. S. )					
Total Othe	r Ancillary	y Costs	\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	-A200-660 (660 KA				
	AAE SOUSE II				50.000 (50.000 (50.00)
				1 55 St St St St	
	3/3/00 (Sept./Sept.)		property of the property	Shiring salessess seem take	75 000 08 00 00 00 00 00 00 00 00 00 00 00
			2 - 12 - 12 - 13 - 13 - 13 - 13 - 13 - 1		
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	NEW BOLDS OF SWITCHSONS	Real Estate Taxes			
100 (4) (4) (4) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6					
			0.000		
				The second secon	
ro de la					
			25 ST 18 75 18		
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
0.5000				50 G (1) 65 C	
200.00					
70.000.000.000	54 S5 (5) (5)				
				00.69 (80.65 (80.	
			4 5 5 5 6 6	50 70 50 50 55	
aga dadaga dada					
2 5 5 5	180,150,150,150			200 (201 (201 (201 (201 (201 (201 (201 (	
-N. 1984 (A. S. 1985)	QV 62 (83 (NS)		81.62 (41.54.63 e)	128 122 5 50 50	
	3, 13, 35, 31	the section of the se			
Total Othe	r Adjustm	euts	\$ -	\$ -	\$ -

#### Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	0.0000000000000000000000000000000000000			10 (0.00)	65 GB 65 65 63
				0.000	
					(0.00 (0.00
451-765 N.S. 653			en Commence	43.40.50.50.50.50	
			0.00.00.00.00.00.1	65. N. VS. 151 (518	
000 (000 (000 (000 (000 (000 (000 (000					\$5 \$5 \$1 \$5 TO
					TO THE CONTRACTOR
(\$7.900 (88.05))	4.45.60.65			10-50-00-00-00-0	2016 00 60 00
Total Unal	lowable Bi	illding Interest	\$ -	\$ -	\$ -

## F. Statement of Revenue

Name of Facility  Fitchville Residential Care Home LLC  1872		Report for Y-9/30/2015	ear Ended		Page of 30   37
					Residential Care
Item		Total	CCNH	RHNS	Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	536,317			536,317
b. Medicaid Room and Board Contractual Allowance **	\$	,			
2. a. Medicaid (All other states)	\$		11.0		
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$				
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$				66,163
b. Private-Pay Room and Board Contractual Allowance **	\$				,
II. Other Resident Revenue					
a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **					
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	<u> </u>				
2. a. Medical Supplies - Medicare	\$				1
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$	***************************************			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				<b> </b>
	<u>\$</u>				
3. a. Physical Therapy - Medicare  - Physical Therapy - Medicare Contractual Allowence **	<u>\$</u>				
b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare	\$				
	<u> </u>				
d. Physical Therapy - Non-Medicare Contractual Allowance **		1			
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	<u>\$</u>	<del></del>			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$				<del> </del>
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$	<del></del>			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	1			
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$	602,480			602,480
IV. Other Revenue*					
Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$				
6. Private Duty Nurses' Fees	\$	-			
7. Barber, Coffee, Beauty and Gift shops	\$	1			-
8. Other (Specify)	\$	1			ļ
V. Total Other Revenue (1 thru 8)	- \$			1	
VI. Total All Revenue (III +V)	\$	602,480			602,480
		,		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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

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

#### Schedule of Other Resident Revenue - Medicare

Related Exp

				Residential
Page Ref	Description	CCNH	RHNS	Care Home
201000000000000000000000000000000000000			30-21-02-02-02-02-02-02-02-02-02-02-02-02-02-	
250000000000000000000000000000000000000		1,500,000,000,000		
2015 25 4 4 4 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6				
1980 (St. AS)		6.000.000.000	0.000	2. (2.)
100000000000000000000000000000000000000		Sacciones d	60.160033146003	6 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
3.7410.05003		(8) 460 (8) (8)	90.000000000000	50 (82 (84 (55 (58 )
Total Oth	er Resident Revenue - Medicare	\$ -	\$ -	\$ 9 9 4 5

Schedule of Other Non-Medicare Resident Revenue

Related Exp

				Residential
Page Ref	Description	CCNH	RHNS	Care Home
And required to				
54,50,50,4		- 1810 (A. C.	35, 35, 35, 35, 35,	
250 (SQ 6384)		55 55 55 S	80 180 CO 56 HD	\$2.00 SE \$2.00 SE
100.484.445.11		S S S S S	60.0000	
Total Othe	er Resident Revenue	\$	\$ -	\$ -

#### **Interest Income**

Account

				Residential
Page Ref Account	Balance	CCNH	RHNS	Care Home
		0.00	45	N 38 (A) (B) (B)
		0.00		77 125 - 22 - 32 - 63 :
Total Interest Income	100 100 100 100 100 100 10	\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
				Page Space St
		19600345000		30, 132, 00 motor-20
in to the		100,100,100,100,100		
		50.60 00.40	est este antique	07.190 (07.00)
6.66.48.6		500000000000	ico es que en us	10 100 m20 m31 m3
		a journal and a	49.455-52.45.25	
		6.00		g in de la si
0 1 <u>81 11</u> 5		3 13 13 13 13	6.4.2.5.5	60.000.000.000
		8 8 8 8 8		\$6.05000.000
a news		1.65 (3.05) (5.05)		3545255555555555
Fotal Othe	er Revenue	\$ -	\$ -	\$ -

## G. Balance Sheet

Assets A. C  1. 2. 3. 4 5.	Cur. 1. 1. 1. 22. 33. 1. 1. 55	rent Assets Cash (on hand and in banks) Resident Accounts Receivable Other Accounts Receivable (Inventories Prepaid Expenses a. Prepaid Taxes b. c. d. Interest Receivable	Account le (Less Allowance f Excluding Owners o	or Related	Debts)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	20,332 (23,870)
A. C. 1. 2. 3. 4 5. 5. 6. 7	Curil. 1. 22. 33. 14. 55. 66. 77.	Cash (on hand and in banks) Resident Accounts Receivable Other Accounts Receivable ( Inventories Prepaid Expenses a. Prepaid Taxes b. c. d. Interest Receivable	le (Less Allowance f Excluding Owners o	or Related	l Parties)	\$ \$ \$ \$	20,332 (23,870)
A. C. 1. 2. 3. 4. 5. 6. 7	Curil. 1. 22. 33. 14. 55. 66. 77.	Cash (on hand and in banks) Resident Accounts Receivable Other Accounts Receivable ( Inventories Prepaid Expenses a. Prepaid Taxes b. c. d. Interest Receivable	le (Less Allowance f Excluding Owners o	or Related	l Parties)	\$ \$ \$	(23,870)
1 2 3 4 5	1. 1. 22. 33. 14 55. 55. 77.	Cash (on hand and in banks) Resident Accounts Receivable Other Accounts Receivable ( Inventories Prepaid Expenses a. Prepaid Taxes b. c. d. Interest Receivable	le (Less Allowance f Excluding Owners o	or Related	l Parties)	\$ \$ \$	(23,870)
3. 4 5.	2. 33. 14 14 55	Resident Accounts Receivable Other Accounts Receivable ( Inventories Prepaid Expenses a. Prepaid Taxes b. c. d. Interest Receivable	le (Less Allowance f Excluding Owners o	or Related	l Parties)	\$ \$ \$	(23,870)
3. 4 5.	3. 1 1 5	Other Accounts Receivable ( Inventories Prepaid Expenses a. Prepaid Taxes b. c. d. Interest Receivable	Excluding Owners o	or Related	l Parties)	\$	•
6. 7	5. 5.	Inventories Prepaid Expenses a. Prepaid Taxes b. c. d. Interest Receivable				\$	22,055
6.7	5. 5.	Prepaid Expenses a. Prepaid Taxes b. c. d. Interest Receivable			22,055		22,055
6.	5 7.	a. Prepaid Taxes b. c. d. Interest Receivable			22,055	\$	22,055
7	5 7	b. c. d. Interest Receivable			22,055		
7	5. 7.	c. d. Interest Receivable					
7	5. 7.	c. d. Interest Receivable					
7	5. 7.	Interest Receivable					
7	7.						
						\$	
8	2	Medicare Final Settlement Re				\$	202.110
	э.	Other Current Assets (itemize	?)		72.010	\$	392,118
į.	-	Due from Affiliates Due from Silver Manor			72,910 319,208		
	-	Dud Holl Bill Hame					
=							410.605
		al Current Assets (Lines A1	thru 8)			\$	410,635
		ed Assets				d.	
		Land	ψττ' , ' 1 C) ,		1.5.200	\$  \$	
2	2.	Land Improvements	*Historical Cost		15,300	2	6,088
		D 111	Accum. Depreciati	10n	9,212 Net	Φ.	
3	3.	Buildings	*Historical Cost	··	Net	\$	
		Y 1 11T	Accum. Depreciati *Historical Cost	.10n		\$	47,240
4	4.	Leasehold Improvements			104,469 57,220 Not	Φ	47,240
		Non Marahla Equipment	Accum, Depreciati *Historical Cost	1011	57,229 Net	\$	
)	٥,	Non-Movable Equipment	Accum. Depreciat	tion	Net	Ψ	
<del>-</del>	6	Movable Equipment	*Historical Cost	1011	54,229	\$	
l °	υ.	MOAGOE EMETHORS	Accum. Depreciat	tion	54,229 Net	ΙΨ΄	
7	7	Motor Vehicles	*Historical Cost	1011	JT, LLJ INCL	\$	
'	<i>.</i>	skrototi s omoroż	Accum. Depreciat	tion	Net	· · •	
R	8.	Minor Equipment-Not Depre		.1011	1100	\$	
9	9.	Other Fixed Assets (itemize)				\$	
<u> </u>	,						
B-10.		Total Fixed Assets (Lines B	1 thru 9)			\$	53,328

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

# G. Balance Sheet (cont'd)

Name of Facility			License No.	Report for Year Ended	Page		of
Fitel	ıvill	le Residential Care Home LLC	1872	9/30/2015	32		37
			Account		Aı	nount	
				Total Brought Forward:	\$	4	63,962
C.	Le	asehold or like property recorde	ed for Equity Purpose	s.			
		Land			\$	1	00,000
	2.	Land Improvements	*Historical Cost				
			Accum, Depreciation		\$		
	3.	Buildings	*Historical Cost	855,490			
			Accum, Depreciation	n 142,441 Net	\$	7	13,050
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
		Minor Equipment-Not Deprec			\$		
C-8	To	tal Leasehold or Like Properti	es (C1 thru 7)		\$	8	13,050
D.		vestment and Other Assets					
	1.	Deferred Deposits			\$ 		
	2.	Escrow Deposits			\$ 		
	3.	Organization Expense	*Historical Cost	<u></u>			
			Accum. Depreciation	Net	\$		
		Goodwill (Purchased Only)			\$		
	5.	Investments Related to Reside	nt Care (itemize)		\$		
	6.	Loans to Owners or Related Pa	arties (itemize)		\$		
		Name and Address	Amount	Loan Date			
	7.	Other Assets (itemize)	- <del> </del>		\$ 		
		tal Investments and Other Ass			\$		
D-9.	To	tal All Assets (Lines A9 + B10	+ C8 + D8)		\$ 	1,2	77,012

<sup>\*</sup> 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 Fac	cility		License No.	Report for Year I	Ended	Page	of
Fitchville Re	esiden	tial Care Home LLC	1872	9/30/2015		33	37
			Account			Am	ount
Liabilities							
Α.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			9		70,441
	2.	Notes Payable (itemize)			3	3	
	2	Loans Payable for Equipm	ant (Camant navio	n) (itamiza)		1	
	3.	Name of Lender	Purpose	Amount	Date Due	,	
		Name of Lender	1 ui pose	Amount	Date Due		
			,				
		, and the second					
	4.	Accrued Payroll (Exclusiv					8,480
	5.	Accrued Payroll (Owners		s only)		S	
	6.	Accrued Payroll Taxes Pa				5	759
	7.	Medicare Final Settlemen		· · · · · · · · · · · · · · · · · · ·		\$	
	8.	Medicare Current Financi			5		
	9.	Mortgage Payable (Curre				\$	
		Interest Payable (Exclusiv	e of Owner and/or I	Related Parties)	S		
		. Accrued Income Taxes*			9		750
	12	Other Current Liabilities (	(itemize)		i i	6	221,399
		Due to DSS		5,749 Due To Cornerhouse	23,998		100 (3)
		Due to Eagle Landing		5,023 Accrued Expenses	11,188		
		Due to ELR Care Maine		2,365)			
		Due To/From Owners		1,194)		h	201.000
A-13	3, To	tal Current Liabilities (Li	nes A1 thru 12)	and the second s		\$	301,829

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

# G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended			Page	of
Fitchville Residential Care Home LLC	1872	9/30/2015		34	37
		Am	ount		
	tht Forward:		301,829		
Liabilities (cont'd)					
B. Long-Term Liabilities			ŀ		İ
Loans Payable-Equipmen			\$	X	IX BATTI NA PARTINE PLANICA MODITARY AMERICANISM SE
Name of Lender	Purpose	Amount	Date Due		
		İ			
	•				
2. Mortgages Payable			\$		
3. Loans from Owners or Re	lated Parties (itemiz	re)	\$		
Name and Address of Lender	Amount	Loan D	Date		
· · · ·					
4. Other Long-Term Liabilit	ies (itemize)		\$		28,542
Long Term Liability		28,542			
<u> </u>					
B-5. Total Long-Term Liabilities			\$		28,542
C. Total All Liabilities (Lines A	-13 + B-5)		\$		330,371

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

	ne of Facility License		Report for Year Ended		age of
Fite	nville Residential Care Home LLC Accou	1872	9/30/2015	<u> </u>	35   37 Amount
Α.	Reserves	1111		<u> </u>	Amount
	Reserve for value of leased land			\$	100,000
	Reserve for depreciation value of lea     to be amortized	sed build	lings and appurtenances	\$	713,050
	3. Reserve for depreciation value of lea	sed perso	onal property (Equity)	\$	
	4. Reserve for leasehold real properties	on which	n fair rental value is based	\$	
	5. Reserve for funds set aside as donor	restricted	<u> </u>	\$	
	6. Total Reserves			\$	813,050
В.	Net Worth				
	1. Owner's Capital			\$	
	2. Capital Stock			\$	
	3. Paid-in Surplus			\$	
	4. Treasury Stock			\$	
	5. Cumulated Earnings			\$	81,676
	6. Gain or Loss for Period	10/1/2	014 thru 9/30/2015	\$	51,916
	7. Total Net Worth			\$	133,592
C	Total Reserves and Net Worth			\$	946,642
D.	Total Liabilities, Reserves, and Net Wo	rth		\$	1,277,012

# H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Pag	je	of
Fitchville Residential Care Home LL	C 1872 Account	9/30/2015		36		37
	\$	Amour				
A. Balance at End of Prior Period as shown on Report of 09/30/2014						82,173
B. Total Revenue (From Statement of Revenue Page 30)						602,480
C. Total Expenditures (From Statement of Expenditures Page 27)						550,563
D. Net Income or Deficit				\$		51,916
E. Balance				\$	**************************************	134,089
F. Additions						
1. Additional Capital Contributed (itemize)						
2. Other (itemize)						
F-3. Total Additions				\$		<u></u>
G. Deductions		•				
Drawings of Owners/Opera				\$		
Name and Address (No., C	'ity, State, Zip)	Title	Amount			
2. Other Withdrawings (Specif	fy)		-	\$		
Purpose		Amo	unt			
					ir lieta ir.	
3. Total Deductions				\$		
H. Balance at End of Period	09/30/	15		\$		134,089
	371301	***		14		10 1,007

	·	