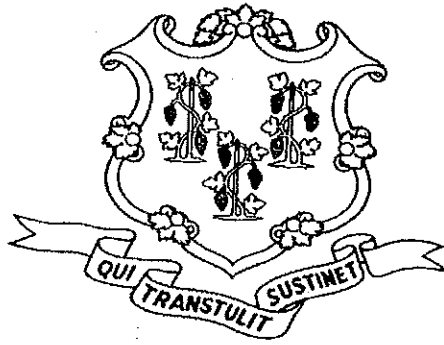


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Autumn Lake Healthcare At Bucks Hill	
Address (No. & Street, City, State, Zip Code) 2817 North Main Street Waterbury, CT 06704	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
Report for Year Beginning 1/1/2015	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2400	RHNS	(Specify)	Medicare Provider 07-5418
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Medicaid Provider Numbers:	CCNH 1275846594	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Autumn Lake Healthcare At Bucks Hill	License No. 2400	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

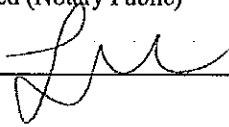
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Patty Leone-Tincher			Printed Name (Owner) Aryeh Stern		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Address of Notary Public					


SL Manes
 Notary Public of New Jersey
 My Commission Expires December 16, 2018
 2441428

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Autumn Lake Healthcare At Bucks Hill		Period Covered:	From 1/1/2015	To 9/30/2015
Address of Facility 2817 North Main Street Waterbury, CT 06704				
Report Prepared By Craig J. Lubitski Consulting LLC		Phone Number 860-610-9009	Date 3/8/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203.757.0731		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Autumn Lake Healthcare At Bucks Hill		Address (No. & Street, City, State, Zip) 2817 North Main Street Waterbury, CT 06704		
License Numbers:	CCNH 2400	RHNS	(Specify)	Medicare Provider No. 07-5418
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 1/1/2015	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," explain fully.				
Purchased on 1/1/15.				
Administrator				
Name of Administrator Patty Leone-Tincher		Nursing Home Administrator's License No.:	001828	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Autumn Lake Healthcare At Bucks Hill	License No. 2400	Report for Year Ended 9/30/2015	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

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

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

Names of Stockholders Owning at Least 10% of Shares	Business Address	Title	No. Shares Held by Each

General Information and Questionnaire Related Parties*

Name of Facility Autumn Lake Healthcare At Bucks Hill	License No. 2400	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Autumn Lake Healthcare LLC	4260 RT 9 S., Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>	Management Company	16 m12	124,625	124,625
Ultimate Therapy LLC	4260 RT 9 S., Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>	Therapy Company (ST, PT, OT)	13/5a,9a,10a	344,488	344,488
Buck Hills Operation	4260 RT 9 S., Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>	Lease of building	22/9	472,050	N/A Replaced w/ Fair R
		<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"/>				

* 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 Autumn Lake Healthcare At Bucks Hill	License No. 2400	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

Purchased on 1/1/15.

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 Autumn Lake Healthcare At Bucks Hill		License No. 2400	Report for Year Ended 9/30/2015		Page 6	of 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
ACP L Hanger Company 4850 Joute Street Bldg A1	<input type="radio"/>	<input checked="" type="radio"/>	Omnistim, Omnisound, Megapulse, Omnistim, Omnicycle, Printer, OC, Martel	01/01/15	12 months	16,775	11,474	
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							Total ***	11,474
							<input type="radio"/> Yes	<input checked="" type="radio"/> No

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

General Information and Questionnaire
Accounting Basis

Name of Facility Autumn Lake Healthcare At Bucks	License No. 2400	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
New Owner				
Independent Accounting Firm				
Name of Accounting Firm			Address (No. & Street, City, State, Zip Code)	
1 Craig J. Lubitski Consulting LLC			225 Pitkin Street, East Hartford, CT 06108	
2 Brand Sonnenchine			299 Broadway Suite 600, NY, NY 10007	
3 Marcum, LLP			185 Asylum St, Hartford, CT 06103	
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 CT Medicaid Reimbursement Consulting & Cost Report			\$	5,700
2 Financial Statement Preparation & Regular Accounting Work			\$	19,016
3 Purchase & Sale Work			\$	2,248
4			\$	
5			\$	
			Charge for Services Provided	
			\$	26,964
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Murtha Cullina			860-240-600	
2 Jasinski			609-677-9800	
3 Martin LLP			203-973-5210	
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 185 Asylum St., Hartford, CT 06103				
2 60 Park Pl, Newark, NS				
3 262 Harbor Dr, Stamford, CT				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Purchase & Sale Work (Titles)			\$	2,475
2 Labor/Employment Law, Union Negotiations			\$	17,451
3 Issues with workers. Research done on motion to strike and transfer			\$	3,613
4			\$	
5			\$	
			Charge for Services Provided	
			\$	23,539
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1e				

Schedule of Resident Statistics

	Name of Facility Autumn Lake Healthcare At Bucks Hill	License No. 2400	Report for Year Ended 9/30/2015						Page 8	of 37			
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30								
			Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total CCNH	Total RHNS			Total CCNH	Total RHNS	Total (Specify)
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period											90	90	
B. On last day of THIS report period			90								90	90	
2. Number of Residents													
A. As of midnight of PREVIOUS report period											83	83	
B. As of midnight of THIS report period			83								83	83	
3. Total Number of Days Care Provided During Period													
A. Medicare			3,137	3,137							2,038	2,038	1,099
B. Medicaid (Conn.)			16,776	16,776							11,078	11,078	5,698
C. Medicaid (other states)													
D. Private Pay			999	999							559	559	440
E. State SSI for RCH													
F. Other (Specify) Insurance & Hospice			1,536	1,536							1,133	1,133	403
G. Total Care Days During Period (3A thru F)			22,448	22,448							14,808	14,808	7,640
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days			220	220							128	128	92
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)			22,668	22,668							14,936	14,936	7,732

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Healthcare At Bucks Hill			License No. 2400			Report for Year Ended 9/30/2015			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" 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)				
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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID				
No. of Residents	10		61		12								
Per Diem Rate													
a. One bed rm.	572.75		229.20		331.66								
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								804	804				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								13	13				
2. Restorative Treatments								116	116				
C. Other													
D. Total Physical Therapy Treatments								933	933				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								271	271				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1	1				
2. Restorative Treatments								11	11				
C. Other													
D. Total Speech Therapy Treatments								283	283				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								714	714				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								13	13				
2. Restorative Treatments								116	116				
C. Other													
D. Total Occupational Therapy Treatments								843	843				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	9,000	293				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	80,757	1,600				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	103,688	6,164				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	222,608	19,552				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	48,154	2,880				
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						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants						
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	52,496	2,534				
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	82,310	4,255				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	27,059	1,436				
<i>A-13. Total Salary Expenditures</i>	626,072	38,713				

* 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
Salaries Medical Records	\$ 27,059	1,436				
Total	\$ 27,059	1,436	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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		
Autumn Lake Healthcare At Bucks Hill		2400		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Aryeh Stern	9,000			Oversees buildings; high level executive decisions	293	A1	See Other Related Cost Reports		
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) Autumn Lake Healthcare At Bucks Hill		License No. 2400		Report for Year Ended 9/30/2015			Page 12	of 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***									
Paty Leone-Tincher	80,757		Standard	Administrator	1,600	A2			
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015	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	2,525	144				
3. Pharmacist	2,768	144				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	156,099	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	144				
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	47,348	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	141,041	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	608,900	12,772				
2. Administrative***	201,860	Contract				
b. LPN						
1. Direct Care	596,900	17,217				
2. Administrative***						
c. Aides	1,112,400	50,894				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	2,887,841	81,315				

* 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.

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

Name of Facility Autumn Lake Healthcare At Bucks Hill		License No. 2400	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
		<input type="radio"/>	<input checked="" type="radio"/>		
United Dental 411 Highland Ave, Waterbury, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Pinnacle, 410 Monmouth Ave., Lakewood, NJ	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Physical Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
RAAD 503 Wolcott Rd, Wolcott CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Occupational Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
Ultimate Therapy 4260 RT 9 S., Howell, NJ 07731	Speech Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
Accurate Staffing, Inc (ASI)	Nurse Services	<input type="radio"/>	<input checked="" type="radio"/>		
		<input checked="" type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 26,028	26,028			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 13,609	13,609			
4. Social Security (F.I.C.A.)	\$ 44,669	44,669			
5. Health Insurance	\$ 101,579	101,579			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,386	1,386			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 15,953	15,953			
8. Uniform Allowance	\$ 875	875			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 2,409	2,409			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 20,745	20,745			
d. Accounting and Auditing	\$ 26,964	26,964			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 23,540	23,540			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 51,815	51,815			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 21,540	21,540			
2. Cellular Phones	\$ 1,634	1,634			
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	\$				
3. Resident Day User Fee	\$ 392,927	392,927			
Subtotal	\$ 745,674	745,674			

* 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**

Autumn Lake Healthcare At Bucks Hill
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Background Checks	\$ 336		
Union Training & Upgrade	\$ 2,073		
Total	\$ 2,409	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	745,674	745,674		
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 3,000	3,000		
4. Employee Travel	\$ 6,321	6,321		
5. Education Expenses Related to Seminars and Conventions	\$			
6. Automobile Expense (not purchase or depreciation)	\$			
7. Other (Specify) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (all such expenses)	\$			
2. Advertising Telephone Directory (all such expenses)***	\$			
3. Advertising Other (Specify)*** See Attached Schedule	\$ 8,544	8,544		
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	\$			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$			
12. Administrative Management Services**	\$ 124,625	124,625		
13. Other (Specify) See Attached Schedule	\$ 158,756	158,756		
C-14 Total Administrative & General Expenditures	\$ 1,046,920	1,046,920		

* 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)
Office Marketing	\$ 5,809		
Advertising	\$ 2,535		
Marketing	\$ 200		
Total Other Advertising	\$ 8,544	\$ -	\$ -

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Distributions	\$ 225		
Contracted Office	\$ 2,286		
Fiscal Services	\$ 99,000		
Licenses	\$ 3,044		
Data Processing	\$ 13,094		
Consultant	\$ 37,625		
Bank Charges	\$ 2,183		
Penalties	\$ 1,300		
Total Other Administrative and General	\$ 158,756	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Autumn Lake Healthcare, LLC	124,627	Management Services	Page 16, Line m12

* 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
Autumn Lake Healthcare At Bucks Hill		2400	9/30/2015		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 126,990	126,990			
2.	Non-Food Supplies	\$ 21,232	21,232			
3.	Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 87,563	87,563			
c. Management Services**		\$ _____				
d. Other (Specify) _____		\$ _____				
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 235,785	235,785			
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

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

Name of Facility Autumn Lake Healthcare At Bucks Hill		License No. 2400	Report for Year Ended 9/30/2015	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. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	113,582	113,582	
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies		\$	11,729	11,729	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	125,311	125,311	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

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

*** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At Bucks Hill		2400	9/30/2015		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.	\$ 85,562	85,562		
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.	\$ 181,192	181,192		
c. Management Services*			\$			
d. Other (<i>Specify</i>)			\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)			\$ 266,754	266,754		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy			\$			
2. Purchased from Pharmacy RX Non			\$ 152,584	152,584		
b. Medicine Cabinet Drugs			\$ 1,095	1,095		
c. Medical and Therapeutic Supplies			\$ 60,026	60,026		
d. Ambulance/Limousine***			\$ 557	557		
e. Oxygen						
1. For Emergency Use			\$			
2. Other***			\$ 22,970	22,970		
f. X-rays and Related Radiological Procedures***			\$ 2,288	2,288		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)			\$			
h. Laboratory***			\$ 10,537	10,537		
i. Recreation			\$ 10,246	10,246		
j. Other (<i>Specify</i>)**** See Attached Schedule			\$ 72,655	72,655		
5K. Total Resident Care Expenditures (5a - 5j)			\$ 332,957	332,957		

* 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)
Diapers	\$ 9,770		
Resident PD Claims	\$ 370		
Medical Waste	\$ 1,079		
Mattresses	\$ 4,600		
Medicaid IV	\$ 43,467		
Social Service	\$ 150		
Cable	\$ 13,219		
Total Other Resident Care	\$ 72,655	\$ -	\$ -

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

Name of Facility Autumn Lake Healthcare At Bucks Hill		License No. 2400	Report for Year Ended 9/30/2015	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	
FAB Snowplowing & Hauling	10 County Road, Waterbury, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	15,302				22	6a
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	87,563				18	2b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	113,582				19	3b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	181,192				20	4b
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								

* 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
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 52,577	52,577				
b. Heat	\$ 30,124	30,124				
c. Light & Power	\$ 41,629	41,629				
d. Water	\$ 23,200	23,200				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 11,474	11,474				
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 159,004	159,004				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 78,025	78,025				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 50,168	50,168				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 128,193	128,193				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 325	325				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 325	325				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 472,050	472,050				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 123,963	123,963				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 724,531	724,531				

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

Depreciation Schedule

Name of Facility Autumn Lake Healthcare At Bucks Hill		License No. 2400	Report for Year Ended 9/30/2015				Page 23	of 37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. Building and Building Improvements								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	3,121,005		3,121,005		SL	30	78,025	78,025
B-4. Subtotal								
C. Non-Movable Equipment								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								
D. Movable Equipment								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a.								
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period								
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)								
D-3. Subtotal	334,455		334,455		SL	5	50,168	50,168
E. Total Depreciation								128,193

Autumn Lake Healthcare At Bucks Hill
9/30/2015

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:				
Total deletions for Land Improvements		\$ -		\$ - **

*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:				
1/1/2015	Purchase of building	\$ 3,121,005	30	\$ 78,025
Total additions for Building Improvements		\$ 3,121,005		\$ 78,025 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*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:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of	
Autumn Lake Healthcare At Bucks Hill		2400		9/30/2015		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								
Var				3,488			325	
C-4. Subtotal								325
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) - Interest

Name of Facility		License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At Bucks H		2400	9/30/2015		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	
Autumn Lake Healthcare At Bucks			2400		9/30/2015			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)					\$	3,139	3,139		
Interest Expense									
13. Total All Interest Expense (12B7 + 12C3 + 12D)					\$	3,139	3,139		
14. Insurance									
a. Insurance on Property (buildings only)					\$	81,577	81,577		
b. Insurance on Automobiles					\$				
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)					\$				
2. Fire and Extended Coverage					\$				
3. Other (Specify)					\$				
14d. Total Insurance Expenditures (14a + b + c)					\$	81,577	81,577		
15. Total All Expenditures (A-13 thru C-14)					\$	6,489,891	6,489,891		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Bucks Hill				2400	9/30/2015	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	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 141,041	141,041		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 20,745	20,745		
10.	15	1c	Accounting & Legal	\$ 4,903	4,903		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 824	824		
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 3,000	3,000		
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.	16	16	Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 8,544	8,544		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 11,285	11,285		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,592	1,592		
Page 18 - Dietary Expenditures							
24.	18	2a	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)				\$ 191,934	191,934		

(Carry Subtotal forward to next page)

* All except "Help Wanted".

** 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Penalties	\$ 1,300		
16	m13	Distributions	\$ 225		
16	m13	Bank Charges	\$ 67		
Total Other A&G Adjustments			\$ 1,592	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Autumn Lake Healthcare At Bucks Hill			2400	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 191,934	191,934		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 152,584	152,584		
28.			Ambulance/Limousine	\$ 557	557		
29.	20	5f	X-rays, etc	\$ 2,288	2,288		
30.	20	5h	Laboratory	\$ 10,537	10,537		
31.			Medical Supplies	\$ 13,501	13,501		
32.	20	5e2	Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 43,837	43,837		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$			
37.	22/27		Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 415,238	415,238		

*** 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.

Autumn Lake Healthcare At Bucks Hill
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	e2	Resident PD Claims	\$ 370		
20	e2	Medicaid IV	\$ 43,467		
Total Other Ancillary Costs			\$ 43,837	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

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 Autumn Lake Healthcare At Bucks Hill		License No. 2400	Report for Year Ended 9/30/2015		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,938,629	3,938,629				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,306,743	2,306,743				
b. Medicare Room and Board Contractual Allowance **	\$ (31,694)	(31,694)				
4. a. Private-Pay Residents and Other	\$ 274,063	274,063				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 262,781	262,781				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (241,402)	(241,402)				
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 76,646	76,646				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (57,281)	(57,281)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 256,256	256,256				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (238,014)	(238,014)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 229,406					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,546,726	6,546,726				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 16	16				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,120	1,120				
V. Total Other Revenue (1 thru 8)	\$ 1,136	1,136				
VI. Total All Revenue (III + V)	\$ 6,547,862	6,547,862				

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31/A1	Interest Income	37,407	\$ 16		
Total Interest Income			\$ 16	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Other Revenue	\$ 1,120		
Total Other Revenue		\$ 1,120	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	222,971
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,262,820
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	75,216
a. Prepaid Insurance	73,128			
b. Prepaid Interest	2,088			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	50,138
Due To/From Previous Owner	50,138			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,611,145
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>3,488</u>		\$	3,163
	Accum. Depreciation <u>325</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>24,976</u>		\$	19,172
	Accum. Depreciation <u>5,803</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	0
	0			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	22,335

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,633,481
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	342,482
2. Land Improvements			*Historical Cost _____	
Accum. Depreciation _____			Net \$ _____	
3. Buildings			*Historical Cost <u>3,121,005</u>	
Accum. Depreciation <u>78,025</u>			Net \$ <u>3,042,980</u>	
4. Non-Movable Equipment			*Historical Cost _____	
Accum. Depreciation _____			Net \$ _____	
5. Movable Equipment			*Historical Cost <u>309,481</u>	
Accum. Depreciation <u>44,365</u>			Net \$ <u>265,116</u>	
6. Motor Vehicles			*Historical Cost _____	
Accum. Depreciation _____			Net \$ _____	
7. Minor Equipment-Not Depreciable			\$ _____	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	3,650,578
D. Investment and Other Assets				
1. Deferred Deposits			\$	17,555
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>)			\$ _____	
_____			_____	
_____			_____	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	17,555
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	5,301,614

* 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
Autumn Lake Healthcare At Bucks Hill		2400	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	845,378
2. Notes Payable (<i>itemize</i>)				\$	65,630
Due Ultimate					52,125
Capital Lease Payable					13,505
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>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	4,455
7. Medicare Final Settlement Payable				\$	(11,023)
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>)				\$	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	904,441

* 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 Autumn Lake Healthcare At Bucks Hill		License No. 2400	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				904,441	
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>)				\$ 566,233	
Name and Address of Lender	Amount	Loan Date			
Stern/Autumn Lake/Landlord	566,233				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 566,233	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,470,674	


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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Bucks Hi	2400	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	3,772,968
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	3,772,968
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	57,971
	1/1/2015	thru	9/30/2015	
7. Total Net Worth			\$	57,971
C. Total Reserves and Net Worth			\$	3,830,939
D. Total Liabilities, Reserves, and Net Worth			\$	5,301,613

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Bucks Hill	2400	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,547,862
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	6,489,891
D. Net Income or Deficit			\$	57,971
E. Balance			\$	57,971
F. Additions			\$	57,971
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			\$	57,971
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Autumn Lake Healthcare At Bucks Hill	License No. 2400	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input 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 Partner	Date Signed 3-8-16		
Printed Name of Preparer Craig J. Lubitski Consulting LLC				
Address 225 Pitkin Street, East Hartford, CT 06108		Phone Number 860-610-9009		