State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Facility (as licensed) Bridgeport Health Care Center Inc		
Address (No. & Street, City, State, Zip Code) 600 Bond St Bridgeport CT 06610		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2061C			07-5370

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	200679		

For Department Use Only

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

Table of Contents

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Bridgeport Health Care Center Inc [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Christopher Massaro			Printed Name (Owner) Rachel Blass	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-1A Rev. 6/95

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bridgeport Health Care Center Inc	Period Covered:		From 10/1/2014	To 9/30/2015
Address of Facility 600 Bond St Bridgeport CT 06610				
Report Prepared By Burg & Weingarten CPA PC	Phone Number 718-845-6141		Date 2/10/2016	

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-384-6400	9/30/2015	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Bridgeport Health Care Center Inc	600 Bond St Bridgeport CT 06610

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2061C			07-5370

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ⊙ Profit Corp. ○ Non-Profit Corp. ○ Government ○ Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year? ⊙ Yes ○ No If "Yes," explain fully.

Sale from one shareholder to another shareholder

Administrator

Name of Administrator	Nursing Home Administrator's License No.:
Christopher Massaro	001425

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
Chaim Stern	
Joseph Stern	
Rachel Blass	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3 Rev. 10/2005

General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
N/A			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	3A	37

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
Bridgeport Health Care Center Inc	600 Bond St Bridgeport CT 06610	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Rachel Blass		sident / Asst Ad	17.5
Names of Stockholders Owning at Least 10% of Shares			
Miriam Stern			65
Norma Loren			17.5
Rachel Blass		ent/Asst Admini	17.5

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-3B Rev. 10/2005

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility
N/A

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	4	37

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	%**				
Bridgeport Health Care Realty	600 Bond St Bridgeport CT 06610	○	⊙		Rental of Land & Building	P22/9	666,666	279,587
New Coleman Park Health & Rehab Center LLC	600 Bond St Bridgeport CT 06610	○	⊙		Loans			
Rachel Blass		○	⊙		President / Asst Admin	P 10 A3	26,572	
Norma Loren		○	⊙		Shareholder			
Chaim Stern		○	⊙		Asst Admin	P 10 A3	124,544	
Joseph Stern		○	⊙		Asst Admin	P 10 A3	69,873	
Paradise Realty	3845 E Main St Waterbury CT	○	⊙		Loans			
Comprehensive Rehabilitation Services LLC	26 FIREMENS MEMORIAL DRIVE POMONA NY 10970	○	⊙		Therapy	P 13 Lines 5 ,9 & 10	170,142	
The Rosegarden Health & Rehabilitation Center LLC	3845 E Main St Waterbury CT	⊙	○		Loans, Allocation of cost, 401K			

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

Bridgeport Health Care Center Inc owns and operates Bridgeport Health Care Center and Bridgeport Manor. One set of corporate books exists and is allocated to each facility using various methods - some direct, some using patient days, and some using square footage.

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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

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	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Marlin Leasing 300 Fellowship Rd Mount Laurel NJ 08054	○	⊙	Copier Lease	03/01/10	60 months	5,360	5,360
Pitney Bowes POB 856179 Louisville KY 40285	○	⊙	Mail Machine Equipment	09/28/10	51 months	4,977	2,543
Great American Leasing PO BOX 606 Cedar Rapids IA 52406	○	⊙	Fax Machines	06/06/12	60 months	2,243	1,146
Accelerated Care Plus 9855 DOUBLE R BLVD Reno NV 89521	○	⊙	Therapy Equipment	05/01/13	12 months	11,495	11,495
Jaguar Financial Group 78074 Phoenix AZ 85062	○	○	Auto	11/09/10	48 months	12,340	525
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ No **Total ***** 21,069

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

⊙ Accrual ○ Cash ○ Modified Cash

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

Independent Accounting Firm

	Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	Burg & Weingarten CPA PC	149-12 83rd St Howard Beach NY 11414
2	Zimmet Health Care Services Inc	4006 Rt 9 South Morganville NJ 07751
3	Craig J Lubitsky Consulting	225 Pitkin St East Hartford CT 06108
4		

Services Provided by This Firm (*describe fully*)

1	General Accounting, Balance Sheet, Trial Balance, Cost Report	$ 56,772
2	Medicare Cost Report	$ 6,515
3	Audit	$ 3,986
4		$
	Charge for Services Provided	$ 67,273

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

⊙ Yes ○ No — Page 15 Line 1 D

Legal Services Information

	Name of Legal Firm or Independent Attorney	Telephone Number
1	Murtha, Cullina LLP	860-240-6000
2	Costello & Mccormack	203-254-3340
3	Berchem, Moses & Devlin	203-783-1200
4	Berchem, Moses & Devlin	203-783-1200
5	Berchem, Moses & Devlin	203-783-1200

	Address (*No. & Street, City, State, Zip Code*)
1	185 Asylum St Hartford CT 06103
2	1238 Post Road Fairfield CT 06824
3	75 Broad St Milford CT 06460
4	75 Broad St Milford CT 06460
5	75 Broad St Milford CT 06460

Services Provided by This Firm (*describe fully*)

1	State legal matters, Protection Nursing Home info	$ 2,866
2	Title 19	$ 211
3	Labor Matters	$ 44,300
4	Corporate	$ 17,832
5	Fiscal	$ 4,048
	Charge for Services Provided	$ 69,257

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

⊙ Yes ○ No — page 15 Line 1 E

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	8	37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	240	240			240	240			240	240		
B. On last day of THIS report period	240	240			240	240			240	240		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	205	205			205	205			199	199		
B. As of midnight of THIS report period	195	195			203	203			195	195		
3. Total Number of Days Care Provided During Period												
A. Medicare	3,419	3,419			2,357	2,357			1,062	1,062		
B. Medicaid (Conn.)	66,264	66,264			49,894	49,894			16,370	16,370		
C. Medicaid (other states)												
D. Private Pay	3,497	3,497			2,774	2,774			723	723		
E. State SSI for RCH												
F. Other (Specify)	18	18			18	18						
G. Total Care Days During Period (3A thru F)	73,198	73,198			55,043	55,043			18,155	18,155		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	1	1			1	1						
5. ***Total Resident Days*** **(3G + 4A + 4B)**	73,199	73,199			55,044	55,044			18,155	18,155		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	13	175		7				
Per Diem Rate								
a. One bed rm.	Various	242.62		305.00				
b. Two bed rms.	Various	242.62		295.00				
c. Three or more bed rms.	Various	242.62		275.00				

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,253	3,253		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,970	2,970		
C. Other				
D. ***Total Physical Therapy Treatments***	6,223	6,223		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	392	392		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	613	613		
C. Other				
D. ***Total Speech Therapy Treatments***	1,005	1,005		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,342	2,342		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,503	1,503		
C. Other				
D. ***Total Occupational Therapy Treatments***	3,845	3,845		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	10	37

Are time records maintained by all individuals receiving compensation? ○ Yes ○ No

	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	124,800	2,160				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	245,422	3,362				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	363,672	20,817				
5. Dietary Service						
a. Head Dietitian	44,365	2,968				
b. Food Service Supervisor	144,050	6,620				
c. Dietary Workers	458,094	34,034				
6. Housekeeping Service						
a. Head Housekeeper	27,389	797				
b. Other Housekeeping Workers	526,608	37,876				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	29,396	1,055				
b. Other Maintenance Workers	151,885	9,243				
8. Laundry Service						
a. Supervisor	10,036	679				
b. Other Laundry Workers	117,861	7,962				
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	180,457	5,096				
b. RN						
1. Direct Care	1,189,816	42,697				
2. Administrative**						
c. LPN						
1. Direct Care	2,015,752	96,696				
2. Administrative**						
d. Aides and Attendants	3,406,307	276,034				
e. Physical Therapists	124,611	2,304				
f. Speech Therapists	20,912	509				
g. Occupational Therapists	90,419	3,468				
h. Recreation Workers	145,198	10,327				
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	108,692	5,682				
n. Marketing						
o. Other (Specify) See Attached Schedule						
A-13. Total Salary Expenditures	9,525,742	570,386				

* 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)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Total	$ -	-	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

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

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*

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	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										
Norma Loren				Health Ins				Bridgeport Manor		
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.

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*

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Christopher Massaro	124,800				Administrator	2,160	A.2			
Section IV - Assistant Administrators										
Rachel Blass	26,572				President/Asst Administrator	53	A.3	Bridgeport Manor, Rosegarden	51	25,428
Chaim Stern	124,544				Asst Administrator	1,084	A.3	Bridgeport Manor, Rosegarden	1,036	119,183
David Segal / Keith Cavanagh	24,433				Asst Administrator	1,141	A.3	Bridgeport Manor,	1,091	23,381
Joseph Stern	69,873				Asst Administrator	1,084	A.3	Bridgeport Manor, Carlton	1,036	66,865

*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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	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	101,729	2,128				
2. Dentist						
3. Pharmacist	3,269	255				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	78,162	1,088				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	54,000	540				
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	12,443	173				
b. Other						
10. Occupational Therapist						
a. Resident Care	79,537	1,105				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	71,282	1,374				
2. Administrative***						
b. LPN						
1. Direct Care	83,875	1,971				
2. Administrative***						
c. Aides	1,052,186	47,546				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,536,483	56,180				

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Eileen Mulrenan 107 Cindy Ln Guilford CT 06437	Dietician	○	⊙	
Ct Medical Associates 1825 Barnum Ave Stratford CT 06614	Medical Director	○	⊙	
Nutrition Solutions 2 A Pearl Hill St Milford CT 06460	Dietician	○	⊙	
Towne Nursing 2110 Boston Ave Bridgeport CT 06610	Nursing Registry	○	⊙	
Lifemed 447 Doughty Blvd Inwood NY 11096	Nursing Registry	○	⊙	
Lifemed 447 Doughty Blvd Inwood NY 11096	Pharmacist	○	⊙	
Omnicare Pharmacy 525 Knotlep Dr Chesire CT 06421	Pharmacist	○	⊙	
Comprehensive Rehabilitations 26 Firemens Memorial Dr Suite 205 Pomona NY 10970	Therapy	⊙	○	
High Tech Nursing 1 Stafford St Springfield MA 01104	Nursing Registry	○	⊙	
Omnicare Pharmacy 525 Knotlep Dr Chesire CT 06421	Nursing Registry	○	⊙	
Raintree Healthcare Staffing 116 West 23rd St New York NY 10011	Nursing Registry	○	⊙	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	169,068	169,068		
2. Disability Insurance	$	81,440	81,440		
3. Unemployment Insurance	$	145,329	145,329		
4. Social Security (F.I.C.A.)	$	737,264	737,264		
5. Health Insurance	$	1,683,249	1,683,249		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$	(1,265)	(1,265)		
7. Pensions (Non-Discriminatory)	$	346,878	346,878		
(not-owners and not-operators)					
8. Uniform Allowance	$	19,809	19,809		
9. Other (*Specify*)	$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$				
d. Accounting and Auditing	$	67,273	67,273		
e. Legal (*Services should be fully described on Page 7)*	$	69,257	69,257		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	37,387	37,387		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	19,843	19,843		
2. Cellular Phones	$	13,500	13,500		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$	128	128		
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$				
See Attached Schedule					
3. Resident Day User Fee	$	1,125,100	1,125,100		
Subtotal	$	4,514,260	4,514,260		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		4,514,260	4,514,260		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	4,288	4,288		
3. Gifts to Staff and Residents	$	5,080	5,080		
4. Employee Travel	$				
5. Education Expenses Related to Seminars and Conventions	$	1,217	1,217		
6. Automobile Expense (*not purchase or depreciation*)	$	37,476	37,476		
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	8,209	8,209		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$				
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	3,982	3,982		
* 8. Dues and Membership Fees to Professional Associations (*Specify*)	$	314	314		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$				
10. Contributions***	$	4,011	4,011		
See Attached Schedule					
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	61,132	61,132		
12. Administrative Management Services**	$				
13. Other (*Specify*)	$	504,384	504,384		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	$	5,144,353	5,144,353		

* 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)
Total Other Advertising	$ -	$ -	$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Credit Cards	$ 314		
3			
Total Dues	$ 314	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Chakal Yitzchok	$ 4,011		
Total Contributions	$ 4,011	$ -	$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	$ 50,473		
Licenses	$ 3,309		
Non Reimbursable	$ 450,602		
Total Other Administrative and General	$ 504,384	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bridgeport Health Care Center Inc	2061C	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 #

*** 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.**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-18 Rev. 9/2002

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
Bridgeport Health Care Center Inc	2061C	9/30/2015	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	627,997	627,997		
2. Non-Food Supplies	$	205,236	205,236		
3. Other (*Specify*)_____	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**	$				
d. Other (*Specify*)_____	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	833,233	833,233		

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?	○ Yes	⊙ No	
I.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
L.	Is any revenue collected from these people?	○ Yes	⊙ 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?	⊙ Yes	○ No	If yes, specify cost. $500
O.	Is any revenue collected from employees?	○ Yes	⊙ 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page of
Bridgeport Health Care Center Inc	2061C	9/30/2015	19 | 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. $	275,025	275,025		
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)*	$	51,030	51,030		
c. Management Services**	$				
d. Other (*Specify*)	$				
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	326,055	326,055		

3F.	Laundry Questionnaire			
G.	Is cost of employee laundry included in 3E?	○ Yes	⊙ No	If yes, specify cost.
H.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ 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 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2002

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
Bridgeport Health Care Center Inc	2061C	9/30/2015	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	262,189	262,189		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$				
c. Management Services*		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)		$	262,189	262,189		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	209,006	209,006		
b. Medicine Cabinet Drugs		$	10,501	10,501		
c. Medical and Therapeutic Supplies		$	527,103	527,103		
d. Ambulance/Limousine***		$				
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	24,397	24,397		
f. X-rays and Related Radiological Procedures***		$	3,637	3,637		
g. Dental (*Not dentists who should be included under salaries or fees)*		$				
h. Laboratory***		$	16,785	16,785		
i. Recreation		$	57,153	57,153		
j. Other (Specify)**** See Attached Schedule		$	36,043	36,043		
5K. ***Total Resident Care Expenditures*** (5a - 5j)		$	884,625	884,625		

* 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)
Physical Therapy Supplies	$ 391		
IV	$ 8,053		
EKG	$ 96		
Wound Vac	$ 27,503		
Total Other Resident Care	$ 36,043	$ -	$ -

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 *

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	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
ADL Data System	9 Skyline Dr Hawthorne NY 10532	○	⊙		Computer Software Maintenance	39,439			16	11
Smartlinx Solutions	7271-A Investment Dr N Charleston SC 29418	○	⊙		Time Clock Maintenance	10,895			16	11
Kone Elevator	16 Old Forge Road Rocky Hill CT 06067	○	⊙		Elevator Maintenance	16,951			22	6.f
Stericycle	PO Box 6582 Carol Stream IL 60197	○	⊙		Medical Waste Services	5,363			22	6.f
Fire Protection	1701 Highland Ave Cheshire CT 06410	○	⊙		Fire System	6,171			22	6.f
Winter Bros	307 White St Danbury CT 06810	○	⊙		Trash Removal	42,344			22	6.f
Securitas	1 New Haven Ave Milford CT 06460	○	⊙		Security	64,957			22	6.f
Ikes Exterminating	104 Norben Road Monsey NY 10952	○	⊙		Pest Control	7,825			22	6.f
Rinaldi Linen Service	47 Commons Court Waterbury CT 06704	○	⊙		Laundry Service	51,030			19	3.b
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

* 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).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Bridgeport Health Care Center Inc	2061C	9/30/2015	22 | 37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	135,815	135,815		
b. Heat	$	264,760	264,760		
c. Light & Power	$	328,836	328,836		
d. Water	$	121,464	121,464		
e. Equipment Lease (*Provide detail on page 6*)	$	21,069	21,069		
f. Other (*itemize*)	$	161,719	161,719		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	1,033,663	1,033,663		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$				
c. Non-Movable Equipment	$				
d. Movable Equipment	$	161,319	161,319		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	161,319	161,319		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$	149,021	149,021		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	149,021	149,021		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	666,666	666,666		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	239,287	239,287		
c. Personal property taxes	$	31,608	31,608		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,247,901	1,247,901		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Elevator Service	$ 16,951		
Maintenance Purchase Service	$ 79,302		
Security Contract Service	$ 64,957		
Short Term Leases	$ 509		
Total Other Repairs and Maintenance	$ 161,719	$ -	$ -

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

Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period	594,289							
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	6,834,318							
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	215,445		215,445	215,445				
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.		x			129,841		129,841	86,438	S/L	5 Yrs	9,718	
b.	x		11	10	13,679		13,679	10,488	S/L	5 Yrs	2,735	
c.	x		2	12	14,117		14,117	7,293	S/L	5 Yrs	2,824	
d.	x		10	12	5,517		5,517	2,115	S/L	5 Yrs	1,103	
2. Movable Equipment												
a. Acquired prior to this report period					2,223,877		2,223,877	1,608,314	S/L	Various	139,416	
b. Disposals (attach schedule)					(7,683)		(7,683)	(7,683)				
c. Acquired during this report period (attach schedule)					272,638		272,638		S/L	Various	5,523	
D-3. Subtotal												161,319
E. ***Total Depreciation***												161,319

Bridgeport Health Care Center Inc
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:					
Total additions for Building Improvements		$ -		$ -	*
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**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
9/30/2015	Beds	$ 103,958	10 yrs		
5/31/2015	Laundry Equipment	$ 11,246	15 yrs	$ 250	
6/26/2015	Furniture	95766	15 yrs	1596	
6/30/2015	AC	16150	10 yrs	404	
6/30/2015	Computers	3316	3 yrs	166	
	Appliances , Buffers, Security Equipment	42202	5 yrs	3107	
Total additions for Movable Equipment		$ 272,638		$ 5,523	*
Deletions:					
9/30/2007	Computers	$ (5,881)			
9/30/2007	Time Clock	$ (1,802)			
Total deletions for Movable Equipment		$ (7,683)		$ -	**

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
5/31/2015	Boiler	$ 46,298	20	$ 772	
6/26/2015	Hot Water System	$ 18,896	10	$ 472	
5/31/2015	Renovations	38691	15	860	
9/10/2015	Sewer	27780	20	116	
6/12/2015	Paving	10000	8	417	
	Generator / Elevator / Sprinklers / Heating	19495		262	
Total additions for Leasehold Improvement		$ 161,160		$ 2,899	*
Deletions:					
11/19/2013	Heating & Cooling	$ (72,882)			
Total deletions for Leasehold Improvement		$ (72,882)		$ -	**

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
10/19/2010	Cadillac	50593	5yrs	10119
8/27/2002	Infinity	54058	5yrs	
1/10/2003	Toyota Avalon	33036	5yrs	0
7/21/2005	Toyota Avalon	31748	5yrs	0
1/30/2009	Cadillac	43666	5yrs	0
12/30/2012	Lexus	46580	5yrs	9316
	Total	259681		19435

Days				
50.00%	Bridgeport Health Care	129841		9718
50.00%	Bridgeport Manor	129841		9718
	Total	259681		19435

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

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
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				6,135,948	3,253,663	S/L	Variou	146,122	
2. Disposals (attach schedule)				(72,882)					
3. Acquired during this report period									
(attach schedule)				161,160		S/L	Variou	2,899	
C-4. Subtotal									149,021
D. ***Total Amortization***									149,021

* 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-25 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ⊙ Yes ○ No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	04/01/90
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	240
6. Square Footage	169,208
7. Acquisition Cost	
a. Land	
b. Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	08/28/07			
c. Interest Rate for the Cost Year	4.78%			
d. Term of Mortgage (number of years)	15			
e. Amount of Principal Borrowed	5.5m			
f. Principal balance outstanding as of _____	2,219,810			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Bridgeport Health Care Center Inc	2061C	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*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Bridgeport Health Care Center Inc	2061C	9/30/2015	27 | 37

Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		$	528	528		
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (*Specify*)		$	1,166	1,166		
A. Item	Rate	Amount				
Copiers	3.57%	61,020				
Lender						
Wells Fargo Financial						
Address of Lender						
PO BOX 6434 Carol Stream IL 60197						
B. Item	Rate	Amount				
Computers	5.42%	98,519				
Lender						
HP						
Address of Lender						
200 Connell Drive Suite 5000Berkeley Heights NJ 07922						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		$	1,694	1,694		
12. D. Other Interest Expense (*Specify*)		$	151,395	151,395		
Insurance, Credit lines, Late Fees						
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D)		$	153,089	153,089		
14. Insurance						
a. Insurance on Property (buildings only)		$	22,859	22,859		
b. Insurance on Automobiles		$	17,087	17,087		
c. Insurance other than Property (as specified above)						
1. Umbrella (*Blanket Coverage*)		$	60,725	60,725		
2. Fire and Extended Coverage		$				
3. Other (*Specify*)		$	135,032	135,032		
Package,Boiler,Pension,Patient Fund,EPLI						
14d. ***Total Insurance Expenditures (14a + b + c)***		$	235,703	235,703		
15. ***Total All Expenditures (A-13 thru C-14)***		$	21,183,036	21,183,036		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2002

D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Bridgeport Health Care Center Inc	2061C	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.			Occupational Therapy $				
7.			Other - See attached Schedule $				
Pages 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 $				
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	1 j	Income Tax / Corporate Business Tax $	128	128		
20.	16	m 10	Fund Raising / Contributions $	4,011	4,011		
21.			Unallowable Management Fees $				
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	459,970	459,970		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents $				
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents $				
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents $				
			Subtotal (Items 1 - 26) $	464,109	464,109		

* All except "Help Wanted".

(*Carry Subtotal forward to next page*)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
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	m 13	Non Reimbursable	$ 450,602		
16	l 3	Gifts to Staff	$ 5,080		
16	I 2	Holiday Parties	$ 4,288		
Total Other A&G Adjustments			$ 459,970	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

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

Name of Facility	License No.	Report for Year Ended	Page of
Bridgeport Health Care Center Inc	2061C	9/30/2015	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	464,109	464,109		
Page 20 - Resident Care Supplies***							
27.	20	5.a.2	Prescription Drugs $	209,006	209,006		
28.			Ambulance/Limousine $				
29.	20	5.f	X-rays, etc $	3,637	3,637		
30.	20	5.h	Laboratory $	16,785	16,785		
31.	20	5.c	Medical Supplies $	3,196	3,196		
32.	20	5.e.2	Oxygen (non emergency) $	24,397	24,397		
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $	46,153	46,153		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule $				
36.	22	7.d	Depreciation on Unallowable Motor Vehicles $	9,718	9,718		
37.	22	10.c	Unallowable Property and Real Estate Taxes $	4,883	4,883		
38.			Rental of Building Space or Rooms $				
39.			Other - See Attached Schedule $	41,884	41,884		
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)*** $			823,768	823,768		

*** 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.

Attachment Page 29

Bridgeport Health Care Center Inc
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5.j	IV	$ 8,053		
20	5.j	EKG	$ 96		
20	5.j	Wound Vac	$ 27,503		
20	5.b	Medicine Cabinet Drugs	$ 10,501		
Total Other Ancillary Costs			$ 46,153	$ -	$ -

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)
27	14.b	Auto Insurance	$ 11,543		
16	l.6	Auto Expense	$ 29,816		
22	6.e	Auto Lease	$ 525		
Total Other Property Adjustments			$ 41,884	$ -	$ -

Schedule of Other 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			$ -	$ -	$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	30	37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	18,964,413	18,964,413		
b. Medicaid Room and Board Contractual Allowance **	$	(3,795,268)	(3,795,268)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	1,066,114	1,066,114		
b. Medicare Room and Board Contractual Allowance **	$				
4. a. Private-Pay Residents and Other	$	1,346,340	1,346,340		
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	$	171,643	171,643		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	132,675	132,675		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	29,924	29,924		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	32,979	32,979		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	178,165	178,165		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$	90,340	90,340		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$				
b. Other *(Specify)* - Non-Medicare	$	45,888	45,888		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	18,263,213	18,263,213		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	232	232		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$				
V. Total Other Revenue (1 thru 8)	$	232	232		
VI. Total All Revenue (III +V)	$	18,263,445	18,263,445		

* *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)
	Lab	$ 45,601		
	Private Drugs	$ 287		
Total Other Resident Revenue		$ 45,888	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
31	Accounts Receivable		$ 232		
Total Interest Income			$ 232	$ -	$ -

Schedule of Other Revenue

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 5,591
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 2,285,007
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$ 1,891
4 Inventories				$
5. Prepaid Expenses				$ 574,389
a. Prepaid Contracts		421,784		
b. Taxes		59,330		
c. Insurance		93,275		
d.				
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 2,866,878
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	6,224,226		$ 2,821,542
	Accum. Depreciation	3,402,684	Net	
5. Non-Movable Equipment	*Historical Cost	215,445		$
	Accum. Depreciation	215,445	Net	
6. Movable Equipment	*Historical Cost	2,488,832		$ 743,262
	Accum. Depreciation	1,745,570	Net	
7. Motor Vehicles	*Historical Cost	163,154		$ 40,440
	Accum. Depreciation	122,714	Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 3,605,244

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

(*Carry Total forward to next page*)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	32	37

Account				Amount
			Total Brought Forward:	$ 6,472,122
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				$
2. Land Improvements	*Historical Cost	594,289		
	Accum. Depreciation		Net	$ 594,289
3. Buildings	*Historical Cost	6,834,318		
	Accum. Depreciation		Net	$ 6,834,318
4. Non-Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
5. Movable Equipment	*Historical Cost			
	Accum. Depreciation		Net	$
6. Motor Vehicles	*Historical Cost			
	Accum. Depreciation		Net	$
7. Minor Equipment-Not Depreciable				$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)				$ 7,428,607
D. Investment and Other Assets				
1. Deferred Deposits				$
2. Escrow Deposits				$
3. Organization Expense	*Historical Cost			
	Accum. Depreciation		Net	$
4. Goodwill (Purchased Only)				$
5. Investments Related to Resident Care (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$ 2,224,579
Name and Address	Amount	Loan Date		
Related Facilities & Owners	2,224,579			
7. Other Assets (*itemize*)				$ 83,643
Security Deposits		1,931		
		81,712		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$ 2,308,222
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 16,208,951

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	33	37

Account					Amount
Liabilities					
A.	Current Liabilities				
	1. Trade Accounts Payable				$ 4,978,221
	2. Notes Payable (*itemize*)				$ 46,948
	Citicard		46,948		
	3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$ 17,998
	Name of Lender	Purpose	Amount	Date Due	
	Auto Finance	Auto Loan	6,351		
	HP	Computers	11,647		
	4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 1,097,099
	5. Accrued Payroll (*Owners and/or Stockholders only*)				$
	6. Accrued Payroll Taxes Payable				$ 759,107
	7. Medicare Final Settlement Payable				$
	8. Medicare Current Financing Payable				$
	9. Mortgage Payable (*Current Portion*)				$
	10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
	11. Accrued Income Taxes*				$
	12. Other Current Liabilities (*itemize*)				$ 313,141
	Cash Overdraft	237,500			
	Water & Sewer	2,391			
	Audit	8,750			
	Patient Funds	64,500			
A-13.	***Total Current Liabilities*** (Lines A1 thru 12)				$ 7,212,514

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

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	34	37

Account				Amount
			Total Brought Forward:	7,212,514
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (*itemize*)				$ 1,407,691
Name of Lender	Purpose	Amount	Date Due	
Auto Finance	Auto Loan	6,031		
Peoples Bank	Elevator / Work Cap	1,401,660		
2. Mortgages Payable				$
3. Loans from Owners or Related Parties (*itemize*)				$ 1,344,315
Name and Address of Lender	Amount	Loan Date		
Bridgeport Realty	1,344,315			
4. Other Long-Term Liabilities (*itemize*)				$
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)				$ 2,752,006
C. ***Total All Liabilities*** (Lines A-13 + B-5)				$ 9,964,520

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	35	37

Account		Amount
A.	**Reserves**	
	1. Reserve for value of leased land	$ 594,289
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized	$ 6,834,318
	3. Reserve for depreciation value of leased personal property (*Equity)*	$
	4. Reserve for leasehold real properties on which fair rental value is based	$
	5. Reserve for funds set aside as donor restricted	$
	6. Total Reserves	$ 7,428,607
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$ 384,910
	3. Paid-in Surplus	$
	4. Treasury Stock	$
	5. Cumulated Earnings	$ 1,350,505
	6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	$ (2,919,591)
	7. Total Net Worth	$ (1,184,176)
C.	***Total Reserves and Net Worth***	$ 6,244,431
D.	***Total Liabilities, Reserves, and Net Worth***	$ 16,208,951

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	36	37

Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			$ (172,086)
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 18,263,445
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 21,183,036
D.	Net Income or Deficit			$ (2,919,591)
E.	Balance			$ (3,091,678)
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	Capital Contribution	1,000,000		
	Balance Adjustment	907,502		
	2. Other (*itemize*)			
F-3.	Total Additions			$ 1,907,502
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (*Specify*)			$
	Name and Address (*No., City, State, Zip*)	Title	Amount	
	2. Other Withdrawings *(Specify)*			$
	Purpose		Amount	
	3. Total Deductions			$
H.	***Balance at End of Period***	09/30/15		$ (1,184,176)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Bridgeport Health Care Center Inc	2061C	9/30/2015	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

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.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer	
Burg & Weingarten CPA PC	
Addres Address	Phone Number
149-12 83rd St Howard Beach NY 11414	718-845-6141

Error Check

Level	Item	Reported as		
	Page 23 - Accumulated Dep. of Movable Eq.	1,753,253	is inconsistent with Page 31	1,745,570