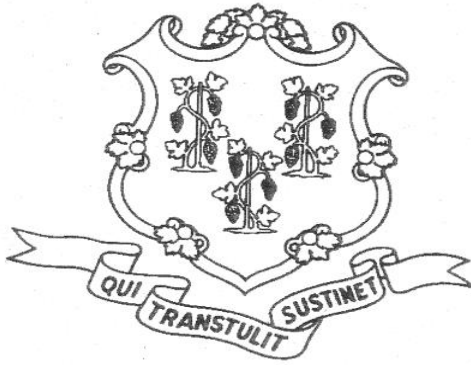


# State of Connecticut



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

Name of Facility (as licensed) Cambridge Manor of Fairfield, LLC	
Address (No. & Street, City, State, Zip Code) 2428 Easton Turnpike, Fairfield, CT 06824	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2048 C	RHNS	(Specify)	Medicare Provider 07-5323
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Medicaid Provider Numbers:	CCNH 20488	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) Cambridge Manor of Fairfield, LLC	License No. 2048-C	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 Bloomfield Health [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.

*Cambridge Manor of Fairfield LLC*

Signed (Administrator) <i>by: [Signature]</i>		Date <i>2/6/16</i>	Signed (Owner) <i>[Signature]</i>		Date <i>02/19/16</i>
Printed Name (Administrator) Lewis Abramson			Printed Name (Owner) Marvin Ostreicher		
Subscribed and Sworn to before me:	State of <i>N.Y.</i>	Date <i>2/8/16</i>	Signed (Notary Public) <i>[Signature]</i>	Comm. Expires <i>7, 01, 18</i>	
Address of Notary Public					

(Notary Seal)

Gloria G. Alario  
 NOTARY PUBLIC STATE OF NEW YORK  
 NO. 01AL6077129 NASSAU COUNTY  
 TERM EXPIRES JULY 01, 2018

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Cambridge Manor of Fairfield, LLC	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 2428 Easton Turnpike, Fairfield, CT 06824				
Report Prepared By Blum Shapiro & Company, P.C.	Phone Number 860-561-4000	Date 2/8/2016		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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 203-372-0313		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Cambridge Manor of Fairfield, LLC			Address (No. & Street, City, State, Zip) 2428 Easton Turnpike, Fairfield, CT 06824		
License Numbers:		CCNH 2048 C	RHNS	(Specify)	Medicare Provider No. 07-5323
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Lewis Abramson			Nursing Home Administrator's License No.:	000692	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire  
 Partners/Members**

Name of Facility Cambridge Manor of Fairfield, LLC		License No. 2048 C	Report for Year Ended 9/30/2015	Page 3	of 37
Legal Name of Partnership/LLC Cambridge Manor of Fairfield, LLC		Business Address 2428 Easton Turnpike, Fairfield, CT 06824		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
Marvin Ostreicher	184 Wildacre, Lawrence, NY 11559	Managing Member		55	
Helen Ostreicher	1 Lakeside Dr, Lawrence, NY 11559	Member		35	
Barry Bokow	722 Almond Road, Far Rockaway, NY 11691	Member		5	
Ira Geffner	253 Woodward Ave, Staten Island, NY 10314	Member		5	







**General Information and Questionnaire  
 Related Parties\***

Name of Facility Cambridge Manor of Fairfield, LLC	License No. 2048 C	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	%**				
See attachment.		<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.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire  
Related Parties\***

Name of Facility Cambridge Manor of Fairfield, LLC	License No. 2048-C	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	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	1,097,728	1,074,087
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79%	Radiology	20 5f	15,462	14,202
National Health Care Associates - Aetna	850 Silas Deane Hwy Wethersfield, Ct	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	1,005,798	1,005,798
Cambridge Manor Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9, 10b	1,534,627	1,534,627
National Health Care Associates	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	570,602	570,602
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	2,103	2,103
Stauderman Realty	46 Stauderman Ave, Lynbrook, NY 11563	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	6,536	6,536
Regency House Nursing and Rehabilitation Center	181 East Main St Wallingford CT 06492	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Nursing Consulting	13 12	17,513	17,513
Ludlowe Care Center	118 Jefferson Street Fairfield CT 06825	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Housekeeping Consult	20 4b	30,582	30,582
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	83%	Drugs/OTC's/RX Consultant/Supplies/Fees	20/13 5a2,b/B3	551,291	517,411

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Cambridge Manor of Fairfield, LLC	License No. 2048 C	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 ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

N/A

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

Shared expenses, allocated by bed size. See page 17 attachment.

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.

N/A

## 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	
Cambridge Manor of Fairfield, LLC			2048 C	9/30/2015			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Reliable Health Systems - 2010 Nostrand Avenue, Brooklyn, NY. 11210	<input type="radio"/>	<input checked="" type="radio"/>	Computer Software	10/1/2008 / ongoing	60	19,188	19,188		
LEAF - P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/26/13	39	2,452	2,452		
Toshiba #500801 - P.O. Box 41602, Philadelphia, PA. 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/21/12	36	300	300		
LEAF - P.O. Box 644006, Cincinnati, OH. 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/01/12	36	5,516	5,516		
Toshiba #500801 - P.O. Box 41602, Philadelphia, PA. 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	12/08/14	39	1,440	1,440		
Nissan Motor Acceptance Corp. P.O. Box 9001133, Louisville, KY. 40290-1133	<input type="radio"/>	<input checked="" type="radio"/>	Auto - Lease transferred from Ludlowe	08/22/12	36	4,024	2,347		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>	31,243

\* 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.

**De Lage Landen Financial Services, Inc.**

**Lease Agreement  
("Lease")**

LESSEE	Full Legal Name <b>CAMBRIDGE MANOR HEALTH CARE</b>				Purchase Order/Requisition Number	Phone Number <b>(203) 372-0313</b>
	Billing Address <b>2428 EASTON TURNPIKE</b>		City <b>FAIRFIELD</b>	State <b>CT</b>	Zip <b>06825</b>	County
EQUIPMENT	Make	Model Number	Serial Number	Quantity	Description (Attach Separate Schedule A If Necessary)	
	<b>TOSHIBA</b>	<b>ESTUDIO457</b>		<b>1</b>	<b>COPIER W/MR3028 RADF/MJ1107 FINISHER/KD1026 LCF</b>	
PAYMENT INFORMATION	Number of Lease Payments	Lease Payment (PLUS)	Applicable Sales Tax (EQUALS)	Total Lease Payment	Term of Lease in Months	Payment Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other
	<b>39</b>	<b>\$138.68</b>	<b>\$8.81</b>	<b>\$147.49</b>	<b>39</b>	End of Lease Option: <input checked="" type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1 <input type="checkbox"/> Other
				Security Deposit (PLUS)	First Period Payment (PLUS)	Other (EQUALS) Total Payment Enclosed
				<b>+</b>	<b>+</b>	<b>=</b>

**TERMS AND CONDITIONS**

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above and on any attached schedule. You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This Lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your obligations to us are absolute, unconditional, and are not subject to cancellation, reduction, setoff or counterclaim. You agree to pay us a fee of \$75.00 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. Security deposits are non-interest-bearing and may be applied to cure a Lease default. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 5% of the payment or \$10.00, whichever is greater. We will charge you a fee of \$25.00 for any check that is returned. **ONLY WE ARE AUTHORIZED TO WAIVE OR CHANGE ANY TERM, PROVISION OR CONDITION OF THE LEASE.**

2. Title: Unless you have a \$1.00 purchase option, we will have title to the Equipment. If you have a \$1.00 purchase option and/or the Lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the Equipment.

3. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. If the Lease payment includes the cost of maintenance and/or service provided by a third party, you agree that we are not responsible to provide the maintenance or service and you will make all claims related to maintenance and service to the third party. You agree that any claims related to maintenance or service will not impact your obligation to pay all Lease payments when due.

4. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. Risk of Loss and Insurance: You are responsible for all risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain such insurance, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity will continue after the termination of this Lease. You will obtain

and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. Taxes: You agree to pay when due, either directly or as reimbursement to us, all sales, use and personal property taxes and charges in connection with ownership and use of the Equipment. We may charge you a processing fee for administering property tax filings. You will indemnify us on an after-tax basis against the loss of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions.

7. End of Lease: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods.

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease payments and the Residual discounted to the date of default at the lesser of (A) a per annum interest rate equivalent to that of a U.S. Treasury constant maturity obligation (as reported by the U.S. Treasury Department) that would have a repayment term equal to the remaining Lease term, all as reasonably determined by Lessor, or (B) 3% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; and (iv) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-ent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us.

9. Miscellaneous: You agree the Lease is a Finance Lease as defined in Article 2A of the UCC. You acknowledge we have given you the name of the Equipment supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. If requested, you will sign a separate Equipment acceptance certificate. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree to waive any and all rights and remedies granted to you under Sections 2A-608 through 2A-622 of the UCC. You agree that the Equipment will only be used for business purposes and not for personal, family or household use, and will not be moved from the above location without our consent. You agree that a facsimile copy of the Lease with facsimile signatures may be treated as an original and will be admissible as evidence of the Lease. We may inspect the Equipment during the Lease term.

You agree that this is a non-cancelable lease. The Equipment is:  NEW  USED

LESSEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: **Materials Mgmt** Print Name: \_\_\_\_\_  
 Legal Name of Corporation: **CAMBRIDGE MANOR HEALTH CARE**

LESSOR: **De Lage Landen Financial Services, Inc.**  
 Lease Processing Center, 1111 Old Eagle School Road, Wayne, PA 19087  
 PHONE: (800) 735-3273 • FAX: (800) 776-2329

Commencement Date: \_\_\_\_\_ Lease Number: \_\_\_\_\_

Accepted By: \_\_\_\_\_

ACCEPTANCE: The Equipment has been received, put in use, is in good working order and is satisfactory and acceptable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

GUARANTY: I unconditionally guaranty prompt payment of all the Lessee's obligations under the Lease. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the laws of the Commonwealth of PA and I consent to non-exclusive jurisdiction of any state or federal court in PA and waive trial by jury.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

070ED0C220

Corporate Office  
 45 Corporate Avenue  
 Plainville, CT 06062  
 800-634-4810  
 P: 860-793-9994 F: 860-793-9954  
 www.theofficeworksinc.com



Branch Office  
 100 Mill Plain Road, 3rd Floor  
 Danbury, CT 06810  
 P: 203-942-2640

**SALES ORDER**

Date 11/11/2014 PO# \_\_\_\_\_ Terms \_\_\_\_\_

BILL TO Cambridge Manor SHIP TO \_\_\_\_\_  
 Address 2428 Easton Turnpike Address \_\_\_\_\_  
 City Fairfield State CT 06825 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Contact \_\_\_\_\_ Ship to Phone \_\_\_\_\_  
 Billing Phone 203-372-0313 Ship to Fax \_\_\_\_\_

ITEM DESCRIPTION	SERIAL NUMBER	QTY	UNIT PRICE	EXTENDED PRICE
Toshiba e-Studio457 Digital Copier		1		39 Month Lease
MR3028 RADF		1		\$138.68 per month
MJ1107 Finisher w/Bridge Kit		1		Zero Down
KD1026 LCF		1		FMV Lease End Option
Power Filter 15 amp		1		

1) The Seller retains a security interest in all the equipment and supplies described in this Agreement until the purchase price is paid in full.  
 2) In the event Buyer makes default in payment the Buyer will be liable for the payment of any legal fees or costs incurred in sustaining or protecting the security interest or in enforcing the terms of the security agreement, and upon demand the Buyer agrees to make the equipment available to the Seller at a location to be determined by seller.  
 3) If there is a third party associated with this transaction, the lessee shall abide by the terms of the lease agreement. The Office Works, Inc. shall in no way be held responsible if the lessee fails to fulfill any terms set forth in the associated lease agreement.

Returned Equipment	Make/Model	Equip. ID# & Serial Number	End Meter
	Toshiba e-Studio455se	ID4888/SCQK146766	
Hard-drive Options Upon Equipment Removal	Remove & Replace _____	Erase _____	Ignore _____

Notes / Provisions:

The Office Works Inc. will remove and return the Toshiba e-Studio455se to the leasing company at no charge.

Customer Authorization

The Office Works, Inc. Authorization

Authorized Signature [Signature]  
 Print Name / Title MICHAEL BROWN  
 Date 11/13/14

Accepted By \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Title \_\_\_\_\_

**THE OFFICEWORKS**

**MASTER MAINTENANCE AGREEMENT**

The Office Works, Inc.  
Farmington Valley Corporate Park  
45 Corporate Avenue  
Plainville, CT 06062  
800-634-4810  
P: 860-793-9994 F: 860-793-9954  
www.theofficeworksinc.com

**BILLING INFORMATION**

**EQUIPMENT LOCATION**

BILL TO Cambridge Manor SHIP TO \_\_\_\_\_  
Address 2428 Easton Turnpike Address \_\_\_\_\_  
City Fairfield State CT Zip 06825 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Contact 203-372-0313 Meter Contact \_\_\_\_\_

\*Please Select Preferred Method of Contact Below

Lease Billed By De Lage Landen

PO # \_\_\_\_\_

Meter Contact E-mail \_\_\_\_\_

Machine ID # \_\_\_\_\_

Meter Contact Fax \_\_\_\_\_

Serial # \_\_\_\_\_

Meter Contact Phone \_\_\_\_\_

Make/Model Toshiba e-Studio457

ALL INCLUSIVE SERVICE MAINTENANCE AGREEMENT  Includes labor, travel, parts & supplies, excludes paper, staples and freight.

FULL SERVICE MAINTENANCE AGREEMENT  Includes labor, travel and parts, excludes supplies and freight.

Notes State sales tax will be applied when applicable.

Start Meter \_\_\_\_\_ Contract Effective Dates \_\_\_\_\_ to \_\_\_\_\_

Base Charge \_\_\_\_\_ M  
A S Q M\*

Overage Billed \_\_\_\_\_ A S Q M\* \*A= annually, S= semi-annually, Q= quarterly, M= monthly

**COPIES**

Black Copy Allowance \_\_\_\_\_

Color Copy Allowance \_\_\_\_\_

Overage Rates 0.0065  
BLACK COLOR

**PRINTS**

Black Print Allowance \_\_\_\_\_

Color Print Allowance \_\_\_\_\_

Overage Rates \_\_\_\_\_  
BLACK COLOR

FOR THE FIXED CHARGES THAT ARE SUBJECT TO THE TERMS SET FORTH IN THIS AGREEMENT THE OFFICE WORKS, INC'S FIELD SERVICE DEPARTMENT WILL PROVIDE TECHNICAL REPAIR SERVICE IN ORDER TO MAINTAIN THE ABOVE "EQUIPMENT" IN PROPER OPERATING CONDITION. CUSTOMER ACKNOWLEDGES TO HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS AGREEMENT WHICH ARE CONTAINED ON BOTH SIDES OF THIS DOCUMENT AND WHICH CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES. THERE ARE NO ORAL UNDERSTANDINGS, TERMS OR CONDITIONS; AND THE PARTIES MAY NOT RELY UPON ANY REPRESENTATIONS, EXPRESSED OR IMPLIED, NOT CONTAINED IN THIS AGREEMENT. THIS AGREEMENT IS NOT VALID UNTIL ACCEPTED BY THE OFFICE WORKS, INC.

**CUSTOMER AUTHORIZATION**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name Michael Sokol Date \_\_\_\_\_

At this time I decline Maintenance Agreement Coverage \_\_\_\_\_ Initials \_\_\_\_\_

**THE OFFICE WORKS, INC AUTHORIZATION**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## TERMS AND CONDITIONS

**EFFECTIVE DATE OF AGREEMENT:** The undersigned hereby requests that the equipment listed on the reverse side hereof, be placed under maintenance agreement and billed according to the terms and conditions of this agreement. The term of this agreement shall commence upon the date indicated on the front of this agreement and The Office Works, Inc.'s acceptance of the contract. This agreement will automatically renew for successive (1) year terms and number of copy/prints allowance proportional and subject to the receipt by The Office Works, Inc. of the maintenance charge in effect at the renewal date, provided the customer is not then in default. This agreement will be continuous with the equipment lease, if applicable.

**GENERAL SCOPE OF COVERAGE:** This agreement covers labor and all parts for adjustments and repairs as required by normal use of the equipment except as hereinafter provided. Damage to the equipment or its parts arising from misuse, abuse, negligence, or causes beyond The Office Works, Inc.'s control are not covered. The Office Works, Inc. may terminate this agreement in the event the equipment is modified, damaged, altered or serviced by personnel other than those employed by The Office Works, Inc., or if parts, accessories or components not authorized by The Office Works, Inc. are fitted to the equipment.

No change, alteration or amendment of the terms or conditions of this agreement are authorized or effective unless they have been agreed to in writing by an officer of The Office Works, Inc. No course of dealing of any other customer shall constitute an amendment to the terms hereof or alter any of the terms of this agreement.

No terms or warranties are authorized unless they appear on the original of this agreement. The Office Works, Inc. disclaims all warranties, expressed or implied, including any implied warranties of merchantability, fitness for use, or fitness for particular purpose. The Office Works, Inc. shall not be responsible for direct, incidental or consequential damages, including but not limited to damages arising out of the use or performance of the equipment or the loss of use of the equipment.

Authorization to move equipment may be subject to the terms and conditions of lease contracts. Customer shall give The Office Works, Inc. thirty (30) days prior written notice if customer desires to move equipment covered under this agreement. The Office Works, Inc., at its option, may terminate service under this agreement in whole or in part in the event the equipment is moved without consent of The Office Works, Inc. The Office Works, Inc. reserves the right to increase the cost of this agreement for servicing equipment in a new location. A relocation, removal and/or reinstallation fee will be charged.

Reinstallation of drivers and/or installation of connected devices due to changes in network operating systems or malfunction of devices other than listed on this contract are not covered and will be billed by The Office Works, Inc. at the current published hourly rates.

**EXTENT OF SERVICES:** Labor performed during a service call includes lubrication and cleaning of the equipment, adjustments and repair or replacement of parts required by wear and tear resulting from normal use. Replaced parts become the property of The Office Works, Inc. Unlimited service calls, including travel time and mileage under this agreement will be made during normal business hours at the customer's installation address. The Office Works, Inc.'s normal business hours for service are from 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding holidays. Customer understands that alterations, attachments, specification changes, parts or service necessitated by negligence, accident, use of unsuitable supplies or unauthorized interference with the equipment will be charged the rates in effect at the time of service.

**REPAIR AND REPLACEMENT OF PARTS:** All parts necessary to the operation of the equipment, with the exception of the exclusions listed below and subject to the general scope of coverage will be furnished free of charge during a service call included in the maintenance service provided by this agreement. When and in its sole discretion The Office Works, Inc. determines a shop reconditioning is necessary as a direct result of expected materials wear and age factors caused by normal office environment usage, to keep the equipment in working condition, The Office Works, Inc. will remove equipment from customer environment and return to our shop for repair. If the customer does not authorize such reconditioning, The Office Works, Inc. may discontinue service of the equipment under this agreement or may refuse to renew this agreement upon its expiration. Thereafter The Office Works, Inc. will be available on a "Per Call" basis at current published rates.

**EXCLUSIONS:** This agreement does not cover connected devices that allow the equipment to interface with networks and communications systems. The Office Works, Inc. will troubleshoot network related issues and perform maintenance on connected devices on a time and material billable basis.

External electrical, telephone or cabling are not covered under this agreement. Any charges by an outside source for improvements or repairs made to external electrical, telephone or cabling are solely the customer's responsibility. All equipment is required to have electrical connections through a power surge protector approved by The Office Works, Inc.

This agreement does not cover service necessitated as a result of malfunction of equipment when unauthorized parts, attachments or supplies that are not approved by The Office Works, Inc. are used with the equipment. This agreement does not cover service required as a result of alterations or malfunctioning computer or network hardware or network operating system, application, and/or network operating software. If it is determined that such changes, alterations or malfunctions make it impractical for The Office Works, Inc. to continue service, The Office Works, Inc. reserves the right to terminate this agreement.

This agreement does not cover the cost to overhaul, rebuild, remove, relocate or return equipment. This agreement does not apply to any loss or damage to equipment through accident, abuse, misuse, theft, neglect, acts of third parties, fire, water, casualty or any other natural force, whether direct, indirect consequential or inconsequential. The cost of repairing equipment caused by lightning strikes on electrical or phone lines are excluded. Losses and damages occurring from any of the foregoing are specifically excluded from this agreement.

This agreement excludes the following services where applicable: paper, transparencies, staples and freight.

**BILLING:** Base Charges will be billed approximately one (1) month in advance of the base billing cycle indicated on the front page of this agreement. Overages will be billed in arrears within ten (10) days following end date of overage billing cycle indicated on the front of this agreement. Meter readings will be collected via auto-email, auto-fax or by phone when customer has requested. Auto-meter requests require customer to have internet connectivity. Meter readings for agreements with semi-annual or annual billing cycles will be obtained periodically during the contract effective dates to ensure customer has not exceeded copy/print allowance(s). The Office Works, Inc. will estimate meters when they are not provided. Estimates will be based on available customer usage data.

**INVOICING:** All payment(s) should be remitted to the address indicated on the invoice(s). Payment terms are thirty (30) days from the invoice date. Base charge invoices for new agreements are due upon receipt, except where the agreement has been incorporated into the purchase of the equipment.

**DEFAULT:** Customer will be considered in "default" if scheduled payment(s) are not received within fifteen (15) days from due date. Customer agrees that should they have any past due balances with The Office Works, Inc. for any reason, at the sole discretion of The Office Works, Inc., support under this agreement shall be suspended until such past due balances shall and have been satisfied. The Office Works, Inc. reserves the right to terminate or delay service and/or supplies for any or all equipment associated with customer until customer's account is paid current. Customer agrees to pay The Office Works, Inc. costs and expenses of collection including the maximum attorney's fee permitted by law.

**RENEWAL/CANCELLATION:** This agreement shall automatically renew at the end of the current term for a successive one (1) year term, upon no less than thirty (30) days notification from the Office Works, Inc. The agreement invoice shall be deemed as written notification of its intention to renew. Upon The Office Works, Inc.'s re-assessment of the agreement, new agreement terms may be issued, and cost may be adjusted annually at the beginning of a new agreement term.

Customer must provide written notification thirty (30) days prior to desired termination effective date, of its intent to cancel this agreement. This contract may not be transferred if equipment is sold or title is transferred. This agreement is non-refundable.

**TRAINING:** The Office Works, Inc., at no additional charge, will train a reasonable number of key-operators designated by the customer, in operation of the equipment hardware. The Office Works, Inc. will train the customer for up to a total of two (2) hours on the installation and operation of software for up to two (2) workstations. Additional training and installation is available for an additional charge, at current published rates.

The customer will be responsible for daily care and cleaning of the top-glass, silt glass, dusting equipment, replenishing supplies and clearing jams. The customer shall adhere to manufacturer's specifications and/or operating manuals in operating equipment.

**GOVERNING LAW:** This agreement shall be governed by and construed according to the laws of the State of Connecticut, applicable to agreement wholly negotiated, executed and performed in said state.

**FORCE MAJEURE:** The Office Works, Inc. shall not be liable for damages or delays in performance or failures to perform its obligations under this agreement caused by circumstances beyond its reasonable control including, but not limited to, delays or failure to perform caused by work stoppages, delays or losses in shipping, acts of governments, delay in manufacturing, including but not limited to bad weather, import and the governmental restrictions, accidents and delays or failure to perform by its suppliers.

**INDEMNIFICATION:** Notwithstanding anything to the contrary herein, The Office Works, Inc. indemnity is limited to acts or omissions of gross negligence by The Office Works, Inc. and in no event shall The Office Works, Inc. be liable, in aggregate, for more than the Fair Market Value of the Agreement ("Aggregate Indemnification Cap"). It is understood that the Aggregate Indemnification Cap is in fact an aggregate indemnification obligation, and not on a "per occurrence" basis indemnification obligation. It is further understood that any indemnification obligation by The Office Works, Inc. may have under this agreement shall be satisfied by recourse to insurance funds available under The Office Works, Inc. Comprehensive General Liability Insurance Policy.

**NON-DISCRIMINATION:** The Office Works, Inc. agrees and warrants that in the performance of this agreement, it will not discriminate or permit discrimination against any person or group or persons on the grounds of race, creed, color, age, religion or national origin in any manner prohibited by the laws of the United States or of the State of Connecticut, Massachusetts or New York.





# MOTOR VEHICLE LEASE AGREEMENT - NEW YORK

## 1. PARTIES

**Lessor**  
**FIVE TOWNS NISSAN**  
 NAME OF LESSOR (DEALER) (516) 371-3111  
 6000 BURNSIDE AVE LESSOR TELEPHONE NUMBER  
 STREET ADDRESS INWOOD NY 11096  
 CITY, STATE, ZIP CODE  
 08/22/2012  
 LEASE DATE  
 NMAC DEALER NUMBER

**Lessee & Co-Lessee**  
**LUDLOW CENTER FOR HEALTH AND LEWIS L ABRAMSON**  
 NAME OF LESSEE NAME OF CO-LESSEE  
 118 JEFFERSON ST FAIRFIELD CT FAIRFIELD  
 LESSEE STREET ADDRESS CITY, STATE, COUNTY  
 N/A N/A  
 LESSEE MAILING ADDRESS (IF DIFFERENT FROM ABOVE) CITY, STATE, COUNTY  
 N/A N/A  
 VEHICLE GARAGING ADDRESS (IF DIFFERENT FROM ABOVE) CITY, STATE, COUNTY  
 N/A N/A

"You" and "your" refer equally to the Lessee and Co-Lessee (if any) signing this Lease. "We," "us" and "our" refer to the Dealer, to Nissan-Infiniti LT ("NILT") and any other assignee, if this Lease is assigned. "Vehicle" refers to the Motor Vehicle described below, including attachments, equipment, the battery and accessories, including any charging accessories included with the vehicle. You agree to lease this Vehicle from us under the terms on the front and back of this Lease. You understand that this is a Lease. You do not own this Vehicle, unless and until you exercise your option to purchase this Vehicle.

## 2. DESCRIPTION OF LEASED PROPERTY

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE IDENTIFICATION NUMBER (VIN)
2012	NISSAN	MAXIMA	4DR	1N4AA5AP2CC865314

New  Used ODOMETER READING 88 BK/03913 COLOR/KEY CODE #  
 Charging Accessories Primary Use  Commercial  Personal, Family or Household  
 WARNING: Important consumer protections may not apply if this Lease indicates that the Vehicle is being leased primarily for agricultural, business or commercial use.

## 3. FEDERAL CONSUMER LEASING ACT DISCLOSURE BOX

AMOUNT DUE AT LEASE SIGNING OR DELIVERY	MONTHLY PAYMENTS	OTHER CHARGES* (Not part of your monthly payment)	TOTAL OF PAYMENTS
(From Section 4, itemized below) \$ 3991.10	Your first monthly payment of \$ 335.32 is due on signing, followed by 38 payments of \$ 335.32 due on the 21st of each month, beginning on 09/21/2012 The total of your monthly payments is \$ 13077.48	a) Disposition Fee (if you do not purchase the Vehicle) \$ 395.00 b) N/A + \$ N/A c) N/A + \$ N/A d) Total = \$ 395.00 <i>*In addition, you may have to pay excess wear and use and mileage, if any.</i>	(The amount you will have paid by the end of the Lease) \$ 17128.26

## 4. ITEMIZATION OF AMOUNT DUE AT LEASE SIGNING OR DELIVERY

AMOUNT DUE AT LEASE SIGNING OR DELIVERY			
a) Capitalized Cost Reduction including any net trade-in allowance	\$ 2975.00	k) DOC FEE + \$ 75.00	
b) First Monthly Payment	+ \$ 335.32	l) N/A + \$ N/A	
c) Refundable Security Deposit	+ \$ N/A	m) N/A + \$ N/A	
d) Title Fees	+ \$ 25.00	n) N/A + \$ N/A	
e) Registration Fees	+ \$ 350.00	o) Total = \$ 3991.10	
f) Tax on Capitalized Cost Reduction	+ \$ 188.91	<b>HOW THE AMOUNT DUE AT LEASE SIGNING OR DELIVERY WILL BE PAID</b>	
g) Sales Tax Paid in Advance	+ \$ 29.37	D) Net Trade-In Allowance	\$ N/A
h) N/A	+ \$ N/A	II) Rebates and Non-Cash Credits	+ \$ 2975.00
i) NY TIRE FEE	+ \$ 12.50	III) Amount To Be Paid in Cash	+ \$ 1016.10
j) N/A	+ \$ N/A	IV) Total	= \$ 3991.10

PAYABLE TO WILLEASE

## 5. YOUR MONTHLY PAYMENT IS DETERMINED AS SHOWN BELOW

a) <b>Gross Capitalized Cost.</b> The agreed upon value of the Vehicle (\$ 33619.00) and any items you pay over the lease term such as taxes, fees, service contracts, insurance and any outstanding prior credit or lease balance. If you want an itemization of this amount, please see Section 8	\$ 34219.00	e) <b>Depreciation and Any Amortized Amounts.</b> The amount charged for the Vehicle's decline in value through normal use and for other items paid over the lease term	= 11602.20
b) <b>Capitalized Cost Reduction.</b> The amount of any net trade-in allowance, rebate, non-cash credit or cash you pay that reduces the gross capitalized cost *	- 2975.00	f) <b>Rent Charge.</b> The amount charged in addition to the depreciation and any amortized amounts	+ 694.50
c) <b>Adjusted Capitalized Cost.</b> The amount used in calculating your base monthly payment	= 31244.00	g) <b>Total of Base Monthly Payments.</b> The depreciation and any amortized amounts plus the rent charge	= 12296.70
d) <b>Residual Value.</b> The value of the Vehicle at the end of the Lease used in		h) <b>Lease Payments.</b> The number of payments in your Lease	= 39
		i) <b>Base Monthly Payment</b>	= 315.30
		j) <b>Monthly Sales, Use or Lease Tax</b>	+ 20.02
		k) <b>Monthly Luxury Tax</b>	+ N/A

Capitalized Cost Reduction. The amount of any net trade-in allowance, rebate, non-cash credit or cash you pay that reduces the gross capitalized cost	-	2975.00
c) <b>Adjusted Capitalized Cost.</b> The amount used in calculating your base monthly payment	=	31244.00
d) <b>Residual Value.</b> The value of the Vehicle at the end of the Lease used in calculating your base monthly payment	-	19641.80

The depreciation and any amortized amounts plus the rent charge	=	12296.70
h) <b>Lease Payments.</b> The number of payments in your Lease	+	39
i) <b>Base Monthly Payment</b>	=	315.30
j) <b>Monthly Sales, Use or Lease Tax</b>	+	20.02
k) <b>Monthly Luxury Tax</b>	+	N/A
l) <b>Total Monthly Payment</b>	= \$	335.32

**6. IMPORTANT TERMS**

**Early Termination.** You may have to pay a substantial charge if you end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be. See Section 14.

**Excessive Wear and Use.** You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 15000 miles per year at the rate of 15 cents per mile. See Section 20.  If this box is checked, this mileage includes N/A miles over the term of the Lease purchased at N/A cents per mile, which is included in your monthly payment. There

will be no refund for unused miles, including any additional miles purchased by you.

**Purchase Option at End of Lease Term.** You have an option to purchase the Vehicle at the end of the lease term for \$ 19641.80, and a Purchase Option Fee of **\$300.00**. See Section 15.

**Other Important Terms.** This Lease contains additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, and any security interest, if applicable.

**7. NEW YORK MOTOR VEHICLE LEASE DISCLOSURE BOX**

a) Capitalized Cost (The sum of the adjusted capitalized cost and the capitalized cost reduction. The capitalized cost and the amount of rental payment may be negotiable.)	\$	34219.00
b) Capitalized Cost Reduction (cash down-payment plus net trade-in value)	- \$	2975.00
c) Adjusted Capitalized Cost (The amount which is capitalized in connection with this Lease and is used in determining the amount of your periodic payment. This amount will be used in determining the legal limit of your early termination liability. Although the "adjusted capitalized cost" is not referred to in the early termination provisions of this Lease, the "adjusted capitalized cost" may be used to compare the early termination provisions of competing lessors.)	= \$	31244.00
d) Estimated Residual Value	\$	19641.80

**10. ESTIMATED FEES AND TAXES**

The estimated total amount you will pay for official and license fees, registration, title and taxes, including personal property taxes, over the term of your Lease, whether included with your monthly payments or assessed otherwise is \$ 5703.96. The actual total of fees and taxes may be higher or lower depending on the tax rates in effect or the value of the leased property at the time a fee or tax is assessed.

**8. ITEMIZATION OF GROSS CAPITALIZED COST**

The following items you will pay over the lease term and are in your monthly payment:

a) <b>Agreed upon value of the Vehicle</b>	+	33619.00
b) <b>Up-Front Sales Tax, if applicable</b>	+	N/A
c) <b>Title, License and Registration</b>	+	5.00
d) <b>Acquisition Fee</b>	+	595.00
e) <b>Service Contract and/or Maintenance Contract</b> (See Section 11)	+	N/A
f) <b>Credit Life and/or Disability Insurance</b> (See Section 11)	+	N/A
g) <b>Prior Credit or Lease Balance</b>	+	N/A
h) <u>N/A</u>	+	N/A
i) <u>N/A</u>	+	N/A
j) <u>N/A</u>	+	N/A
k) <u>N/A</u>	+	N/A
l) <u>N/A</u>	+	N/A
m) <b>Total Gross Capitalized Cost</b>	=	34219.00

**11. OPTIONAL INSURANCE, COVERAGES, AND WARRANTIES**

These products are not required to enter into this Lease and will not be provided unless you sign below. If insurance, coverages and/or warranties are purchased by you, these are shown in a notice given to you on this date. These products may not be available in some states.

<b>Credit Life Insurance</b>	\$	PREMIUM	N/A
<u>N/A</u> INSURER	\$	INITIAL COVERAGE AMOUNT	N/A
<u>N/A</u> INSURED(S)		LESSEE INITIALS	CO-LESSEE INITIALS
<b>Credit Disability Insurance</b>	\$	PREMIUM	N/A
<u>N/A</u> INSURER	\$	MONTHLY COVERAGE AMOUNT	N/A
<u>N/A</u> INSURED(S)		LESSEE INITIALS	CO-LESSEE INITIALS
<b>Mechanical Breakdown Protection</b>	\$	CHARGE	N/A
(Covers parts of Vehicle up to sooner of <u>N/A</u> months or <u>N/A</u> miles).			
<u>N/A</u> PROVIDER		LESSEE INITIALS	CO-LESSEE INITIALS
<b>Maintenance Contract</b>	\$	CHARGE	N/A
<u>N/A</u> PROVIDER		LESSEE INITIALS	CO-LESSEE INITIALS
<b>Other</b> <u>N/A</u>	\$	CHARGE	N/A
<u>N/A</u> PROVIDER		LESSEE INITIALS	CO-LESSEE INITIALS
<b>Other</b> <u>N/A</u>	\$	CHARGE	N/A
<u>N/A</u> PROVIDER		LESSEE INITIALS	CO-LESSEE INITIALS
<b>Total Premiums/Charges</b>	\$		N/A

**9. VEHICLE WARRANTIES**

This Vehicle is covered by any warranty, extended warranty, service contract or maintenance contract indicated below:

Standard New Vehicle Limited Warranty provided by the manufacturer or distributor of this Vehicle

Mechanical Breakdown Protection (MBP), a service contract for the repairs of certain major mechanical breakdowns of this Vehicle and related expenses

Maintenance Contract, a contract for regularly scheduled care and maintenance of this Vehicle

Used Vehicle Limited Warranty

N/A

EXCEPT AS EXPRESSLY PROVIDED UNDER THIS LEASE, WE OFFER NO EXPRESS OR IMPLIED WARRANTIES WITH RESPECT TO THIS VEHICLE. WE MAKE NO IMPLIED WARRANTY OF MERCHANTABILITY. THE LESSOR UNDERTAKES NO RESPONSIBILITY FOR THE QUALITY OF THE GOODS EXCEPT AS OTHERWISE PROVIDED IN THIS CONTRACT. THE LESSOR ASSUMES NO RESPONSIBILITY THAT THE GOODS WILL BE FIT FOR ANY PARTICULAR PURPOSE FOR WHICH YOU MAY BE LEASING THESE GOODS, EXCEPT AS OTHERWISE PROVIDED IN THE CONTRACT.



# 2012 MAXIMA 3.5 SV

## THE 4-DOOR SPORTS CAR<sup>®</sup>

### Standard Equipment Included at No Extra Charge

#### MECHANICAL & PERFORMANCE

3.5-liter DOHC 24-valve V6 Engine  
290 Horsepower & 261 lb-ft Torque  
Continuously Variable Transmission (CVT)  
18" Alloy Wheels

#### SAFETY & SECURITY

Nissan Advanced Air Bag System (AABS)  
Front Seat-mounted Side-impact Supplemental Air Bags  
Roof-mounted Curtain Side-impact Supplemental Air Bags  
Anti-lock Braking System (ABS)  
Brake Assist (BA)  
Electronic Brake-force Distribution (EBD)  
Traction Control System (TCS)  
Vehicle Dynamic Control (VDC)  
Tire Pressure Monitoring System (TPMS)  
Lower Anchors and Tethers for Children (LATCH) System  
Child Safety Rear Door Locks  
Vehicle Security System (VSS)

#### COMFORT & CONVENIENCE

8-way Power Driver's Seat  
Driver's Seat Power Lumbar Support  
Driver's Seat Manual Thigh Support Extension  
4-way Power Front Passenger's Seat  
60/40 Split Fold-down Rear Bench Seat  
Leather-appointed Seats  
Leather-wrapped Steering Wheel  
Leather-wrapped Shift Knob  
Manual Tilt/Telescopic Steering Column  
Cruise Control  
Steering Wheel-mounted Audio Controls  
Bose<sup>®</sup> Audio System  
AM/FM/In-dash 6-CD Changer & MP3/WMA CD Playback Capability w/9 Speakers (includes 2 subwoofers & center channel speaker)  
XM<sup>®</sup> Satellite Radio\*\*\*  
Auxiliary Audio Input Jack  
Bluetooth<sup>®</sup> Hands-free Phone System  
Multi-function Trip Computer  
Dual Zone Auto Temp Control (ATC) with Rear A/C Vents  
Nissan Intelligent Key<sup>®</sup> w/Push Button Ignition  
Power Windows w/Driver & Front Passenger One-touch Auto-up/Down With Auto-reverse  
Power Sliding Moonroof w/Tilt Feature and Manual Sliding Sunshade  
HomeLink<sup>®</sup> Universal Transceiver  
Auto-dimming Inside Mirror With Compass  
Auto On/Off Headlights  
Sun Visors w/Illuminated Vanity Mirrors & Extensions

#### EXTERIOR FEATURES

Rear Combination Lamps With LED  
Front Fog Lights  
Power Outside Mirrors With Turn Signal Indicators

\*\*\*XM<sup>®</sup> includes activation & 3 months of service only; subscription sold separately. XM<sup>®</sup> services are not available in AK, HI and some markets.

Manufacturer's Suggested Retail Base Price: \$35,120.00

#### Options Included by Manufacturer

SPLASH GUARDS	185.00
COLD PACKAGE	400.00
Heated front seats, steering wheel & outside mirrors	
FLOOR MATS & TRUNK MAT (5-piece set)	195.00
TRUNK SUB-FLOOR ORGANIZER	145.00
W/FIRST AID KIT & EMERGENCY KIT	
ILLUMINATED KICK PLATES (front)	235.00

Destination Charges: 780.00

Total\* \$37,060.00

\*Does not include dealer installed options and accessories, local taxes or license fees. This label has been applied pursuant to federal law. Do not remove prior to delivery to the ultimate purchaser.

# EPA Fuel Economy Estimates

CITY MPG

**19**

Expected range  
for most drivers  
**15 to 23 MPG**

HIGHWAY MPG

**26**

Expected range  
for most drivers  
**21 to 31 MPG**

**Estimated  
Annual Fuel Cost  
\$2,700**

based on 15,000 miles  
at \$3.95 per gallon

Combined Fuel Economy

22

MPG  
for all MIDDLE CARS

**Your actual  
mileage will vary**  
depending on how you  
drive and maintain  
your vehicle.

ted	\$35,120.00
anufacturer	185.00
ring wheel	400.00
MAT (5-piece set)	195.00
GANIZER	145.00
ERGENCY KIT	
TES (front)	235.00
<hr/>	
ation Charges:	780.00
<b>Total*</b>	<b>\$37,060.00</b>



See the FREE Fuel Economy Guide at dealers or [www.fueleconomy.gov](http://www.fueleconomy.gov)



## GOVERNMENT 5-STAR SAFETY RATINGS

### Overall Vehicle Score

★★★★★

Based on the combined ratings of frontal, side and rollover.  
Should ONLY be compared to other vehicles of similar size and weight.

### Frontal Crash

Driver  
Passenger

★★★★★  
★★★

Based on the risk of injury in a frontal impact.  
Should ONLY be compared to other vehicles of similar size and weight.

### Side Crash

Front seat  
Rear seat

★★★★★  
★★★★★

Based on the risk of injury in a side impact.

### Rollover

★★★★★

Based on the risk of rollover in a single-vehicle crash.

Star ratings range from 1 to 5 stars (★★★★★) with 5 being the highest.  
Source: National Highway Traffic Safety Administration (NHTSA).  
[www.safercar.gov](http://www.safercar.gov) or 1-888-327-4236.

## DELIVERY

**VEHICLE COLORS:**  
EXT: SUPER BLACK  
INT: CHARCOAL

**FINAL ASSEMBLY POINT:**  
SMYRNA

**TRANSPORT METHOD:**  
TRUCK

**DEALER:**  
FIVE TOWNS NISSAN  
600 BURNSIDE AVE  
INWOOD NY  
11096

This Vehicle qualifies for Nissan's  
**Security+Plus Vehicle Protection Plan**

The only service agreement backed by Nissan!  
Ask your dealer for details, or call 1-800-NISSAN-1  
for more information

VIN: 1N4AA5AP2CC865314  
EMS: 50 STATE EMISSIONS  
MDL: 16212-865314 KH3-G  
OPT: M-B10C03G01L92M92  
N92Z66

20120719010015AS5316

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Cambridge Manor of Fairfield, LLC	License No. 2048 C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 29 S. Main St., West Hartford, CT 06127
--	--

Services Provided by This Firm (*describe fully*)

1 Review, preparation of Medicare and Medicaid cost reports, and year end tax services	\$ 26,732
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 26,732

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15 line 1d

**Legal Services Information**

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

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 See attachment.	\$ 42,749
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 42,749

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15 line 1e

State of Connecticut

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

CSP-7 Rev. 6/95

**General Information and Questionnaire  
Accounting Basis**

Name of Facility Cambridge Manor of Fairfield, LLC	License No. 2048 C	Report for Year Ended 9/30/2015	Page 7	of 37
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Altus Global Trade Solutions		(800) 509-6060	
2	Durant, Nichols, Houston, Hodges & Cortese-Costa		(203) 366-3438	
3	Goldman, Gruder & Wood		(203) 899-8900	
4	Brechem & Moses, P.C.		(203) 783-1200	
5	Rogan Nassau, LLC		(860) 278-7480	
6	John F. Fallon		(203) 256-3247	
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1	2400 Veterans Boulevard Suite 300, Kenner, LA, 70062			
2	1057 Broad Street, Bridgeport, CT. 06604			
3	200 Connecticut Ave, Norwalk, CT. 06854			
4	75 Broad Street, Milford, CT. 06460			
5	185 Asylum Street, 22nd Floor, Hartford, CT. 06103-3460			
6	53 Sherman Street, Fairfield, CT. 06824			
Services Provided by This Firm ( <i>describe fully</i> )				
1	Collections		\$	768
2	Labor		\$	1,985
3	Collections		\$	24,865
4	Labor		\$	8,045
5	Reorganization/Refinance		\$	6,586
6	Reorganization/Refinance		\$	500
			Charge for Services Provided	
			\$	42,749
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 <span style="float: right;">Page 15 line 1e</span>				

**Schedule of Resident Statistics**

Name of Facility Cambridge Manor of Fairfield, LLC			License No. 2048 C		Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	160	160			160	160			160	160			
B. On last day of THIS report period	160	160			160	160			160	160			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	152	152			152	152			148	148			
B. As of midnight of THIS report period	145	145			148	148			145	145			
3. Total Number of Days Care Provided During Period													
A. Medicare	9,212	9,212			7,256	7,256			1,956	1,956			
B. Medicaid (Conn.)	37,282	37,282			27,792	27,792			9,490	9,490			
C. Medicaid (other states)													
D. Private Pay	5,820	5,820			4,535	4,535			1,285	1,285			
E. State SSI for RCH													
F. Other (Specify)	2,413	2,413			1,889	1,889			524	524			
G. Total Care Days During Period (3A thru F)	54,727	54,727			41,472	41,472			13,255	13,255			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	80	80			73	73			7	7			
B. Other Bed Reserve Days	90	90			84	84			6	6			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	54,897	54,897			41,629	41,629			13,268	13,268			

**\*\*\*OTHER DAYS BREAKOUT**

Cambridge Manor of Fairfield, LLC  
2015 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Period

Managed Care	<u>743</u>
Hospice	<u>1,670</u>
VA	<u>-</u>
	<u>2,413</u>



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

CSP-9 Rev. 9/2002

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

Name of Facility Cambridge Manor of Fairfield, LLC			License No. 2048 C			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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	14		101			30							
Per Diem Rate													
a. One bed rm.	PPS		240.26			518/489							
b. Two bed rms.	PPS		240.26			507/465							
c. Three or more bed rms.	PPS		240.26										
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,970	1,970			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									28	28			
C. Other									24,032	24,032			
D. <b>Total Physical Therapy Treatments</b>									26,030	26,030			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									483	483			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,709	1,709			
D. <b>Total Speech Therapy Treatments</b>									2,192	2,192			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,263	2,263			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									61	61			
C. Other									27,170	27,170			
D. <b>Total Occupational Therapy Treatments</b>									29,494	29,494			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Cambridge Manor of Fairfield, LLC	2048 C	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	168,328	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	297,439	11,951				
5. Dietary Service						
a. Head Dietitian	57,104	1,668				
b. Food Service Supervisor	67,181	2,080				
c. Dietary Workers	530,907	30,487				
6. Housekeeping Service						
a. Head Housekeeper	43,396	1,312				
b. Other Housekeeping Workers	427,125	25,316				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	75,873	4,567				
8. Laundry Service						
a. Supervisor	34,389	1,033				
b. Other Laundry Workers	228,775	12,041				
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	184,757	4,160				
b. RN						
1. Direct Care	1,037,496	28,612				
2. Administrative**	248,631	6,575				
c. LPN						
1. Direct Care	1,381,866	46,551				
2. Administrative**						
d. Aides and Attendants	2,821,929	167,523				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	177,403	8,784				
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	337,266	10,508				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	8,119,865	365,249				

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Cambridge Manor of Fairfield, LLC				2048 C	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)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559				Same as employees	Supervises operations, deals with DNS & financial management	70	p.16/m12	See attached		
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

**MARVIN J. OSTREICHER**  
**TIME STUDY**  
**Y/E SEPTEMBER 2015**

	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEP</b>	<b>TOTAL</b>
<b>Augusta</b>	3.00	8.50	7.00	4.00	7.50	7.50	1.50	4.50	7.50	5.50	4.50	6.50	<b>67.50</b>
<b>Belair</b>	5.00	5.50	7.00	3.00	5.50	4.50	2.50	2.00	3.00	5.00	6.50	5.00	<b>54.50</b>
<b>Bloomfield</b>	3.50	2.50	5.00	4.50	4.00	11.50	3.50	7.00	6.00	2.50	3.50	7.00	<b>60.50</b>
<b>Brattleboro</b>	5.50	4.00	3.00	4.00	4.50	4.50	1.00	3.50	8.00	3.00	4.50	7.00	<b>52.50</b>
<b>Brentwood</b>	2.50	9.50	2.50	7.00	3.00	7.00	7.50	3.50	3.00	4.00	2.50	4.00	<b>56.00</b>
<b>Brewer</b>	9.50	16.00	4.50	4.50	8.50	5.50	3.50	4.00	2.50	4.50	7.50	10.00	<b>80.50</b>
<b>Bristol</b>	3.50	2.00	4.50	12.50	6.50	3.00	3.50	6.50	8.50	4.00	1.00	4.50	<b>60.00</b>
<b>Cambridge</b>	5.50	4.00	5.00	16.00	5.00	6.00	1.50	7.00	4.50	3.00	3.50	8.50	<b>69.50</b>
<b>Catskill</b>	2.50	5.00	8.50	6.50	3.00	6.00	0.50	6.00	13.50	4.00	3.50	6.50	<b>65.50</b>
<b>Cold Spring Hills</b>	0.50	1.50	7.50	5.00	8.50	5.00	3.00	4.00	6.50	2.50	2.00	3.00	<b>49.00</b>
<b>Colony</b>	6.00	4.00	9.00	2.00	6.50	7.00	6.00	1.00	4.00	5.00	6.50	5.50	<b>62.50</b>
<b>Country</b>	7.00	8.50	3.00	7.00	3.50	6.00	4.00	6.50	9.00	5.00	5.50	10.50	<b>75.50</b>
<b>Dover</b>	2.00	0.50	9.50	5.00	2.50	4.00	2.00	1.00	4.50	6.00	1.50	3.50	<b>42.00</b>
<b>Eastside</b>	4.00	6.00	5.00	7.50	8.00	5.00	2.50	2.50	7.50	3.50	4.00	3.00	<b>58.50</b>
<b>Eliot</b>	0.50	5.00	9.00	4.50	2.00	2.00	2.50	2.50	6.50	1.50	4.50	2.50	<b>43.00</b>
<b>Glen Falls</b>	7.50	2.50	4.50	4.50	6.50	7.50	8.50	2.50	7.50	3.50	1.00	6.00	<b>62.00</b>
<b>Hudson</b>	1.00	7.00	12.50	2.50	6.00	1.50	4.00	0.50	12.00	4.50	2.50	5.50	<b>59.50</b>
<b>Huntington</b>	3.00	1.00	4.50	3.50	3.50	3.50	4.50	0.50	4.50	2.50	2.50	1.00	<b>34.50</b>
<b>Kennebunk</b>	1.00	6.50	6.50	2.00	2.00	7.50	3.00	0.50	5.50	2.50	12.00	0.00	<b>49.00</b>
<b>Ludlowe</b>	6.00	6.00	6.00	3.50	3.50	0.50	3.00	3.00	6.50	5.50	7.00	5.00	<b>55.50</b>
<b>Maple View</b>	4.50	5.50	9.50	3.00	6.00	7.50	6.50	5.50	2.00	9.00	3.50	5.00	<b>67.50</b>
<b>Marlborough</b>	0.50	1.00	3.00	5.50	2.00	2.50	3.50	0.50	3.00	4.00	1.00	2.00	<b>28.50</b>
<b>Maywood</b>	6.00	3.00	5.50	4.50	3.50	3.00	2.50	3.50	5.50	3.50	0.00	5.00	<b>45.50</b>
<b>Milford</b>	2.50	2.50	3.00	0.50	4.00	7.00	4.00	1.00	2.00	2.50	1.00	7.00	<b>37.00</b>
<b>Newton Wellsley</b>	4.50	4.50	3.00	4.00	3.00	7.50	2.50	0.00	2.00	3.00	0.00	1.50	<b>35.50</b>
<b>Norway</b>	5.50	2.00	2.50	2.00	3.50	5.50	5.00	3.50	1.50	5.00	5.50	4.50	<b>46.00</b>
<b>Poughkeepsie</b>	8.50	11.00	3.50	4.00	3.50	7.00	5.50	4.00	14.00	9.00	2.50	9.00	<b>81.50</b>
<b>Regency</b>	1.00	3.50	5.50	1.50	3.50	5.50	4.50	1.50	1.50	2.50	1.00	2.50	<b>34.00</b>
<b>Reservoir</b>	3.00	3.00	6.00	0.50	1.00	3.50	9.00	3.00	3.50	3.50	1.00	5.50	<b>42.50</b>
<b>Riverside</b>	3.00	6.50	4.50	1.50	5.50	2.00	5.50	4.00	4.00	4.50	7.00	2.00	<b>50.00</b>
<b>Ross</b>	7.00	5.50	3.50	5.50	6.00	5.00	6.50	6.50	4.00	2.50	4.50	2.00	<b>58.50</b>
<b>Rutland</b>	1.00	4.00	5.50	0.50	3.00	2.50	2.00	0.50	2.50	1.50	1.00	1.50	<b>25.50</b>
<b>Sachem</b>	4.50	2.50	5.00	4.00	2.50	7.00	2.50	2.50	2.00	3.00	5.50	2.50	<b>43.50</b>
<b>Sands Point</b>	0.50	3.00	4.00	0.50	6.50	7.00	6.50	0.50	2.50	2.50	2.50	2.50	<b>38.50</b>
<b>Utica</b>	2.00	4.50	3.50	4.50	4.50	6.00	3.00	0.50	6.00	6.50	2.50	4.00	<b>47.50</b>
<b>Village Crest</b>	0.50	3.00	4.50	3.50	4.50	7.00	9.50	3.00	2.50	5.00	4.00	0.50	<b>47.50</b>
<b>Water's Edge</b>	1.50	2.50	2.50	4.00	2.00	3.50	2.50	1.50	2.00	3.50	8.50	4.50	<b>38.50</b>
<b>Westgate</b>	1.00	2.00	3.50	7.50	4.50	3.00	3.50	0.00	1.00	0.00	2.00	4.50	<b>32.50</b>
<b>Winship</b>	5.50	4.50	9.50	4.00	4.00	3.00	4.00	1.00	3.50	4.00	1.50	11.00	<b>55.50</b>
<b>Vacation</b>	48.00	0.00	0.00	24.00	0.00	0.00	24.00	48.00	0.00	24.00	40.00	0.00	<b>208.00</b>
<b>Sick</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>0.00</b>
<b>Personal</b>	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	<b>16.00</b>
<b>Holiday</b>	16.00	0.00	0.00	0.00	0.00	0.00	8.00	8.00	0.00	0.00	0.00	0.00	<b>32.00</b>
<b>Total</b>	<b>205.50</b>	<b>179.50</b>	<b>211.50</b>	<b>202.00</b>	<b>181.00</b>	<b>200.00</b>	<b>188.50</b>	<b>167.00</b>	<b>195.50</b>	<b>176.50</b>	<b>180.50</b>	<b>181.50</b>	<b>2269.00</b>

**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	
Cambridge Manor of Fairfield, LLC				2048 C	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)							
<b>Section III - Administrators***</b>										
William Thompson (10/1/2014-3/20/2015)	75,498			Same as employees	Management and Supervision of a healthcare facility	960	A2			
Lewis Abramson (3/21/2015-9/30/2015)	92,830			Same as employees	Management and Supervision of a healthcare facility	1,120	A2			
<b>Section IV - Assistant Administrators</b>										

\*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		
Cambridge Manor of Fairfield, LLC	2048 C	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	105	3				
2. Dentist	10,566	Disallowed				
3. Pharmacist	18,468	24				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	473,193	8,952				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	27,880	307				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	35,779	196				
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	85,446	1,523				
b. Other						
10. Occupational Therapist						
a. Resident Care	539,269	11,610				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	25,504	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,216,210</b>	<b>22,615</b>				

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

\*\* This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed 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 Cambridge Manor of Fairfield, LLC		License No. 2048 C	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		
Melissa Alward, 56 Nashville Road, Bethel CT 06801	Dietary	<input type="radio"/>	<input checked="" type="radio"/>		
Gerident Solutions - P.O. Box 290539 Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC Pharmacy of CT, 111 Executive Blvd, Farmingdale, NY, 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy Solutions - 809 Main St., E.Hartford,CT 06108	PT,OT,ST, Consulting fees - Rehabilitation Therapy and Ancillary	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Dr. Peter Cimino - 618 Duck Farm Rd., Fairfield,CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Joseph Herbin - 333 Riders Lane Fairfield,CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
CT Heart & Vascular - 2979 Main St. Bridgeport, CT 06606	Resident Care - Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Lazaros Lazarides - 31 Heavenly Lane, Trumbull, CT 06611	Resident Care - Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Philip Simkovitz - 5520 Park Ave. Trumbull, CT 06611	Resident Care - Physician	<input type="radio"/>	<input checked="" type="radio"/>		
St Vincents Medical Center, 2800 Main St, Bridgeport CT, 06606	Resident Care - Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Swalling Diagnostics - PO BOX 484, Avon, CT 06001	Speech Evaluation	<input type="radio"/>	<input checked="" type="radio"/>		
IV Excellence - 32 Falls Ave., Oakville, CT 06779	IV Nurse Consultants	<input type="radio"/>	<input checked="" type="radio"/>		
Regency, 181 East Main St, Wallingford, CT 06492	Consulting - Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Tina Nardi, 89 Berrian Rd, Stamford, CT 06905	Consulting - Nursing	<input 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"/>		

\* 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
Cambridge Manor of Fairfield, LLC	2048 C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 578,856	578,856		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 127,834	127,834		
4. Social Security (F.I.C.A.)	\$ 591,033	591,033		
5. Health Insurance	\$ 1,042,342	1,042,342		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 142,454	142,454		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 26,732	26,732		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 42,749	42,749		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 38,910	38,910		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 33,232	33,232		
2. Cellular Phones	\$ 2,901	2,901		
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*	\$ 9	9		
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 320	320		
3. Resident Day User Fee	\$ 960,089	960,089		
<b>Subtotal</b>	\$ 3,587,461	3,587,461		

\* 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**

Cambridge Manor of Fairfield, LLC  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	\$ -	\$ -	\$ -

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Sales Tax - Cambridge- Property	\$ 320		
<b>Total</b>	\$ 320	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Cambridge Manor of Fairfield, LLC	2048 C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	3,587,461	3,587,461			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 5,001	5,001			
3. Gifts to Staff and Residents	\$ 24,568	24,568			
4. Employee Travel	\$ 6,745	6,745			
5. Education Expenses Related to Seminars and Conventions	\$ 6,478	6,478			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 529	529			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 33,041	33,041			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 7,416	7,416			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 20,426	20,426			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 579,241	579,241			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 141,631	141,631			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,412,537	4,412,537			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotional Advertising	\$ 33,041		
<b>Total Other Advertising</b>	\$ 33,041	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 10,836		
Curaspan	\$ 3,025		
St. Vincent's Health Partners	\$ 6,250		
Lew Abramson Membership Renewal	\$ 315		
<b>Total Dues</b>	\$ 20,426	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Consulting Fees	\$ 1,367		
IT Services	\$ 5,968		
Purch Services-Administrative staff	\$ 39,780		
Purch Services-Fiscal Operations	\$ 63,690		
Licenses and Permits	\$ 3,730		
Penalties	\$ 21		
Bank Charges	\$ 15,774		
Background Check	\$ 2,991		
Crime Insurance	\$ 1,379		
Miscellaneous Administrative Expense	\$ 6,931		
<b>Total Other Administrative and General</b>	\$ 141,631	\$ -	\$ -

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

Name of Facility Cambridge Manor of Fairfield, LLC	License No. 2048 C	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
National Healthcare Associates, Inc.	579,241	See Attached	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 Cambridge Manor of Fairfield, LLC	License No. 2048 C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 410,133	410,133		
2. Non-Food Supplies	\$ 41,457	41,457		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 15,522	15,522		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 467,112</b>	<b>467,112</b>		
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 Cambridge Manor of Fairfield, LLC		License No. 2048 C	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. \$	24,951	24,951	
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)	\$	1,290	1,290	
c.	Management Services**	\$			
d.	Other (Specify) Diapers: \$82,895, Supplies: \$11,034	\$	93,929	93,929	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		<b>\$</b>	<b>120,170</b>	<b>120,170</b>	
<b>3F. Laundry Questionnaire</b>					
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	
Cambridge Manor of Fairfield, LLC	2048 C	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. \$	53,234	53,234		
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. \$	30,848	30,848		
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	84,082	84,082		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	474,730	474,730		
b. Medicine Cabinet Drugs	\$	39,288	39,288		
c. Medical and Therapeutic Supplies	\$	175,702	175,702		
d. Ambulance/Limousine***	\$	2,416	2,416		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	26,309	26,309		
f. X-rays and Related Radiological Procedures***	\$	29,552	29,552		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	56,710	56,710		
i. Recreation	\$	35,938	35,938		
j. Other (Specify)**** See Attached Schedule	\$	59,759	59,759		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	900,404	900,404		

\* 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)
Nursing Purchased Services	\$ 3,332		
Nursing Equipment Rental	\$ 8,148		
Rehab Therapy & Ancillary - Equipment Rental	\$ 15,326		
Flu Vaccine- Medical Services	\$ 26,372		
Rehab Therapy & Ancillary Supplies	\$ 6,581		
<b>Total Other Resident Care</b>	\$ 59,759	\$ -	\$ -

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

Name of Facility Cambridge Manor of Fairfield, LLC			License No. 2048 C		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
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Paycheck Service	16,729			16	M13
ADM Environmental Group	Avenue, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	40,642			22	6F
CT Landscapes, LLC	P.O. Box 320295 Fairfield, CT 06825	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping, snow removal	18,281			22	6F
Edgerton Heating, PO Box 304, Monroe CT 06468	PO Box 304, Monroe CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	14,079			22	6A
Proline	PO Box 150473, Hartford CT 06145	<input type="radio"/>	<input checked="" type="radio"/>		Dietary R&M	11,519			18	2b
Milford Quality Landscaping	PO Box 329, Milford CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping, snow removal	13,685			22	6F
Ludlowe Care Center	118 Jefferson St, Fairfield, CT 06825	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	Housekeeping	30,582			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"/>							

\* 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
Cambridge Manor of Fairfield, LLC	2048 C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 83,756	83,756				
b. Heat	\$ 67,563	67,563				
c. Light & Power	\$ 175,199	175,199				
d. Water	\$ 73,739	73,739				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 31,243	31,243				
f. Other ( <i>itemize</i> )	\$ 84,006	84,006				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 515,506	515,506				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 33,641	33,641				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 33,641	33,641				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 89,723	89,723				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 89,723	89,723				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,362,669	1,362,669				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 171,958	171,958				
c. Personal property taxes	\$ 8,614	8,614				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,666,605	1,666,605				

\* 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)
Purchased Services - Security	\$ 7,496		
Background Check	\$ 40		
Ground Services - Purchased	\$ 32,190		
Pest Control	\$ 1,845		
Carting Maintenance	\$ 41,684		
Postage - Ongoing Short-Term Lease - Pitney Bowes Mailing Machine	\$ 751		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 84,006</b>	<b>\$ -</b>	<b>\$ -</b>

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Cambridge Manor of Fairfield, LLC  
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
10/17/2014	Computers	\$ 799	5	\$ 80
11/27/2014	Toaster	\$ 762	5	\$ 76
11/30/2014	Zonedirector-Computer	\$ 1,050	5	\$ 105
12/9/2014	Computer	\$ 925	5	\$ 93
12/8/2014	Computer	\$ 892	5	\$ 89
1/26/2015	Refrigerator display	\$ 1,175	10	\$ 59
1/26/2015	Sales tax on asset	\$ 65	10	\$ 3
3/26/2015	Projector	\$ 681	10	\$ 34
3/24/2015	Monitor	\$ 207	5	\$ 21
3/3/2015	Computer	\$ 898	5	\$ 90
3/4/2015	Computer	\$ 1,254	5	\$ 125
4/30/2015	Sales tax on asset #731	\$ 56	5	\$ 6
3/31/2015	Printer	\$ 884	5	\$ 88
4/7/2015	Computers/wireless	\$ 23,661	5	\$ 2,366
4/8/2015	Computers	\$ 5,450	5	\$ 545
4/30/2015	Hardware	\$ 2,536	5	\$ 254
5/21/2015	Walk in Freezer	\$ 3,754	10	\$ 188
5/21/2015	Ice Machine	\$ 2,022	10	\$ 101
5/24/2015	Computer	\$ 803	5	\$ 80
5/28/2015	Computers	\$ 809	5	\$ 81
5/29/2015	Electric counter	\$ 6,238	5	\$ 624
5/8/2015	Frigidaire 18 cut ft	\$ 742	10	\$ 37
5/19/2015	Recliner	\$ 669	5	\$ 67
5/29/2015	Refrigeration related	\$ 13,081	10	\$ 654
6/1/2015	Vacum	\$ 657	8	\$ 41
6/30/2015	Recliner	\$ 669	5	\$ 67
6/19/2015	Computers	\$ 944	5	\$ 94
7/31/2015	Lift Scale	\$ 749	10	\$ 37
7/31/2015	Lift Patient reliant	\$ 1,370	10	\$ 69
8/31/2015	Tax asset #758	\$ 128	10	\$ 6
9/30/2015	Computer	\$ 4,130	5	\$ 413
9/30/2015	Computers	\$ 1,291	5	\$ 129
9/21/2015	Vacum	\$ 1,193	8	\$ 75
9/30/2015	Vital monitor	\$ 2,046	5	\$ 128
9/8/2015	Vital monitor	\$ 2,046	8	\$ 128
9/30/2015	Cabinet Style Flat Storage	\$ 757	10	\$ 38
<b>Total additions for Movable Equipment</b>		\$ 85,393		\$ 7,091*
<b>Deletions:</b>				
9/30/2015	Major Moveables-NHCA	\$ 50	10	\$ 50
9/30/2015	Major Moveables-NHCA	\$ 500	10	\$ 500
9/30/2015	Major Moveables-NHCA	\$ 78	10	\$ 78
9/30/2015	Major Moveables-NHCA	\$ 111	10	\$ 111
9/30/2015	Vacuum	\$ 492	8	\$ 492
9/30/2015	2 Vacuums	\$ 731	8	\$ 731
9/30/2015	5 Mattresses	\$ 792	5	\$ 792
9/30/2015	16 Mattresses/5 Maxi Floats	\$ 2,761	5	\$ 2,761
9/30/2015	10 Mattresses	\$ 1,585	5	\$ 1,585
9/30/2015	Computer Equipment	\$ 1,005	5	\$ 1,005
9/30/2015	Printer	\$ 1,067	5	\$ 1,067
9/30/2015	Computer	\$ 1,402	5	\$ 1,402
9/30/2015	Computer Networking	\$ 3,161	5	\$ 3,161
9/30/2015	Major Moveables-NHCA	\$ 192	10	\$ 192
9/30/2015	10 Mattresses	\$ 1,585	5	\$ 1,585
9/30/2015	Sales Tax	\$ 190	5	\$ 190
9/30/2015	Chair Pad Sensors	\$ 1,936	10	\$ 1,936
9/30/2015	Major Moveables-NHCA	\$ 179	10	\$ 179
9/30/2015	20 Mini Blinds	\$ 1,713	10	\$ 1,713
9/30/2015	Software	\$ 2,650	5	\$ 2,650
9/30/2015	Software	\$ 2,300	5	\$ 2,300
9/30/2015	8 Mattresses	\$ 1,268	5	\$ 1,268
9/30/2015	Major Moveables-NHCA	\$ 196	10	\$ 196
9/30/2015	7 Mattresses	\$ 1,109	5	\$ 1,109
9/30/2015	7 Mattresses	\$ 1,109	5	\$ 1,109



9/30/2015	Bed Sensors	\$ 943	5	\$ 943
9/30/2015	Major Mov-NHCA	\$ 112	10	\$ 112
9/30/2015	Major Mov NHCA	\$ 250	10	\$ 250
9/30/2015	Food Processor	\$ 640	10	\$ 640
9/30/2015	Major Moveables-NHCA	\$ 29	10	\$ 29
9/30/2015	Tangible Personal Property	\$ 1,175,000	5	\$ 1,175,000
9/30/2015	Chair Mate Alarms	\$ 1,399	10	\$ 1,399
9/30/2015	Repair Washer	\$ 3,648	5	\$ 3,648
9/30/2015	Window Treatments	\$ 5,822	10	\$ 5,822
9/30/2015	Major Moveables-NHCA	\$ 800	10	\$ 800
9/30/2015	Chairs/Loveseats	\$ 18,498	10	\$ 18,498
9/30/2015	Water Pump	\$ 1,420	10	\$ 1,420
9/30/2015	Computer	\$ 989	5	\$ 989
9/30/2015	Trane Compressor	\$ 1,574	10	\$ 1,574
9/30/2015	Sales Tax-Fax Machine	\$ 75	5	\$ 75
9/30/2015	Major Moveables-NHCA-9/30 inv	\$ 67	10	\$ 67
9/30/2015	Major Movables-NHCA	\$ 278	10	\$ 278
9/30/2015	Refrigerator Compressor	\$ 610	10	\$ 610
9/30/2015	Heating System Replac Part	\$ 2,120	10	\$ 2,120
9/30/2015	Computer	\$ 782	5	\$ 782
9/30/2015	Snowblower`	\$ 700	5	\$ 700
9/30/2015	Major Moveables-NHCA	\$ 107	10	\$ 107
9/30/2015	Pulse Oximeter	\$ 584	10	\$ 584
9/30/2015	Eyewash sinks	\$ 696	5	\$ 696
9/30/2015	Thermometer	\$ 694	5	\$ 694
9/30/2015	Water Heater/Thermometer	\$ 1,050	10	\$ 1,050
9/30/2015	Major Moveables-NHCA	\$ 64	10	\$ 64
9/30/2015	5 Color TVs	\$ 871	5	\$ 871
9/30/2015	Steamer	\$ 4,814	10	\$ 4,814
9/30/2015	Chair Alarm/Sensor Pads	\$ 839	10	\$ 839
9/30/2015	Shelving Units	\$ 1,338	10	\$ 1,338
9/30/2015	Sales Tax-Eyewash Sinks	\$ 42	5	\$ 42
9/30/2015	Sales Tax-Steamer	\$ 289	10	\$ 289
9/30/2015	Sales Tax-Chair Alarms	\$ 50	10	\$ 50
9/30/2015	Sales Tax-Bed Alarms	\$ 74	5	\$ 74
9/30/2015	Bed Alarms	\$ 520	5	\$ 520
9/30/2015	Pulse Oximeter	\$ 540	10	\$ 540
9/30/2015	Sales Tax-Window Treatments	\$ 349	10	\$ 349
9/30/2015	Sales Tax-Chairs/Loveseats	\$ 1,110	10	\$ 1,110
9/30/2015	Major Moveables-NHCA	\$ 173	10	\$ 173
9/30/2015	Fire Alarm Communicator	\$ 822	5	\$ 822
9/30/2015	Printer & Toners	\$ 1,371	5	\$ 1,371
9/30/2015	HP Laserjets & Toners	\$ 1,858	5	\$ 1,858
9/30/2015	Valances & Related	\$ 13,188	5	\$ 13,188
9/30/2015	Exchange Server	\$ 691	5	\$ 691
9/30/2015	Kitchen Equipment	\$ 3,164	5	\$ 3,164
9/30/2015	Kitchen Equipment	\$ 3,495	5	\$ 3,495
9/30/2015	Estator 10X9	\$ 513	5	\$ 513
9/30/2015	Computers	\$ 871	5	\$ 871
9/30/2015	Computers	\$ 1,268	5	\$ 1,268
9/30/2015	SoniWall	\$ 5,434	5	\$ 5,434
9/30/2015	Sales Tax on Asset 282	\$ 111	5	\$ 111
9/30/2015	Switches & Various	\$ 299	5	\$ 299
9/30/2015	Hydraulic Mat Platform Blue	\$ 1,606	5	\$ 1,606
9/30/2015	Exchange Server Parts	\$ 18	5	\$ 18
9/30/2015	Chairs	\$ 4,705	5	\$ 4,705
9/30/2015	Weight Sets, Equipment	\$ 529	5	\$ 529
9/30/2015	Dunnage Rack	\$ 208	5	\$ 208
9/30/2015	Pulse Oximeter	\$ 531	5	\$ 531
9/30/2015	Sales Tax	\$ 13	5	\$ 13
9/30/2015	Sales Tax	\$ 282	5	\$ 282
9/30/2015	Furniture	\$ 6,094	5	\$ 6,094
9/30/2015	Steam Kettle	\$ 1,388	5	\$ 1,388
9/30/2015	Computer Related	\$ 898	5	\$ 898
9/30/2015	Runabout Chair	\$ 525	5	\$ 525
9/30/2015	Combo Therapy Unit	\$ 2,149	5	\$ 2,149
9/30/2015	Refrigerator	\$ 529	5	\$ 529
9/30/2015	Overbed Table	\$ 745	5	\$ 745

9/30/2015	Bed Alarm Installation	\$ 2,036	5	\$ 2,036
9/30/2015	LOGO MAT FLAT BACKING	\$ 671	5	\$ 671
9/30/2015	Elect DC NE Head& Foot Board	\$ 716	5	\$ 716
9/30/2015	Sales Tax Asset #374	\$ 248	5	\$ 248
9/30/2015	GE Top Freezer White	\$ 481	5	\$ 481
9/30/2015	Tax on 379 - Pulse Oximeter	\$ 64	5	\$ 64
9/30/2015	Tax on 380 - Plexiglass Sign	\$ 41	5	\$ 41
9/30/2015	Tax on 381 - Framed Artwork	\$ 137	5	\$ 137
9/30/2015	Venetian Blinds	\$ 1,501	5	\$ 1,501
9/30/2015	Power Vertex	\$ 1,855	5	\$ 1,855
9/30/2015	COLOR PRINTER	\$ 890	5	\$ 890
9/30/2015	Sales Tax on Asset 401 Printer	\$ 53	5	\$ 53
9/30/2015	Cabinets	\$ 700	5	\$ 700
9/30/2015	Seated Stepper & Accessories	\$ 4,648	5	\$ 4,648
9/30/2015	Printer	\$ 499	5	\$ 499
9/30/2015	Sales Tax on Asset #413	\$ 72	5	\$ 72
9/30/2015	Sales Tax on Asset #425	\$ 30	5	\$ 30
9/30/2015	Shower Chair / Commode	\$ 506	5	\$ 506
9/30/2015	Copeland Compressor Related	\$ 1,652	5	\$ 1,652
9/30/2015	HP 3/4 Shft	\$ 1,066	5	\$ 1,066
9/30/2015	Evaporator Coil	\$ 2,120	5	\$ 2,120
9/30/2015	Blinds	\$ 516	5	\$ 516
9/30/2015	Invacare Slings (for #474)	\$ 150	5	\$ 150
9/30/2015	Digicard Software	\$ 3,877	5	\$ 3,877
9/30/2015	Wander Guard System	\$ 3,153	5	\$ 3,153
9/30/2015	Printer	\$ 899	5	\$ 899
9/30/2015	Senior Tech System	\$ 1,429	5	\$ 1,429
9/30/2015	Curtains	\$ 1,119	5	\$ 1,119
9/30/2015	Thermometer	\$ 477	5	\$ 477
9/30/2015	Actuator Mast	\$ 903	5	\$ 903
9/30/2015	Alternating Pressure	\$ 1,219	5	\$ 1,219
9/30/2015	Lower Air Loss System	\$ 3,705	5	\$ 3,705
9/30/2015	Actuator.Mast	\$ 855	5	\$ 855
9/30/2015	Computer Related	\$ 820	5	\$ 820
<b>Total deletions for Movable Equipment</b>		<b>\$ 1,350,535</b>		<b>\$ 1,350,535</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/28/2015	RAPS Plumbing-han	\$ 1,567	20	\$ 39
3/30/2015	Electromagnetic door	\$ 6,108	10	\$ 305
3/24/2015	Gasket Door	\$ 1,235	10	\$ 62
4/22/2015	Doors Locks	\$ 7,955	15	\$ 265
5/31/2015	Electric Wires	\$ 3,754	10	\$ 188
5/31/2015	Electric Wire	\$ 1,024	10	\$ 51
7/31/2015	Furnish & Install	\$ 1,874	10	\$ 94
7/31/2015	Sink	\$ 1,506	20	\$ 38
8/25/2015	Glass & Mirror install	\$ 1,993	10	\$ 100
9/15/2015	Install lock	\$ 1,933	10	\$ -
<b>Total additions for Leasehold Improvement</b>		<b>\$ 28,949</b>		<b>\$ 1,142</b>
<b>Deletions:</b>				
9/30/2015	Leasehold Improv-NHCA	\$ 244	10	\$ 244
9/30/2015	Leasehold Improv-NHCA	\$ 76	10	\$ 76
9/30/2015	Leasehold Improv-NHCA	\$ 120	10	\$ 120
9/30/2015	Leasehold Improv-NHCA	\$ 48	10	\$ 48
9/30/2015	Leasehold Improv-NHCA	\$ 272	10	\$ 272
9/30/2015	Leasehold Improv-NHCA	\$ 70	10	\$ 70
9/30/2015	Air Balance analysis	\$ 8,500	10	\$ 8,500
9/30/2015	Shower Tile Repairs	\$ 1,950	10	\$ 1,950
9/30/2015	HVAC/Hot Water	\$ 54,478	10	\$ 54,478
<b>Total deletions for Leasehold Improvement</b>		<b>\$ 65,758</b>		<b>\$ 65,758</b>

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Cambridge Manor of Fairfield, LLC			2048 C		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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				1,435,665	1,222,223	SL		88,581	
2. Disposals (attach schedule)				(65,758)	(65,758)	SL	Various		
3. Acquired during this report period (attach schedule)				28,949		SL		1,142	
C-4. Subtotal									89,723
<b>D. Total Amortization</b>									89,723

\* Straight-line method must be used.

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

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

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

Name of Facility Cambridge Manor of Fairfield, LLC	License No. 2048 C	Report for Year Ended 9/30/2015	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase		01/01/01			
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		160			
6. Square Footage		65,490			
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable	Variable		
b. Date Mortgage Obtained		12/03/10			
c. Interest Rate for the Cost Year		Libor + 250			
d. Term of Mortgage (number of years)		2015 Ballon	5 years		
e. Amount of Principal Borrowed		7,840,254			
f. Principal balance outstanding as of 9/30/2015		5,306,032	2,604,112		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Cambridge Manor of Fairfield, LLC	2048 C	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				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (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
Cambridge Manor of Fairfield, LLC	2048 C	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)	\$	937	937	
Interest - Admin \$819; Interest - Property \$118				
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)	\$	937	937	
14. Insurance				
a. Insurance on Property (buildings only)	\$	12,696	12,696	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	14,589	14,589	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$	74,243	74,243	
Liability Insurance				
14d. <b>Total Insurance Expenditures</b> (14a + b + c)	\$	101,528	101,528	
15. <b>Total All Expenditures</b> (A-13 thru C-14)	\$	17,604,956	17,604,956	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Cambridge Manor of Fairfield, LLC				2048 C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12M	Salaries not related to Resident Care	\$ 13,122	13,122		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	8c	Resident Care Physicians **	\$ 35,779	35,779		
6.	13	10a	Occupational Therapy	\$ 539,269	539,269		
7.			Other - See attached Schedule	\$ 36,070	36,070		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 32,719	32,719		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,461	1,461		
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.	16	L6	Automobile Expense (e.g. personal use)	\$ 529	529		
18.	16	m13	Unallowable Advertising *	\$ 33,041	33,041		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 194,301	194,301		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 52,685	52,685		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 938,976	938,976		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 10,566		
13	B12	IV Nursing	\$ 4,765		
13	B12	Consulting Fees - Rehab Therapy & Ancillary	\$ 2,701		
13	B12	Consulting Fees - Nursing	\$ 18,038		
<b>Total Other Fees Adjustments</b>			\$ 36,070	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Gifts to staff	\$ 24,568		
15	1a	Benefits on Salaries not related to resident care	\$ 4,012		
16	M13	Penalties	\$ 21		
16	M13	Bank Charges	\$ 15,774		
16	M13	Crime Insurance	\$ 1,379		
16	M13	Misc. Expense	\$ 6,931		
<b>Total Other A&amp;G Adjustments</b>			\$ 52,685	\$ -	\$ -



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

Name of Facility				License No.	Report for Year Ended	Page	of
Cambridge Manor of Fairfield, LLC				2048 C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 938,976	938,976		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 474,730	474,730		
28.	20	5d	Ambulance/Limousine	\$ 2,416	2,416		
29.	20	5f	X-rays, etc	\$ 29,552	29,552		
30.	20	5h	Laboratory	\$ 56,710	56,710		
31.	20	5c	Medical Supplies	\$ 8,625	8,625		
32.	20	5e2	Oxygen (non emergency)	\$ 26,309	26,309		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 69,118	69,118		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 262	262		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$ 340	340		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
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	\$ 7,957	7,957		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,614,995	1,614,995		

\*\*\* 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.

Cambridge Manor of Fairfield, LLC  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Equipment Rental - Nursing	\$ 8,148		
20	5j	Equipment Rental - rehab therapy and Ancillary	\$ 15,326		
20	5j	Rehab Therapy and Ancillary- IV Therapy Supplies	\$ 6,581		
20	5j	Flu Vaccine	\$ 26,372		
20	5a2/b	Procure Disallowance	\$ 2,680		
20	5i	Cable TV Expense - Resident Rooms	\$ 10,011		
<b>Total Other Ancillary Costs</b>			\$ 69,118	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	TV Disallowed Depreciation	\$ 262		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 262	\$ -	\$ -

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Other Misc. Income (SCA Refund \$4,308)	\$ 4,308		
27	12D	Interest - Admin	\$ 819		
30	IV5	Interest Income	\$ 2,830		
<b>Total Other Adjustments</b>			\$ 7,957	\$ -	\$ -

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Cambridge Manor of Fairfield, LLC	2048 C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 17,510,500	17,510,500				
b. Medicaid Room and Board Contractual Allowance **	\$ (8,481,514)	(8,481,514)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 4,459,230	4,459,230				
b. Medicare Room and Board Contractual Allowance **	\$ 919,505	919,505				
4. a. Private-Pay Residents and Other	\$ 4,008,681	4,008,681				
b. Private-Pay Room and Board Contractual Allowance **	\$ (659,272)	(659,272)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 272,433	272,433				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (268,528)	(268,528)				
c. Prescription Drugs - Non-Medicare	\$ 192,014	192,014				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (191,204)	(191,204)				
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	\$ 608,027	608,027				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (555,791)	(555,791)				
c. Physical Therapy - Non-Medicare	\$ 314,495	314,495				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (311,225)	(311,225)				
4. a. Speech Therapy - Medicare	\$ 134,938	134,938				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (101,344)	(101,344)				
c. Speech Therapy - Non-Medicare	\$ 51,274	51,274				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (49,864)	(49,864)				
5. a. Occupational Therapy - Medicare	\$ 725,457	725,457				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (658,718)	(658,718)				
c. Occupational Therapy - Non-Medicare	\$ 376,482	376,482				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (366,694)	(366,694)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 3,048	3,048				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 322	322				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 17,932,252	17,932,252				
<b>IV. Other Revenue*</b>						
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> )	\$ 2,830	2,830				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ (9,871)	(9,871)				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (7,041)	(7,041)				
<b>VI. Total All Revenue</b> (III +V)	\$ 17,925,211	17,925,211				

\* 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)
30, line II6	Medicare A Lab	\$ 31,713		
30, line II6	Medicare A X Ray	\$ 22,457		
30, line II6	Medicare A Contra Other	\$ (62,603)		
30, line II6	Medicare B Flu/Pneumonia	\$ 4,833		
30, line II6	Medicare Pt A Specialty Beds-	\$ 8,432		
30, line II6	Medicare Part B Contra Other	\$ (1,784)		
<b>Total Other Resident Revenue - Medicare</b>		\$ 3,048	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6	Medicaid Lab	\$ 1,037		
30, line II6	Medicaid Contra Other	\$ (1,037)		
30, line II6	Comm Ins Lab	\$ 16,951		
30, line II6	Comm Ins X Ray	\$ 9,767		
30, line II6	Comm Ins Contra Other	\$ (26,396)		
30, line II6	Private Contra Other	\$ (248)		
30, line II6	Private Lab	\$ 248		
<b>Total Other Resident Revenue</b>		\$ 322	\$ -	\$ -

**Interest Income**

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
30, line IV3	Interst Income Cambridge		\$ 2,830		
<b>Total Interest Income</b>			\$ 2,830	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Prior Period Other	\$ (14,179)		
30, line IV8	Miscellaneous Other Income (SCA Refund - \$4,308)	\$ 4,308		
<b>Total Other Revenue</b>		\$ (9,871)	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Cambridge Manor of Fairfield, LLC	2048 C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,970,666
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,818,341
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	21,419
5. Prepaid Expenses			\$	227,289
a. Prepaid Expenses	64,137			
b. Prepaid Insurance	61,888			
c. Prepaid Taxes	75,866			
d. Other	25,398			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	100,114
Patient Funds	51,804			
Due from related parties	48,310			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	4,137,829
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>1,398,856</u>		\$	152,668
	Accum. Depreciation <u>1,246,188</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>725,329</u>		\$	138,045
	Accum. Depreciation <u>587,284</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	471,582
Construction in Progress	471,582			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	762,295

\* 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
Cambridge Manor of Fairfield, LLC	2048 C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	4,900,124
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	15,000
Deposits		15,000		
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	15,000
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	4,915,124

\* 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 Cambridge Manor of Fairfield, LLC		License No. 2048 C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	808,193
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
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> )				\$	664,378
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	701,791
Accrued Expenses		17,425 Pension Accrual	151,973		
Patient Funds		51,804			
Due to Related Parties		242,811			
Revenue Assessment		237,778			
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>2,174,362</b>

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

(Carry Total forward to next page)



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

Name of Facility Cambridge Manor of Fairfield, LLC	License No. 2048 C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				2,174,362	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
Name of Lender	Purpose	Amount	Date Due	\$	
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date		\$	
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
_____					
_____					
_____					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,174,362	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Cambridge Manor of Fairfield, LLC	2048 C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,420,507
6. Gain or Loss for Period			\$	320,255
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	2,740,762
<b>C. Total Reserves and Net Worth</b>			\$	2,740,762
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	4,915,124

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Cambridge Manor of Fairfield, LLC	2048 C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	2,642,136
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	17,925,211
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	17,604,956
D. Net Income or Deficit			\$	320,255
E. Balance			\$	2,962,391
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
Corporate Tax Refund		8,371		
F-3. Total Additions			\$	8,371
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	200,000
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
Partner Drawings			200,000	
2. Other Withdrawings ( <i>Specify</i> )			\$	30,000
Purpose		Amount		
Commissioner of Revenue		30,000		
3. Total Deductions			\$	230,000
H. <b>Balance at End of Period</b>			\$	2,740,762
				09/30/15

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

Name of Facility Cambridge Manor of Fairfield, LLC		License No. 2048 C	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)	
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro &amp; Company, P.C.</i>		Title		Date Signed <i>2/5/16</i>	
Printed Name of Preparer Blum Shapiro & Company, P.C.					
Address 29 South Main Street, Suite 400, West Hartford, CT 06127				Phone Number 860-561-4000	