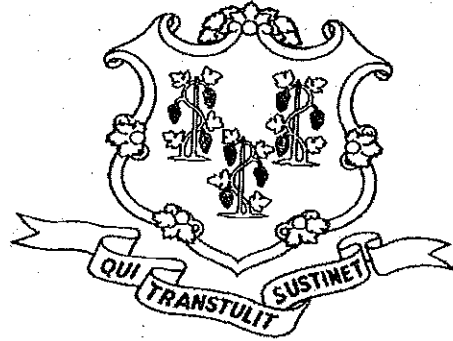


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Grove Manor Nursing Home, Incorporated	
Address (No. & Street, City, State, Zip Code) 145 Grove Street, Waterbury, CT 06710	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 494-C	RHNS	(Specify)	Medicare Provider 4945
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Medicaid Provider Numbers:	CCNH 4945	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)	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015	1	37

Administrator's/Owner's Certification

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Janet Aliciene			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Grove Manor Nursing Home, Incorporated		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 145 Grove Street, Waterbury, CT 06710				
Report Prepared By Raymond E. Rossi, Jr.		Phone Number 203-754-3134	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-753-7205		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Grove Manor Nursing Home, Incorporated		Address (No. & Street, City, State, Zip) 145 Grove Street, Waterbury, CT 06710		
License Numbers:	CCNH 494-C	RHNS	(Specify)	Medicare Provider No. 4945
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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Janet Aliciene		Nursing Home Administrator's License No.:	000760	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-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	%**				
Rose Schaefer	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Working Capital Loan Interest	27/12D	9,615	9,615
Janet Aliciene	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Salary	10/A2	126,511	126,511
Ryan Aliciene	145 Grove Street, Waterbury, CT 06710	<input type="radio"/>	<input checked="" type="radio"/>		Salary	10/A4	117,314	117,314
		<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
Basis for Allocation of Costs

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-C	Report for Year Ended 9/30/2015	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13)</i>			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A Only one level of care provided				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A Only one level of care provided				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility			License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated			494-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							
Al's Beverage Service, 3 Revay Rd., Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	Ice Machine	09/01/14	36 Months	1,531	1,659		
GE Capital, PO Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	05/07/13	48 Months	9,908	10,013		
Life Systems, 7320 Central Ave., Savannah, GA 31406	<input type="radio"/>	<input checked="" type="radio"/>	Patient Alarm System	11/01/13	36 Months	2,616	2,616		
Krystal Kleer, 598 Pomeroy Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	10/01/14	Open Ended	893	893		
Triple Springs Water, 199 Ives Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	10/01/08	Open Ended	115	106		
Acura Financial Services, PO Box 7829, Philadelphia, PA	<input type="radio"/>	<input checked="" type="radio"/>	2014 Acura	04/01/14	36 Months	5,409	5,409		
Acura of Avon, PO Box 1129, Canton, CT 06019	<input type="radio"/>	<input checked="" type="radio"/>	2014 Acura	08/16/13	36 Months	6,463	6,463		
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***	27,159

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

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

**General Information and Questionnaire
 Accounting Basis**

Name of Facility Grove Manor Nursing Home, Incor	License No. 494-C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Dibble & Rossi, CPA's, PC		515 Watertown Ave., Waterbury, CT 06708		
2 Cornerstone Accounting Group		PO Box 7, Indian Valley, VA 24105		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1	Preparation of Financial Statements, Income Tax Returns and CT and Medicare Cost Reports	\$	18,000	
2	Bookkeeping Services	\$	35,796	
3		\$		
4		\$		
			Charge for Services Provided	
			\$	53,796
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 Page 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1				
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1		\$		
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input type="radio"/> Yes <input type="radio"/> No				

Schedule of Resident Statistics

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-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	60	60			60	60			60	60		
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	51	51			51	51			50	50		
B. As of midnight of THIS report period	51	51			50	50			51	51		
3. Total Number of Days Care Provided During Period												
A. Medicare	525	525			448	448			77	77		
B. Medicaid (Conn.)	17,048	17,048			12,747	12,747			4,301	4,301		
C. Medicaid (other states)												
D. Private Pay	1,036	1,036			668	668			368	368		
E. State SSI for RCH												
F. Other (Specify) Managed medicare/Comm. Ins.	337	337			302	302			35	35		
G. Total Care Days During Period (3A thru F)	18,946	18,946			14,165	14,165			4,781	4,781		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	186	186			164	164			22	22		
B. Other Bed Reserve Days	17	17			17	17						
5. Total Resident Days (3G + 4A + 4B)	19,149	19,149			14,346	14,346			4,803	4,803		

Schedule of Resident Statistics (Cont'd)

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-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	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents			47		4								
Per Diem Rate													
a. One bed rm.					318.00								
b. Two bed rms.	Var		190.00		298.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,134	2,134				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								2,386	2,386				
2. Restorative Treatments													
C. Other								2,698	2,698				
D. Total Physical Therapy Treatments								7,218	7,218				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								376	376				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								71	71				
2. Restorative Treatments													
C. Other								999	999				
D. Total Speech Therapy Treatments								1,446	1,446				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,149	1,149				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,813	1,813				
2. Restorative Treatments													
C. Other								2,697	2,697				
D. Total Occupational Therapy Treatments								5,659	5,659				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	494-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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	126,511	2,410				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	117,314	2,457				
5. Dietary Service						
a. Head Dietitian	4,618	132				
b. Food Service Supervisor						
c. Dietary Workers	88,377	6,690				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	33,076	2,113				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	87,485	2,083				
b. RN						
1. Direct Care	263,021	7,302				
2. Administrative**	258,125	8,137				
c. LPN						
1. Direct Care	241,393	8,981				
2. Administrative**						
d. Aides and Attendants	470,813	43,371				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	37,114	2,062				
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	66,810	2,126				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	25,063	1,566				
<i>A-13. Total Salary Expenditures</i>	1,819,720	89,430				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medical Records	\$ 25,063	1,566				
Total	\$ 25,063	1,566	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Audiology Consultant	\$ 1,512	12				
Total	\$ 1,512	12	\$ -	-	\$ -	-

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

Name of Facility Grove Manor Nursing Home, Incorporated				License No. 494-C	Report for Year Ended 9/30/2015			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Ryan Aliciene	117,314				Director of Operations	2,457	A4			

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Grove Manor Nursing Home, Incorporated				494-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)							
Section III - Administrators***										
Janet Aliciene	126,511				Administrator	2,410				
Section IV - Assistant Administrators										

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

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

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	3,546	78				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	40,630	627				
b. Other						
6. Social Worker	466	17				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	14,400	158				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	8,508	153				
b. Other						
10. Occupational Therapist						
a. Resident Care	33,534	521				
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	1,512	12				
B-13 Total Fees Paid in Lieu of Salaries	102,596	1,566				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 57,603	57,603		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 46,965	46,965		
4. Social Security (F.I.C.A.)	\$ 134,742	134,742		
5. Health Insurance	\$ 123,053	123,053		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,683	1,683		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (Specify) See Attached Schedule	\$ 10,664	10,664		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 32,280	32,280		
d. Accounting and Auditing	\$ 53,796	53,796		
e. Legal (Services should be fully described on Page 7)	\$			
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 13,778	13,778		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 4,003	4,003		
2. Cellular Phones	\$ 5,772	5,772		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$ 4,175	4,175		
3. Resident Day User Fee	\$ 385,170	385,170		
Subtotal	\$ 873,684	873,684		

* 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**

Grove Manor Nursing Home, Incorporated
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Dental Insurance	\$ 8,926		
Miscellaneous	\$ 1,738		
Total	\$ 10,664	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Federal S Corp Required Payment	\$ 4,175		
Total	\$ 4,175	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	873,684	873,684		
l. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$	641	641		
4. Employee Travel \$				
5. Education Expenses Related to Seminars and Conventions \$	2,207	2,207		
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	9,544	9,544		
7. Other (<i>Specify</i>) See Attached Schedule \$				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>) \$	1,907	1,907		
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$	1,384	1,384		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule \$	2,498	2,498		
4. Fund-Raising*** \$				
5. Medical Records \$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$				
7. Postage \$				
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule \$	515	515		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$	811	811		
9. Subscriptions \$				
10. Contributions*** See Attached Schedule \$	1,040	1,040		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$	58,373	58,373		
12. Administrative Management Services** \$				
13. Other (<i>Specify</i>) See Attached Schedule \$	6,219	6,219		
C-14 Total Administrative & General Expenditures	\$ 958,823	958,823		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Other Advertising	\$ 2,348		
Public Relations	\$ 150		
Total Other Advertising	\$ 2,498	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Russell Phillips LTC Mutual Aid	\$ 350		
Costco	\$ 165		
Total Dues	\$ 515	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 1,040		
Total Contributions	\$ 1,040	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Resident Supplies	\$ 143		
Licenses	\$ 650		
Fines And Citations Disallowed page 28	\$ 220		
Late Charges Disallowed page 28	\$ 1,543		
Bank Charges	\$ 15		
Cable Disallowed page 28	\$ 3,648		
Total Other Administrative and General	\$ 6,219	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-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 #

*** 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 Grove Manor Nursing Home, Incorporated		License No. 494-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	\$ 87,451	87,451			
2. Non-Food Supplies	\$ 12,578	12,578			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 154,660	154,660			
c. Management Services**	\$ _____				
d. Other (Specify) _____	\$ _____				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 254,689	254,689			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	180	180			
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		License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated		494-C	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	122	122	
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 (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)		\$	55,254	55,254	
c. Management Services**		\$			
d. Other (<i>Specify</i>) Laundry Supplies		\$	416	416	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	55,792	55,792	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	23,837	23,837		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	15,157	15,157		
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced	23,837	23,837		
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
	Amt. \$	81,382	81,382		
c. Management Services*		\$			
d. Other (<i>Specify</i>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 96,539	96,539		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Omnicare	\$	53,089	53,089		
b. Medicine Cabinet Drugs	\$	74,341	74,341		
c. Medical and Therapeutic Supplies	\$	12,734	12,734		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	7,339	7,339		
f. X-rays and Related Radiological Procedures***	\$	2,425	2,425		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	2,842	2,842		
i. Recreation	\$	6,943	6,943		
j. Other (<i>Specify</i>)**** See Attached Schedule	\$	438	438		
5K. Total Resident Care Expenditures (5a - 5j)		\$ 160,151	160,151		

* 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.

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

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-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
Paychex, Inc	Rocky Hill, CT	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Service	25,691			16	M11
Wescom Solutions	Detroit, MI	<input type="radio"/>	<input checked="" type="radio"/>		Computer	12,389			16	M11
USA Hauling	East Windsor, CT	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	15,189			22	6f
E.L Sica	Simsbury, CT	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	13,524			22	6f
Med-Apparel Service	Perth Amboy, NJ	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	18,926			19	3b
Unitex Textile	Mount Vernon, NY	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Service	36,328			19	3b
Innovative Cleaning	Darien, CT	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Service	81,382			20	4b
Healthcare Services Group	Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	153,700			18	2b
		<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
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 26,552	26,552				
b. Heat	\$ 17,398	17,398				
c. Light & Power	\$ 36,188	36,188				
d. Water	\$ 6,896	6,896				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 27,159	27,159				
f. Other (<i>itemize</i>)	\$ 57,671	57,671				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 171,864	171,864				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 9,112	9,112				
b. Building & Building Improvements	\$ 28,902	28,902				
c. Non-Movable Equipment	\$ 404	404				
d. Movable Equipment	\$ 28,500	28,500				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 66,918	66,918				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 58,894	58,894				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 11,391	11,391				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 137,203	137,203				

* 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)
Maintenance Purchased Services	\$ 55,636		
Small Equipment Purchased	\$ 1,370		
Small Equipment Purchased	\$ 665		
Total Other Repairs and Maintenance	\$ 57,671	\$ -	\$ -

Grove Manor Nursing Home, Incorporated
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/1/2014	Tile 1st Floor Bath	\$ 1,975	20	\$ 99
4/9/2015	Water Heater	\$ 2,885	10	\$ 144
6/3/2015	Notification Light	\$ 1,936	10	\$ 65
Total additions for Building Improvements		\$ 6,796		\$ 308 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/1/2014	Meat Slicer	\$ 1,250	10	\$ 115
3/1/2015	Nurse Call Station	\$ 1,398	10	\$ 82
3/2/2015	Overbed Tables	\$ 1,790	15	\$ 70
3/5/2015	Nurse Call Station	\$ 1,269	10	\$ 74
4/1/2015	Overbed Tables	\$ 1,076	15	\$ 36
5/5/2015	Bed Side Cabinet	\$1,490	15	41
6/2/2015	Steam table	\$1,251	10	42
7/5/2015	Bariatric Bed	\$1,217	15	20
8/7/2015	Bariatric Mattress	\$1,484	5	49
Total additions for Movable Equipment		\$ 12,225		\$ 529 *
Deletions:				
7/31/2011	Bariatric Bed & Mattress	\$ (1,491)	5	\$ 298
6/25/2013	Nurse Call Station	\$ (1,016)	10	\$ 102
Total deletions for Movable Equipment		\$ (2,507)		\$ 400 **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Grove Manor Nursing Home, Incorporated			License No. 494-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
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	1956/1969				
2. Date Structure Completed	01/01/69				
3. If NOT Original Owner, Date of Purchase	01/01/56				
4. Date of Initial Licensure	Unavailable				
5. Total Licensed Bed Capacity	60				
6. Square Footage	23,837				
7. Acquisition Cost					
a. Land	43,809				
b. Building	755,334				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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
Grove Manor Nursing Home, Incorporated		494-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						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Grove Manor Nursing Home, Inco		494-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) Working Capital, Line of Credit, Capital Leases				\$	29,109	29,109	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	29,109	29,109	
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	69,065	69,065	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	69,065	69,065	
15. Total All Expenditures (A-13 thru C-14)				\$	3,855,551	3,855,551	

incl auto ins
3878

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated				494-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 33,534	33,534		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 32,280	32,280		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 5,772	5,772		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 641	641		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	16	Automobile Expense (e.g. personal use)	\$ 9,544	9,544		
18.	16	m2/3	Unallowable Advertising *	\$ 3,882	3,882		
19.	15	k2	Income Tax / Corporate Business Tax	\$ 4,175	4,175		
20.	16	m10	Fund Raising / Contributions	\$ 1,040	1,040		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 6,222	6,222		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 97,090	97,090		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	8a	Chamber of Commerce Dues	\$ 811		
16	13	Fines and Citations	\$ 220		
16	13	Late Charges	\$ 1,543		
16	13	Cable	3648		
Total Other A&G Adjustments			\$ 6,222	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated			494-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 97,090	97,090		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 53,089	53,089		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,425	2,425		
30.	20	5h	Laboratory	\$ 2,842	2,842		
31.			Medical Supplies	\$			
32.	20	5 e 2	Oxygen (non emergency)	\$ 7,339	7,339		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 438	438		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 2,988	2,988		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 11,871	11,871		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 178,082	178,082		

*** 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.

Grove Manor Nursing Home, Incorporated
 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Other Medical Consulting	\$ 438		
Total Other Ancillary Costs			\$ 438	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	6e	Automobile Leases	\$ 11,871		
Total Other Property Adjustments			\$ 11,871	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Grove Manor Nursing Home, Incorporate 494-C		9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,078,332	5,078,332				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,825,799)	(1,825,799)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 156,450	156,450				
b. Medicare Room and Board Contractual Allowance **	\$ 69,445	69,445				
4. a. Private-Pay Residents and Other	\$ 453,282	453,282				
b. Private-Pay Room and Board Contractual Allowance **	\$ 1,019	1,019				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 32,815	32,815				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (25,965)	(25,965)				
c. Prescription Drugs - Non-Medicare	\$ 14,652	14,652				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (13,231)	(13,231)				
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	\$ 63,201	63,201				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (50,007)	(50,007)				
c. Physical Therapy - Non-Medicare	\$ 30,600	30,600				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (28,349)	(28,349)				
4. a. Speech Therapy - Medicare	\$ 12,400	12,400				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (9,811)	(9,811)				
c. Speech Therapy - Non-Medicare	\$ 1,800	1,800				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (1,770)	(1,770)				
5. a. Occupational Therapy - Medicare	\$ 51,501	51,501				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (40,750)	(40,750)				
c. Occupational Therapy - Non-Medicare	\$ 21,900	21,900				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (20,407)	(20,407)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 1,821	1,821				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 126	126				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 3,973,255	3,973,255				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (1,742)	(1,742)				
V. Total Other Revenue (1 thru 8)	\$ (1,742)	(1,742)				
VI. Total All Revenue (III +V)	\$ 3,971,513	3,971,513				

* 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	Lab	\$ 2,031		
30	Lab Allowance	\$ (1,607)		
30	X-Ray	\$ 1,438		
30	X-Ray Allowance	\$ (1,138)		
30	retro Medicare B Ancillaries	\$ 1,097		
Total Other Resident Revenue - Medicare		\$ 1,821	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30	Lab	\$ 802		
30	Lab Allowance	\$ (747)		
30	X-Ray	\$ 719		
30	X-Ray Allowance	\$ (648)		
Total Other Resident Revenue		\$ 126	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RIINS	(Specify)
30	Loss on Assets Scrapped Books	\$ (1,742)		
Total Other Revenue		\$ (1,742)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	166,873
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	383,745
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	23,048
a. Insurance	23,048			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	6,439
Due From Shareholder	6,439			
A-9. Total Current Assets (Lines A1 thru 8)			\$	580,105
B. Fixed Assets				
1. Land			\$	43,809
2. Land Improvements	*Historical Cost	98,711	\$	50,106
	Accum. Depreciation	48,605	Net	
3. Buildings	*Historical Cost	1,726,450	\$	286,149
	Accum. Depreciation	1,440,301	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	103,367	\$	3,637
	Accum. Depreciation	99,730	Net	
6. Movable Equipment	*Historical Cost	255,628	\$	70,837
	Accum. Depreciation	184,791	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	268,120
Construction in process	8,551			
F/S vs C/R Adjustment	259,569			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	722,658

* 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
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,302,763
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
_____		_____	_____	
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,302,763

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated		494-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	149,613
2. Notes Payable (<i>itemize</i>)				\$	106,394
Line of Credit ion Bnak					106,394
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>)				\$	42,766
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	7,121
6. Accrued Payroll Taxes Payable				\$	4,179
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>)				\$	425,894
Exchange Resident Fund		13,931	Accrued User Fee	267,421	
Trust Clearing Account		3,872	Accrued Expenses Other	9,561	
Note Pyable - Rose Schaefer		17,051	Accrued Property Tax	33,256	
Capital Leases		23,849	Accrued Interest	56,953	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	735,967

* 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 Grove Manor Nursing Home, Incorporated		License No. 494-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				735,967	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 294,461	
Name and Address of Lender	Amount	Loan Date			
Rose Schaefer	294,461				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 33,650	
Capital Leases		33,650			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 328,111	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,064,078	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	3,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	147,033
6. Gain or Loss for Period			\$	88,652
				10/1/2014 thru 9/30/2015
7. Total Net Worth			\$	238,685
C. Total Reserves and Net Worth			\$	238,685
D. Total Liabilities, Reserves, and Net Worth			\$	1,302,763

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
Grove Manor Nursing Home, Incorporated	494-C	9/30/2015	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	147,033	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	3,971,513	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	3,882,861	
D. Net Income or Deficit			\$	88,652	
E. Balance			\$	235,685	
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
Total Expenses per Page 27 3,855,551 Depreciation Difference 27,310 Total Expenses per G/L Line C 3,882,861					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$		
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$	235,685	
				09/30/15	

I. Preparer's/Reviewer's Certification

Name of Facility Grove Manor Nursing Home, Incorporated	License No. 494-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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Raymond E. Rossi, Jr				
Address Address		Phone Number		
515 Watertown Ave., Waterbury, CT 06708		203-754-3134		