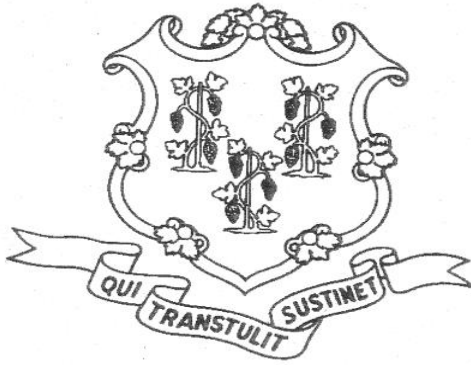


# State of Connecticut



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

Name of Facility (as licensed) Lourdes Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 345 Belden Hill Road, Wilton, CT 06897	
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 2243	RHNS	(Specify)	Medicare Provider 07-5426
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Medicaid Provider Numbers:	CCNH 2243	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) Lourdes Health Care Center, Inc.	License No. 2243	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 Lourdes Health Care Center, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Sobha Lamontagne</i>		Date <i>1/29/16</i>	Signed (Owner)		Date
Printed Name (Administrator) Sobha Lamontagne			Printed Name (Owner)		
Subscribed and Sworn to before me: <i>VIRGINIA D MULLER</i>	State of <i>CT</i>	Date <i>1/29/16</i>	Signed (Notary Public) <i>Virginia D. Muller</i>	Comm. Expires <i>09/30/19</i>	
Address of Notary Public <i>345 Belden Hill Rd. Wilton, Ct. 06897</i>					

(Notary Seal)

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 Lourdes Health Care Center, Inc.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 345 Belden Hill Road, Wilton, CT 06897				
Report Prepared By Blum, Shapiro & Company, P.C.		Phone Number 860-561-4000	Date 2/6/2016	
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 203-762-3318		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Lourdes Health Care Center, Inc.			Address (No. & Street, City, State, Zip) 345 Belden Hill Road, Wilton, CT 06897		
License Numbers:	CCNH 2243	RHNS	(Specify)	Medicare Provider No. 07-5426	
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 type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" 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 Sobha Lamontagne			Nursing Home Administrator's License No.:	001688	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		





**LOURDES HEALTH CARE CENTER, INC.**  
**Board of Directors**  
**(as of 4/21/14)**

Elizabeth Anderson, CSJ('16 1<sup>st</sup>)  
27 Park Rd.  
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c-860-307-2409  
eandersoncsj@comcast.net

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mlyons8@cnd-m.org

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Sobha Lamontagne, Administrator  
Lourdes Health Care Center  
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Wilton, CT 06897  
(203) 762-4135  
c-203-545-4497  
[adm@lourdeswilton.org](mailto:adm@lourdeswilton.org)

(Board members will end their 3 year term at the  
fall annual meeting.)

Rev. 4/17/15





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

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	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 Lourdes Health Care Center, Inc.	License No. 2243	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		Cost Reported	Actual Cost to the Related Party
		Yes	No	%**		Page # / Line #			
Sr. Joann Compagno	Soundview ave, Norwalk, CT 06854	<input type="radio"/>	<input checked="" type="radio"/>		Salary- Pastoral Care Chaplain	10	A12O	27,528	27,528
Sr. Teresa Spodnik	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Salary - Medical Records	10	A12O	27,771	27,771
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	22	6F	37,118	37,118
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Service	18	2B	474,961	474,961
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	20	4B	15,791	15,791
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Rent	22	9	13,334	13,334
School Sisters of ND	Via dell Stazione Aurelia 95, 00165- Rome, Italia	<input type="radio"/>	<input checked="" type="radio"/>		Generalate-Rome Loan Int.	26	12A3	20,074	20,074
School Sisters of ND	Bavarian Motherhouse, Untereranger2, 8033 Drive, Muchen-Bavaria, Germany	<input type="radio"/>	<input checked="" type="radio"/>		Bavarian Motherhouse Loan Int.	26	12A2	7,922	7,922
Sobha Lamontagne	7 Christine Lane, New Milford, CT, 06776	<input type="radio"/>	<input checked="" type="radio"/>		Salary - Administrator	10	A2	92,500	92,500
		<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 Loures Health Care Center, Inc.	License No. 2243	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.

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

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

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

## 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 Lourdes Health Care Center, Inc.			License No. 2243			Report for Year Ended 9/30/2015		Page of 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								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
	<input type="radio"/>	<input type="radio"/>								
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes	<input type="radio"/> No	<b>Total ***</b>

\* 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 Lourdes Health Care Center, Inc.	License No. 2243	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   
 If "No," explain.  
 No

**Independent Accounting Firm**

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

Services Provided by This Firm (*describe fully*)

1 Financial Review, Medicaid & Medicare Cost Report	\$ 27,400
2	\$
3	\$
4	\$
<b>Charge for Services Provided</b>	
\$ 27,400	

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 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	\$
2	\$
3	\$
4	\$
5	\$
<b>Charge for Services Provided</b>	
\$	

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

- Yes   
  No   
 Pg 15 Line 1e

**Schedule of Resident Statistics**

Name of Facility Lourdes Health Care Center, Inc.			License No. 2243		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	40	40			40	40			40	40			
B. On last day of THIS report period	40	40			40	40			40	40			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	36	36			36	36			39	39			
B. As of midnight of THIS report period	38	38			39	39			38	38			
3. Total Number of Days Care Provided During Period													
A. Medicare	869	869			613	613			256	256			
B. Medicaid (Conn.)	12,883	12,883			9,518	9,518			3,365	3,365			
C. Medicaid (other states)													
D. Private Pay	168	168			168	168							
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	13,920	13,920			10,299	10,299			3,621	3,621			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. <b>Total Resident Days (3G + 4A + 4B)</b>	13,920	13,920			10,299	10,299			3,621	3,621			

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

Name of Facility Lourdes Health Care Center, Inc.			License No. 2243			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 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	2		36										
Per Diem Rate													
a. One bed rm.	PPS		231.64		400.00								
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,284	1,284				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Physical Therapy Treatments</b>								1,284	1,284				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								180	180				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Speech Therapy Treatments</b>								180	180				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								505	505				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. <b>Total Occupational Therapy Treatments</b>								505	505				



### Report of Expenditures - Salaries & Wages

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2015	Page 10	of 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)	92,500	1,950				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	45,551	2,198				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	79,064	6,676				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	42,872	2,004				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	43,111	3,397				
9. Barber and Beautician Services	23,035	Disallowed				
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	82,057	2,104				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	91,379	1,950				
b. RN						
1. Direct Care	610,232	15,434				
2. Administrative**	142,429	3,340				
c. LPN						
1. Direct Care	136,737	4,242				
2. Administrative**						
d. Aides and Attendants	750,426	43,314				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	54,253	2,042				
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	21,471	810				
n. Marketing						
o. Other (Specify) See Attached Schedule	106,604	4,260				
<i>A-13. Total Salary Expenditures</i>	2,321,721	93,721				

\* 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
Chaplain	\$ 37,943	1,447				
Seamstress	\$ 10,578	771				
Transportation	\$ 6,977	417				
Medical Records	\$ 51,106	1,625				
<b>Total</b>	\$ 106,604	4,260	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Professional Fees	\$ 1,253	Disallowed				
<b>Total</b>	\$ 1,253	Disallowed	\$ -	-	\$ -	-

**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	
Lourdes Health Care Center, Inc.				2243	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>										
<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.

**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	
Lourdes Health Care Center, Inc.				2243	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>										
Sobha Lamontagne	92,500			Non-preferential	Administrator	1,950	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		
Lourdes Health Care Center, Inc.	2243	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	13,970	318				
2. Dentist	6,329	90				
3. Pharmacist	3,429	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	55,557	1,620				
b. Other						
6. Social Worker	2,295	47				
7. Recreation Worker	7,730	59				
8. Physicians						
a. Medical Director (entire facility)	31,150	88				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	588	Disallowed				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Professional Fees - Medicare	684	Disallowed				
9. Speech Therapist						
a. Resident Care	9,267	124				
b. Other						
10. Occupational Therapist						
a. Resident Care	32,096	494				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	22,799	456				
2. Administrative***						
b. LPN						
1. Direct Care	22,656	539				
2. Administrative***						
c. Aides	1,392	58				
d. Other						
12. Other (Specify) See Attached Schedule	1,253	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>211,195</b>	<b>3,893</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 Lourdes Health Care Center, Inc.		License No. 2243	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		
SOUNDVIEW MEDICAL ASSOCIATION	RESIDENT CARE	<input type="radio"/>	<input checked="" type="radio"/>		
JOHN SVOGUN, M.D.	MEDICAL DIRECTOR	<input type="radio"/>	<input checked="" type="radio"/>		
HEALTHDRIVE DENTAL GROUP	DENTIST	<input type="radio"/>	<input checked="" type="radio"/>		
WILLIAM J. FESSLER DDS	DENTIST	<input type="radio"/>	<input checked="" type="radio"/>		
KEVIN S. MCLAUGHLIN, DMD	OTHER PHYSICIAN	<input type="radio"/>	<input checked="" type="radio"/>		
ROBERT YASNER, M.D	MEDICAL DIRECTOR	<input type="radio"/>	<input checked="" type="radio"/>		
PREFERRED THERAPY SOLUTIONS	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
GRACE B. AHERN	DIETICIAN	<input type="radio"/>	<input checked="" type="radio"/>		
NICOLE MCENERNEY	SOCIAL SERVICES	<input type="radio"/>	<input checked="" type="radio"/>		
OMNICARE OF CT	PHARMACY	<input type="radio"/>	<input checked="" type="radio"/>		
CATHERINE PAQUIN	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
DAYLE FRIEDMAN	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
DIANE BENNETT	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
DUANE HUFF	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
FRANK PALMER	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
GARY KAHN	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JANE MARINO	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JOHN BANKER	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JOHN SHANNON	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JONELLE SEDGWICK	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JOSEPH A. PISANI	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
LARRY AYCE	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
LARRY BATTER	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
ROGER HART	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
ROGER YOUNG	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
SHERRY LANGROCK	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
THIRZAH BENDOKAS	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
TOM CALLAHAN	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
TOM NELSON	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
TOM SANSONE	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
NORWALK HOSPITAL	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
DEPENDABLE CARE	RN, LPN, AIDES	<input type="radio"/>	<input checked="" type="radio"/>		

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 72,636	72,636			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 165,432	165,432			
5. Health Insurance	\$ 422,308	422,308			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,967	1,967			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 87,208	87,208			
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	\$ 27,400	27,400			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$				
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 13,051	13,051			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 6,851	6,851			
2. Cellular Phones	\$ 3,502	3,502			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 272,700	272,700			
<b>Subtotal</b>	\$ 1,073,055	1,073,055			

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

(Carry Subtotals forward to next page)





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

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>	1,073,055	1,073,055		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$ (403)	(403)		
2. Holiday Parties for Staff	\$ 284	284		
3. Gifts to Staff and Residents	\$ 6,667	6,667		
4. Employee Travel	\$ 298	298		
5. Education Expenses Related to Seminars and Conventions	\$ 1,616	1,616		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
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	\$			
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	\$ 780	780		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 3,907	3,907		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 3,278	3,278		
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> )	\$ 345	345		
12. Administrative Management Services**	\$			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 43,279	43,279		
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 1,133,106	1,133,106		

\* 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)
<b>Total Other Advertising</b>	\$ -	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Dues	\$ 3,907		
<b>Total Dues</b>	\$ 3,907	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Forms Expense	\$ 1,153		
Miscellaneous	\$ 1,385		
Payroll Services	\$ 14,885		
AR Solutions	\$ 6,820		
Purchased Services - Croker Fire Drill Corporation	\$ 1,200		
Data Processing Fees	\$ 12,305		
Licenses	\$ 1,020		
Computer Equip R&M	\$ 546		
Malpractice Insurance	\$ 3,965		
<b>Total Other Administrative and General</b>	\$ 43,279	\$ -	\$ -

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

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	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 #
See page 4 and 21			

**\* 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 Lourdes Health Care Center, Inc.		License No. 2243	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	\$			
2.	Non-Food Supplies	\$ 16	16		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
		\$ 474,961	474,961		
c. Management Services**					
		\$			
d. Other (Specify) _____					
		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 474,977</b>	<b>474,977</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		License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.		2243	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. \$	427	427	
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)		\$			
c. Management Services**		\$			
d. Other (Specify) Supplies		\$	153	153	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	580	580	
<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	
Lourdes Health Care Center, Inc.	2243	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. \$	30,184	30,184		
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. \$	15,791	15,791		
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	45,975	45,975		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medicare A	\$	47,889	47,889		
b. Medicine Cabinet Drugs	\$	21,076	21,076		
c. Medical and Therapeutic Supplies	\$	73,576	73,576		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	12,577	12,577		
f. X-rays and Related Radiological Procedures***	\$	2,422	2,422		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	3,265	3,265		
i. Recreation	\$	3,111	3,111		
j. Other (Specify)**** See Attached Schedule	\$	32,849	32,849		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	196,765	196,765		

\* 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)
Supplies	\$ 164		
Mattresses/Furniture	\$ 55		
Medical Supplies	\$ 1,606		
Supplies Rental	\$ 950		
Purchased Services - Chemotherapy	\$ 28,844		
Supplies	\$ 1,230		
<b>Total Other Resident Care</b>	\$ 32,849	\$ -	\$ -

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

Name of Facility Lourdes Health Care Center, Inc.			License No. 2243		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
Sisters of Notre Dame	640 I N. Charles St, Baltimore, MD 21212	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4	Maintenance Services	37,118			22	6f
Sisters of Notre Dame	640 I N. Charles St, Baltimore, MD 21212	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4	Dietary Services	474,961			18	2b
Sisters of Notre Dame	640 I N. Charles St, Baltimore, MD 21212	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4	Housekeeping Services	15,791			20	4b
Paychex	714 Brook St., Suite 120; Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	14,885			16	m13
Hunter Mechanical	219 Wilson Avenue, Norwalk, CT 06854	<input type="radio"/>	<input checked="" type="radio"/>		Facility Repairs & Maintenance	31,840			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<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"/>							

\* 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
Lourdes Health Care Center, Inc.	2243	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 9,152	9,152				
b. Heat	\$ 46,102	46,102				
c. Light & Power	\$ 44,939	44,939				
d. Water	\$ 13,273	13,273				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 125,220	125,220				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 238,686</b>	<b>238,686</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 46,365	46,365				
c. Non-Movable Equipment	\$ 3,450	3,450				
d. Movable Equipment	\$ 12,752	12,752				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 62,567</b>	<b>62,567</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 3,523	3,523				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 3,523</b>	<b>3,523</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 13,334	13,334				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 79,424</b>	<b>79,424</b>				

\* 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)
Garbage	\$ 4,666		
Purchased Services - Elevator	\$ 3,273		
Purchased Services - Exterminator	\$ 1,659		
Purchased Services - Fire Alarm	\$ 12,603		
Purchased Services - Generator	\$ 1,909		
Purchased Services - Hazard Waste Removal	\$ 4,591		
Purchased Services - Building & Equipment	\$ 52,537		
Plant Operations and Maintenance SSND	\$ 37,118		
Purchased Services - Cable TV	\$ 6,458		
Disaster Evacuation Drill	\$ 350		
Supplies - Knuckle protectors	\$ 56		
<b>Total Other Repairs and Maintenance</b>	\$ 125,220	\$ -	\$ -

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Lourdes Health Care Center, Inc.  
9/30/2015

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<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>				
6/29/2015	Light pole and flood lights	\$ 6,345	15	\$ 106
<b>Total additions for Building Improvements</b>		\$ 6,345		\$ 106 *
<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



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

**Amortization Schedule\***

Name of Facility Lourdes Health Care Center, Inc.			License No. 2243		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							
<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				45,638	23,135			3,523	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									3,523
<b>D. Total Amortization</b>									3,523

\* 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 Lourdes Health Care Center, Inc.	License No. 2243	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		2000			
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure		09/01/00			
5. Total Licensed Bed Capacity		40			
6. Square Footage		14,300			
7. Acquisition Cost					
a. Land		PerCON			
b. Building		PerCON			
<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)		Fixed	Fixed		
b. Date Mortgage Obtained		06/22/05	06/22/05		
c. Interest Rate for the Cost Year		5.00%	5.00%		
d. Term of Mortgage (number of years)		30	30		
e. Amount of Principal Borrowed		800,000	200,000		
f. Principal balance outstanding as of 9/30/15		0	0		
<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
Lourdes Health Care Center, Inc.		2243	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				
SSND Germany Province		5.00%				
Address of Lender						
Bavarian Motherhouse, Untereranger 2, 8033 Muchen-Bavaria,						
2. Second Mortgage			\$ 7,922	7,922		
Name of Lender		Rate				
SSND Generelak Rome		5.00%				
Address of Lender						
Della Stazione, Aurelia 95, 00165, Rome, Italy						
3. Third Mortgage			\$ 20,074	20,074		
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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$ 27,996	27,996		

*(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
Lourdes Health Care Center, Inc.		2243		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				27,996	27,996		
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)				\$			
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 27,996	27,996		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 1,926	1,926		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$ 2,483	2,483		
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$ 4,409	4,409		
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$ 4,734,834	4,734,834		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.				2243	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.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.	10	a9	Other - See attached Schedule	\$ 23,035	23,035		
<b>Page 13 - Professional Fees</b>							
5.	13	B8a	Resident Care Physicians **	\$ 588	588		
6.	13	B10a	Occupational Therapy	\$ 32,096	32,096		
7.	13	B2, B	Other - See attached Schedule	\$ 28,862	28,862		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	1h	Cellular Telephone	\$ 2,062	2,062		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.	16 / 2	L3, M	Other - See attached Schedule	\$ 11,330	11,330		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2B	Meals to employees, guests and others who are not residents	\$ 180,025	180,025		
<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)				\$ 277,998	277,998		

\* 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)
10	A9	Barber/Beauty Salary	\$ 23,035		
<b>Total Other Salaries Adjustment</b>			\$ 23,035	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 6,329		
13	B3	Pharmacy Consultant	\$ 3,429		
13	B8a	Medical Director - over the limit	\$ 17,167		
13	B12	Professional Fees	\$ 1,253		
13	B8a	Professional Fees - Medicare	\$ 684		
<b>Total Other Fees Adjustments</b>			\$ 28,862	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Employee Gifts	\$ 6,667		
16	M13	Miscellaneous	\$ 1,385		
16	M9	Newspaper	\$ 3,278		
<b>Total Other A&amp;G Adjustments</b>			\$ 11,330	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Lourdes Health Care Center, Inc.			2243	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 277,998	277,998		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 47,889	47,889		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 2,422	2,422		
30.	20	5h	Laboratory	\$ 3,265	3,265		
31.	20	5c	Medical Supplies	\$ 13,749	13,749		
32.	20	5e2	Oxygen (non emergency)	\$ 12,577	12,577		
33.			Occupational Therapy	\$			
34.	20	5j	Other - See Attached Schedule	\$ 32,685	32,685		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.	22	6f, 7d	Other - See Attached Schedule	\$ 1,830	1,830		
<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	\$ 15,426	15,426		
<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>			\$ 407,841	407,841		

\*\*\* 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.

Lourdes Health Care Center, Inc.  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Mattresses/Furniture	\$ 55		
20	5j	Medical Supplies	\$ 1,606		
20	5j	Supplies Rental	\$ 950		
20	5j	Purchased Services - Chemotherapy	\$ 28,844		
20	5j	Supplies	\$ 1,230		
<b>Total Other Ancillary Costs</b>			\$ 32,685	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Disallowed Depreciation Cable TV System	\$ 1,830		
<b>Total Other Property Adjustments</b>			\$ 1,830	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Income	\$ 7,974		
30	IV5	Interest Income	\$ 994		
22	6f	Cable TV	\$ 6,458		
<b>Total Other Adjustments</b>			\$ 15,426	\$ -	\$ -

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
Lourdes Health Care Center, Inc.	2243	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> )	\$ 5,118,000	5,118,000				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,160,780)	(2,160,780)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 362,000	362,000				
b. Medicare Room and Board Contractual Allowance **	\$ 56,095	56,095				
4. a. Private-Pay Residents and Other	\$ 87,600	87,600				
b. Private-Pay Room and Board Contractual Allowance **	\$ (73,960)	(73,960)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 98,824	98,824				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (98,824)	(98,824)				
c. Prescription Drugs - Non-Medicare	\$ 3,183	3,183				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (3,183)	(3,183)				
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	\$ 72,383	72,383				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (61,633)	(61,633)				
c. Physical Therapy - Non-Medicare	\$ 1,745	1,745				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (1,745)	(1,745)				
4. a. Speech Therapy - Medicare	\$ 11,196	11,196				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (2,663)	(2,663)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 79,207	79,207				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (45,391)	(45,391)				
c. Occupational Therapy - Non-Medicare	\$ 643	643				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (643)	(643)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 3,442,054	3,442,054				
<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> )	\$ 994	994				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 15,520	15,520				
8. Other ( <i>Specify</i> )	\$ 1,618,287	1,618,287				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,634,801	1,634,801				
<b>VI. Total All Revenue</b> (III +V)	\$ 5,076,855	5,076,855				

\* 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)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

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

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Bank Interest		\$ 994		
<b>Total Interest Income</b>			\$ 994	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30	Contribution Income - Debt related	\$ 181,614		
30	Subsidy Donation	\$ 900,000		
30	Misc Other Item Revenue	\$ 7,974		
30	Contribution Income from SSND	\$ 528,699		
<b>Total Other Revenue</b>		\$ 1,618,287	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	254,777
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	431,448
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	30,902
a. Insurance	2,141			
b. Dues	903			
c. Employee Health Insurance	27,858			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	717,127
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 1,430,921		\$	721,433
	Accum. Depreciation 709,488	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost 53,024		\$	19,173
	Accum. Depreciation 33,851	Net		
6. Movable Equipment	*Historical Cost 289,669		\$	29,873
	Accum. Depreciation 259,796	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	770,479

\* 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 Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 1,487,606	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings			\$ 5,324	
	*Historical Cost	11,404		
	Accum. Depreciation	6,080	Net	\$
4. Non-Movable Equipment			\$ 13,656	
	*Historical Cost	34,234		
	Accum. Depreciation	20,578	Net	\$
5. Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$ 18,980	
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. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 1,506,586	

\* 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 Lourdes Health Care Center, Inc.		License No. 2243	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	239,893
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> )				\$	204,596
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	7,663
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> )				\$	96,500
Accrued Accounting Fees		27,400			
Accrued User Fee		69,100			
_____					
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>548,652</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 Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				548,652	
<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)				\$ 548,652	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	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			\$	5,324
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	13,656
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			\$	18,980
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	596,934
6. Gain or Loss for Period			\$	342,020
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	938,954
<b>C. Total Reserves and Net Worth</b>			\$	957,934
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,506,586

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	615,914
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	5,076,855
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	4,734,834
D. Net Income or Deficit			\$	342,020
E. Balance			\$	957,934
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )			\$	
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	18,980
Purpose		Amount		
Reclass of Reserve for Related Party Equity removed from Net		18,980		
3. Total Deductions			\$	18,980
H. <b>Balance at End of Period</b>			\$	938,954
				09/30/15

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

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243	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 <i>P.C.</i>		Date Signed <i>2/5/16</i>	
Printed Name of Preparer Blum, Shapiro & Company, P.C.					
Address 29 South South Main St, West Hartford, CT 06127				Phone Number 860-561-4000	