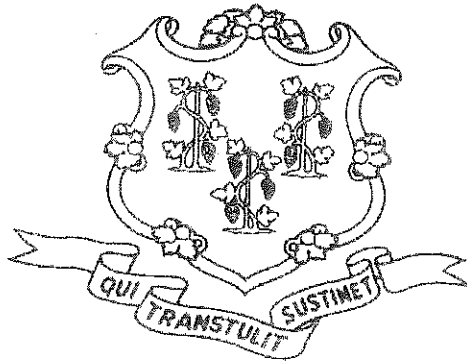


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Meriden Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 33 Roy St. Meriden, CT 06450	
Type of Facility	
Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	Rest Home with Nursing <input checked="" 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 2153-C	RHNS	(Specify)	Medicare Provider 07-5337
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Medicaid Provider Numbers:	CCNH 10660	RHNS 91934	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
Meriden Care Center, LLC	2153-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 Meriden Care Center, LLC [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
		2/10/16			2/10/16
Printed Name (Administrator)			Printed Name (Owner)		
Raymond Hackling			Chris Wright		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)		
Raymond Hackling	CT	2/10/16	Brenda Walsh		
Address of Notary Public					
341 Bidwell Street, Manchester, CT 06040					

(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 Meriden Care Center, LLC		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 33 Roy St. Meriden, CT 06450				
Report Prepared By Denise MacKinnon		Phone Number 860-570-2140 ext 15	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 203-237-5457		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Meriden Care Center, LLC		Address (No. & Street, City, State, Zip) 33 Roy St. Meriden, CT 06450		
License Numbers:	CCNH 2153-C	RHNS	(Specify)	Medicare Provider No. 07-5337
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Raymond Hackling		Nursing Home Administrator's License No.:	853	
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 Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2015	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> No						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No			
See Attached		<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.

Related Parties*

Name of Facility Meriden Care Center, LLC	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				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees		-	-
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees		-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services	19 3	-	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees		-	-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	16 M	790	(790)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees		11,613	(11,613)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19 3	-	-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees		-	-
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		-	-
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees		28,701	(28,701)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees		-	-
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees		-	-
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067			Shared Employees		1,521	(1,521)
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13 5,8,10	258,757	(258,757)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27 10,9,14	867,343	(867,343)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15	44,963	(44,963)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agent Management Services, Direct	20 5	125,224	(125,224)
				Management Services, Indirect	20 5	150,413	(150,413)
				Management Services, Administrative	16 M12	53,438	(53,438)
						310,833	(310,833)
All 9 Care Centers, mgmt co, realty cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

* 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 Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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 Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Accelerated Care Plus Corp. 4850 Joutle Street, Suite A-1 Reno, NV	<input type="radio"/> Yes <input checked="" type="radio"/> No	Omnistim Electrotherapy and Orunisound Therapeutic Ultrasound Equipment	05/18/10	automatic annual	16,602	16,602
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/> Yes <input checked="" type="radio"/> No	Time Clocks and Payroll Punch Equip	06/01/10	60 Months automatic annual	8,451	8,451
Hasler Inc / Neopost	<input type="radio"/> Yes <input checked="" type="radio"/> No	Postage Machine	04/30/08	automatic annual	596	596
CANON	<input type="radio"/> Yes <input checked="" type="radio"/> No	Copier	08/06/08	automatic annual	806	806
Mail Finance/Neopost New England, 25881 Newtwork Place, Chicago, IL 60673	<input type="radio"/> Yes <input checked="" type="radio"/> No	Postage Meter Rental		Monthly	386	386
CIT Finance LLC	<input type="radio"/> Yes <input checked="" type="radio"/> No	Copier		41949	15,543	15,543
	<input type="radio"/> Yes <input checked="" type="radio"/> No					
	<input type="radio"/> Yes <input checked="" type="radio"/> No					
	<input type="radio"/> Yes <input checked="" type="radio"/> No					
	<input type="radio"/> Yes <input checked="" type="radio"/> No					
	<input type="radio"/> Yes <input checked="" type="radio"/> No					
	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Is a Mileage Log Book Maintained for All Leased Vehicles ?					<input type="radio"/> Yes <input checked="" type="radio"/> No	
Total ***						42,384

* 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 Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109
--	---

Services Provided by This Firm (*describe fully*)

1 Taxes, financial statements, accounting support	\$ 3,780
2	\$
3	\$
4	\$
	Charge for Services Provided \$ 3,780

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

Yes No 15D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina,Robinson)) 5 Starble and Harris, iCare Health Management LLC	Telephone Number 860-570-2140 860-678-7775 860-275-8200
---	--

Address (*No. & Street, City, State, Zip Code*)

1 341 Bidwell Street, Manchester CT
2 32 Main Street, Avon, CT
3 280 Trumbull St, Hartford, CT
4
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT

Services Provided by This Firm (*describe fully*)

1 Lease and contract issues, general legal advice, Labor Law	\$ 43,169
2 Lease and contract issues, general legal advice, union funds advice	\$ 3,964
3 Employment law, arbitrations, contract negotiations	\$ 96,609
4 Employment Arbitrations, healthcare law	\$ 928
5 Collections	\$ 651
	Charge for Services Provided \$ 145,321

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

Yes No 15D

Schedule of Resident Statistics

	Name of Facility		License No.		Report for Year Ended			Page		of		
	Meriden Care Center, LLC		2153-C		9/30/2015			8		37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	159	157	2		159	157	2		159	157	2	
B. On last day of THIS report period	159	157	2		159	157	2		159	157	2	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	155	153	2		155	153	2		154	152	2	
B. As of midnight of THIS report period	151	150	1		154	152	2		151	150	1	
3. Total Number of Days Care Provided During Period												
A. Medicare	998	998			844	844			154	154		
B. Medicaid (Conn.)	49,570	48,857	713		36,772	36,226	546		12,798	12,631	167	
C. Medicaid (other states)												
D. Private Pay	602	602			487	487			115	115		
E. State SSI for RCH												
F. Other (Specify) INSURANCE/VA	4,415	4,415			3,502	3,502			913	913		
G. Total Care Days During Period (3A thru F)	55,585	54,872	713		41,605	41,059	546		13,980	13,813	167	
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. Total Resident Days (3G + 4A + 4B)	55,585	54,872	713		41,605	41,059	546		13,980	13,813	167	

Schedule of Resident Statistics (Cont'd)

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			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	3	137	1	10					
Per Diem Rate									
a. One bed rm.									
b. Two bed rms.	447.00	238.00	196.00	326.00					
c. Three or more bed rms.									

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,649	2,649		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	62	62		
C. Other	2,790	2,790		
D. Total Physical Therapy Treatments	5,501	5,501		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	172	172		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	14	14		
C. Other	202	202		
D. Total Speech Therapy Treatments	388	388		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	2,916	2,916		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,623	1,623		
C. Other	3,406	3,406		
D. Total Occupational Therapy Treatments	7,945	7,945		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Meriden Care Center, LLC	2153-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)	143,245	2,249	1,861	29		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	179,664	8,538	2,335	111		
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	51,397	2,059	668	27		
c. Dietary Workers	484,604	27,935	6,297	363		
6. Housekeeping Service						
a. Head Housekeeper		689		9		
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	50,681	1,996	659	26		
b. Other Maintenance Workers	48,587	2,212	631	29		
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	202,938	4,192	1,318	27		
b. RN						
1. Direct Care	565,795	12,932	3,676	84		
2. Administrative**	234,975	5,758	1,527	37		
c. LPN						
1. Direct Care	1,485,462	50,232	9,651	326		
2. Administrative**						
d. Aides and Attendants	2,023,631	122,097	13,144	793		
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	159,938	7,953	2,078	103		
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	143,767	5,699	1,868	74		
n. Marketing						
o. Other (Specify)						
See Attached Schedule	27,347	1,513	355	19		
A-13. Total Salary Expenditures	5,802,029	256,053	46,068	2,059		

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

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

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

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

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2015		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	Page 11	of 37
		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).											

* 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) Meriden Care Center, LLC		License No. 2153-C		Report for Year Ended 9/30/2015		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Raymond Hackling	35,695	398	same as employees less union funds	Administrator	567	A2			
Patrick McDonnell (10/01/2014 - 06/15/15)	107,550	1,463	same as employees less union funds	Administrator	1,711	A2			
Section IV - Assistant Administrators									

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Meriden Care Center, LLC	2153-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	32,145	689	418	9		
2. Dentist						
3. Pharmacist	10,587	182	138	2		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	116,538	1,411				
b. Other						
6. Social Worker	2,613	training	34	training		
7. Recreation Worker	13,637	12+Cable	177	1 + cable		
8. Physicians						
a. Medical Director (entire facility)	38,500	243	500	3		
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) Physician Care Contract Services	25,342	252		3		
9. Speech Therapist						
a. Resident Care	15,288	227				
b. Other						
10. Occupational Therapist						
a. Resident Care	124,980	1,663				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	84,455	1,233	549			
2. Administrative***	33,311	666	216	4		
b. LPN						
1. Direct Care	21,759	487		3		
2. Administrative***						
c. Aides	2,413	108	16	1		
d. Other						
12. Other (Specify) See Attached Schedule	140,229	3,836	1,411	50		
B-13 Total Fees Paid in Lieu of Salaries	661,798	10,997	3,459	76		

* 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 Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Omnicare	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Touhpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Healthcare Dental	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	<input type="radio"/>	<input checked="" type="radio"/>		
Masonicare	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
IPC Hospitalists	Medical Director	<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"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

Annual Report of Long-Term Care Facility

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Meriden Care Center, LLC	2153-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 492,301	485,987	6,315		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 543,136	536,169	6,967		
5. Health Insurance	\$ 1,038,151	1,024,834	13,317		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 331,213	326,965	4,249		
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 43,427	42,869	557		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 144,149	144,149			
d. Accounting and Auditing	\$ 3,780	3,732	48		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 145,321	143,457	1,864		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 12,490	12,330	160		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 35,811	35,351	459		
2. Cellular Phones	\$ 1,308	1,291	17		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 252	249	3		
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	\$ 1,168,397	1,153,409	14,987		
Subtotal	\$ 3,959,736	3,910,792	48,943		

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

(Carry Subtotals forward to next page)

Annual Report of Long-Term Care Facility

CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,959,736	3,910,792	48,943	
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 4,243	4,188	54	
5. Education Expenses Related to Seminars and Conventions	\$ 8,035	7,932	103	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 962	950	12	
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 7,287	7,194	93	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 9,778	9,653	125	
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	\$ 4,973	4,909	64	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,787	10,649	138	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 373	368	5	
10. Contributions*** See Attached Schedule	\$ 568	561	7	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 113,583	112,126	1,457	
12. Administrative Management Services**	\$ 310,833	306,846	3,987	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 31,190	30,790	400	
C-14 Total Administrative & General Expenditures	\$ 4,462,347	4,406,957	55,390	

* 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)
MEALS	\$ 950	\$ 12	
Total Other Travel and Entertainment	\$ 950	\$ 12	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
COMMUNICATIONS SPECIAL EVENTS	\$ 9,653	\$ 125	
Total Other Advertising	\$ 9,653	\$ 125	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues			
CAHCF Dues	\$ 10,649.03	\$ 138.37	
OTHER DUES			
Total Dues	\$ 10,649	\$ 138	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
CHARITABLE CONTRIBUTIONS	\$ 561	\$ 7	
Total Contributions	\$ 561	\$ 7	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
SOCIAL SERVICE SUPPLIES	\$ -	\$ -	
SOC SVC MINOR EQUIPMENT	\$ 738	\$ 10	
ADMINISTRATIVE MINOR EQUIPMENT	\$ 2,721	\$ 35	
EMPLOYEE RELATIONS	\$ 7,932	\$ 103	
EMPLOYEE RELATIONS-OTHER	\$ 893	\$ 12	
PERMITS & LICENSES	\$ 3,534	\$ 46	
VOLUNTEER EXPENSE	\$ -	\$ -	
BANK FEES	\$ 10,261	\$ 133	
CMS REVISIT USER FEES	\$ -	\$ -	
PENALTIES	\$ 1,145	\$ 15	
LATE FEES	\$ 3,566	\$ 46	
Rounding			
Total Other Administrative and General	\$ 30,790	\$ 400	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Meriden Care Center, LLC	2153-C	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
iCare Management, LLC/iCare Health Management, LLC	310,833	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	148,483	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	52,753	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

* 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.

Annual Report of Long-Term Care Facility

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

Name of Facility		License No.	Report for Year Ended		Page	of
Meriden Care Center, LLC		2153-C	9/30/2015		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 334,856	330,560	4,295		
2.	Non-Food Supplies	\$ 46,964	46,362	602		
3.	Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 28,824	28,454	370		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ (1,153)	(1,139)	(15)		
c. Management Services**						
		\$				
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT						
		\$ 10,557	10,421	135		
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 420,047	414,659	5,388		
2F. Dietary Questionnaire						
G. Resident Meals; Total no. of meals served per day:*		463	457	6		
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 Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,300	1,283	17
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)	\$	416,129	410,791	5,338
c.	Management Services**	\$			
d.	Other (Specify) LAUNDRY SUPPLIES	\$	783	773	10
3E. Total Laundry Expenditures (3a + b + c + d)		\$	418,211	412,847	5,364
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
Meriden Care Center, LLC		2153-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Served by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 28,308	27,945	363	
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Served by Personnel				
		Amt.	\$ 468,401	462,392	6,008	
c.	Management Services*		\$			
d.	Other (<i>Specify</i>) HOUSEKEEPING MINIR EQUIPMENT		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 496,709	490,338	6,371	
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy		\$			
2.	Purchased from OMNICARE PHARMACY		\$ 260,399	257,059	3,340	
b.	Medicine Cabinet Drugs		\$ 19,354	19,105	248	
c.	Medical and Therapeutic Supplies		\$ 76,479	75,498	981	
d.	Ambulance/Limousine***		\$ 3,479	3,479		
e.	Oxygen					
1.	For Emergency Use		\$ 3,420	3,420		
2.	Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 3,666	3,666		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 10,316	10,316		
i.	Recreation		\$			
j.	Other (Specify)**** See Attached Schedule		\$ 316,767	313,405	3,362	
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 693,880	685,949	7,931	

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
NURSING ADMIN SUPPLIES	\$ 1,031	\$ 13	
NURSING MINOR EQUIP	\$ 5,808	\$ 75	
MEDICAL RECORDS SUPPLIES	\$ -	\$ -	
MEDICAL RECORDS MINOR EQUIPMENT	\$ -	\$ -	
MANAGEMENT ALLOCATIONS - DIRECT	\$ 148,483	\$ 1,929	
NON-COVERED PPS DR. VISITS	\$ 650	\$ -	
RESIDENT CARE SUPPLIES	\$ 149	\$ 2	
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 7,916	\$ 103	
PERSONAL CARE SUPPLIES	\$ 11,618	\$ 151	
INCONTINENCY SUPPLIES	\$ 26,846	\$ 349	
VACCINE RESIDENTS	\$ 1,447	\$ 19	
PATIENT SPECIAL NEEDS	\$ 417	\$ 5	
PHYSICAL THERAPY SUPPLIES	\$ -	\$ -	
PHYSICAL THERAPY EQUIPMENT RENT	\$ -	\$ -	
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -	\$ -	
OCCUPATIONAL THERAPY SUPPLIES	\$ 17	\$ 0	
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -	\$ -	
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -	\$ -	
SPEECH THERAPY SUPPLIES	\$ -	\$ -	
SPEECH THERAPY EQUIPMENT RENT	\$ -	\$ -	
SPEECH THERAPY MINOR EQUIPMENT	\$ -	\$ -	
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 39,757	\$ -	
EQUIPMENT RENTAL: AIDS UNIT	\$ -	\$ -	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 4,180	\$ -	
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ 30	\$ -	
HI LOW BED RENTAL & MATTRESSES	\$ 2,388	\$ -	
IV THERAPY SUPPLIES	\$ 7,700	\$ -	
IV THERAPY CONTRACT SERVICE	\$ -	\$ -	
MEDICAL WASTE CONTRACT SERVICE	\$ 945	\$ 12	
ACTIVITIES SUPPLIES	\$ 1,268	\$ 16	
ACTIVITIES MINOR EQUIPMENT	\$ -	\$ -	
MANAGEMENT ALLOCATION - INDIRECT	\$ 52,753	\$ 685	
ADMISSIONS SUPPLIES	\$ -	\$ -	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -	\$ -	
Total Other Resident Care	\$ 313,405	\$ 3,362	\$ -

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

Name of Facility Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2015	Page of						
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
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Housekeeping Services	466,500			20	4b
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	VENDOR	Laundry Services	414,440			19	3b
Eagle Elevator		<input type="radio"/>	<input type="radio"/>	VENDOR	Elevator Contract	9,189			22	6F
Bioserve, Inc.		<input type="radio"/>	<input type="radio"/>	VENDOR	Medical Waste	766			22	6F
The Brickman Group/ Twin Landscaping		<input type="radio"/>	<input type="radio"/>	VENDOR	Snow Removal/Landscaping	16,671			22	6F
USA - Recycling		<input type="radio"/>	<input type="radio"/>	VENDOR	Trash removal	42,255			22	6F
American HealthTech		<input type="radio"/>	<input type="radio"/>	VENDOR	Software Maintenance Contract	10,713			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input type="radio"/>	VENDOR	Payroll Services	48,883			16	M11
National Datacare Corp		<input type="radio"/>	<input type="radio"/>	VENDOR	Resident Trust Software	3,418			16	M11
Prime Care Technology services		<input type="radio"/>	<input type="radio"/>	VENDOR	Computer Consulting Services	20,337			16	M11
Priority Express		<input type="radio"/>	<input type="radio"/>	VENDOR	Courier Services	5,949			16	M11
Point Right Inc		<input type="radio"/>	<input type="radio"/>	VENDOR	Nursing Software	4,680			16	M11
		<input type="radio"/>	<input type="radio"/>	VENDOR						
		<input type="radio"/>	<input type="radio"/>	VENDOR						

* 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
Meriden Care Center, LLC		2153-C	9/30/2015		22	37
Item		Total	CCNH	RHNS	(Specify)	
6.	Maintenance & Operation of Plant					
a.	Repairs & Maintenance	\$ 32,326	31,912	415		
b.	Heat	\$ 45,205	44,625	580		
c.	Light & Power	\$ 135,264	133,529	1,735		
d.	Water	\$ 87,096	85,979	1,117		
e.	Equipment Lease (<i>Provide detail on page 6</i>)	\$ 42,384	41,840	544		
f.	Other (<i>itemize</i>)	\$ 107,382	106,004	1,377		
	See Attached Schedule					
6g.	Total Maint. & Operating Expense (6a - 6f)	\$ 449,657	443,889	5,768		
7.	Depreciation (<i>complete schedule page 23*</i>)					
a.	Land Improvements	\$				
b.	Building & Building Improvements	\$ 16,071	15,865	206		
c.	Non-Movable Equipment	\$				
d.	Movable Equipment	\$ 43,900	43,339	560		
*7e.	Total Depreciation Costs (7a + b + c + d)	\$ 59,971	59,204	767		
8.	Amortization (<i>Complete att. Schedule Page 24*</i>)					
a.	Organization Expense	\$				
b.	Mortgage Expense	\$				
c.	Leasehold Improvements	\$ 45,277	44,696	581		
d.	Other (<i>Specify</i>)	\$				
*8e.	Total Amortization Costs (8a + b + c + d)	\$ 45,277	44,696	581		
9.	Rental payments on leased real property less real estate taxes included in item 10b	\$ 662,412	653,915	8,497		
10.	Property Taxes					
a.	Real estate taxes paid by owner	\$				
b.	Real estate taxes paid by lessor	\$ 135,948	134,204	1,744		
c.	Personal property taxes	\$ 7,068	6,978	91		
11.	Total Property Expenses (7e + 8e + 9 + 10)	\$ 910,676	898,997	11,679		

* 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)
PLANT SUPPLIES	\$ 13,775	\$ 179	
PLANT CONTRACT SERVICE LABOR	\$ 496	\$ 6	
ELEVATOR CONTRACT SERVICE	\$ 12,011	\$ 156	
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,170	\$ 67	
LANDSCAPING CONTRACT SERVICE	\$ 8,269	\$ 107	
SNOW REMOVAL CONTRACT SERVICE	\$ 8,189	\$ 106	
TRASH REMOVAL CONTRACT SERVICE	\$ 41,713	\$ 542	
HVAC CONTRACT SERVICE	\$ -	\$ -	
SECURITY CONTRACT SERVICE	\$ -	\$ -	
PLANT CONTRACT SERVICE OTHER	\$ 9,501	\$ 123	
PLANT MINOR EQUIPMENT	\$ 6,881	\$ 89	
RENT AUTO	\$ -	\$ -	
RENT EQUIPMENT	\$ -	\$ -	
RENT OTHER	\$ -	\$ -	
Total Other Repairs and Maintenance	\$ 106,004	\$ 1,377	\$ -

Meriden Care Center, LLC
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility Meriden Care Center, LLC	License No. 2153-C	Report for Year Ended 9/30/2015		Page 24	of 37
		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized		Totals
A. Organization Expense					
1. Organization Expense		5	3,614		
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			422,335		43,161
2. Disposals (attach schedule)					
3. Acquired during this report period (attach schedule)			43,549		2,116
C-4. Subtotal					
D. Total Amortization					45,277
					45,277

* 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.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Meriden Care Center, LLC		2153-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		
Meriden Care Center, LLC	2153-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) INTEREST \$						
			10,420	10,287	134	
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$						
			10,420	10,287	134	
14. Insurance						
a. Insurance on Property (buildings only) \$						
			8,775	8,663	113	
b. Insurance on Automobiles \$						
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage) \$						
			60,207	59,435	772	
2. Fire and Extended Coverage \$						
3. Other (Specify) \$						
			4,214	4,160	54	
14d. Total Insurance Expenditures (14a + b + c) \$						
			73,197	72,258	939	
15. Total All Expenditures (A-13 thru C-14) \$						
			14,448,497	14,300,006	148,491	

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D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page of		
Meriden Care Center, LLC			2153-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.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 144,149	144,149		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 9,778	9,653	125	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 25,750	25,689	61	
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)				\$ 179,677	179,490	187	

* 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)
16		Management fee over cost	\$ -	\$ -	
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16a		PENALTIES	\$ 1,145	\$ 15	
16a		LATE FEES	\$ 3,566	\$ 46	
16a		PRIOR PERIOD EXPENSES			
		rounding	0		
		Provider user fee for Medicare days	20,977.96		
Total Other A&G Adjustments			\$ 25,689	\$ 61	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Meriden Care Center, LLC			2153-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 179,677	179,490	187	
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 3,479	3,479		
29.			X-rays, etc	\$ 3,666	3,666		
30.			Laboratory	\$ 10,316	10,316		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 650	650		
Page 22 - Maintenance and Property							
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.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 197,788	197,601	187	

*** 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.

Meriden Care Center, LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J	NON-COVERED PPS DR. VISITS	650.34		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	-		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	-		
Total Other Ancillary Costs			\$ 650	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	-		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	-		
22	6B	Heat (for outpatient Therapy see schedule)	-		
22	6C	Light and Power (for outpatient therapy see schedule)	-		
22	6D	water (for outpatient therapy see schedule)	-		
22	6A	Repair&Maint (for outpatient therapy see schedule)	-		
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
Meriden Care Center, LLC	2153-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>)	\$ 11,716,992	11,577,287	139,705			
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 1,651,434	1,651,434				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 52,575	52,575				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (52,575)	(52,575)				
c. Prescription Drugs - Non-Medicare	\$ 220,470	220,470				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (220,470)	(220,470)				
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	\$ 81,321	81,321				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (46,666)	(46,666)				
c. Physical Therapy - Non-Medicare	\$ 104,814	104,814				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (104,814)	(104,814)				
4. a. Speech Therapy - Medicare	\$ 16,967	16,967				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (6,669)	(6,669)				
c. Speech Therapy - Non-Medicare	\$ 16,147	16,147				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (16,147)	(16,147)				
5. a. Occupational Therapy - Medicare	\$ 101,191	101,191				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (43,916)	(43,916)				
c. Occupational Therapy - Non-Medicare	\$ 140,043	140,043				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (6,842)	(6,842)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 31,416	31,416				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,635,272	13,495,567	139,705			
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>)	\$ 42	42				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 480	480				
V. Total Other Revenue (1 thru 8)	\$ 521	521				
VI. Total All Revenue (III + V)	\$ 13,635,794	13,496,088	139,705			

* 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)
	Lab Medicare	\$ 4,349		
	Lab Medicare CA	\$ (4,349)		
	Oxygen Medicare	\$ 34		
	Oxygen Medicare CA	\$ (34)		
	Equipment rental	\$ 954		
	Equipment rental CA	\$ (954)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 738		
	Radiology Medicare CA	\$ (738)		
	IV Therapy	\$ 7,630		
	IV Therapy CA	\$ (7,630)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ -		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	5,967.32		
	Lab CA	(5,967.32)		
	Oxygen	\$ 448		\$ -
	Oxygen CA	\$ (448)		\$ -
	Equipment rental	\$ 14,566		
	Equipment rental CA	\$ (14,566)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 2,041		
	Radiology CA	\$ (2,041)		
	Medical Transportation	\$ 6,994		
	Medical Transportation CA	\$ (6,994)		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 15,003		\$ -
	IV therapy CA	\$ (15,003)		\$ -
	Flu shot revenue	\$ 1,616		
	Outpatient therapy	\$ -		
	PRIOR YEAR ADJ - ANCILLARY & OTHER	\$ 29,801		
	rounding	\$ (1)		
	Total Other Resident Revenue	\$ 31,416	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	INTEREST INCOME		\$ 42		
	Total Interest Income		\$ 42	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ 480		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ -		
	Total Other Revenue	\$ 480	\$ -	\$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(6,575)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,789,601
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	118,233
4. Inventories			\$	
5. Prepaid Expenses			\$	220,780
a. Prepaid Insurance	212,359			
b. Prepaid Property Taxes				
c. Prepaid Expenses Other	8,421			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(288,633)
Due From (to) Related Parties	(20,250)			
Other Owners reserves	(268,384)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,833,405
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
3. Buildings	*Historical Cost	321,424	\$	305,353
	Accum. Depreciation	16,071		Net
4. Leasehold Improvements	*Historical Cost	465,884	\$	231,140
	Accum. Depreciation	234,744		Net
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			Net
6. Movable Equipment	*Historical Cost	624,806	\$	131,805
	Accum. Depreciation	493,000		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
Construction in Progress				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	668,298

* 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
Meriden Care Center, LLC		2153-C	9/30/2015	32	37
Account				Amount	
Total Brought Forward:				\$	2,501,703
C.	Leasehold or like property recorded for Equity Purposes.				
1.	Land			\$	
2.	Land Improvements	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
3.	Buildings	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
4.	Non-Movable Equipment	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
5.	Movable Equipment	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
6.	Motor Vehicles	*Historical Cost _____	Net	\$	
		Accum. Depreciation _____			
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 _____	3,614		
		Accum. Depreciation _____	3,614	Net	\$
4.	Goodwill (Purchased Only)			\$	
5.	Investments Related to Resident Care (<i>itemize</i>)			\$	79,100
	Patient Trust Funds		76,545		
	Long Term Deposit - primecare		2,555		
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)			\$	79,100
D-9.	Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,580,803

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

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC		2153-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	630,781
2. Notes Payable (itemize)				\$	513,577
Working Capital Line of Credit					513,577
3. Loans Payable for Equipment (Current portion) (itemize)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only)				\$	351,547
5. Accrued Payroll (Owners and/or Stockholders only)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (Current Portion)				\$	
10. Interest Payable (Exclusive of Owner and/or Related Parties)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (itemize)				\$	1,316,443
Related Party Payables			963,151		
Accrued Expenses			99,751		
Accrued Resident User Fees			290,034		
Accrued Workers Comp Expense			(36,493)		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,812,348

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility Meriden Care Center, LLC		License No. 2153-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,812,348	
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>)					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					
Patient Trust Funds			76,545	\$ 76,545	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
\$ 76,545					
C. Total All Liabilities (Lines A-13 + B-5)					
\$ 2,888,893					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-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			\$	25,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	28,643
6. Gain or Loss for Period			\$	(361,733)
7. Total Net Worth			\$	(308,090)
C. Total Reserves and Net Worth			\$	(308,090)
D. Total Liabilities, Reserves, and Net Worth			\$	2,580,803

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Meriden Care Center, LLC	2153-C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,635,794
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,448,497
D. Net Income or Deficit			\$	(812,704)
E. Balance			\$	(812,704)
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>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(812,704)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Meriden Care Center, LLC	License No. 2153-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 checked="" 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 VP Finance	Date Signed 2/10/16		
Printed Name of Preparer Denise MacKinnon				
Address Address 341 Bidwell Street, Manchester, CT 06040		Phone Number 860-570-2140 ext 15		