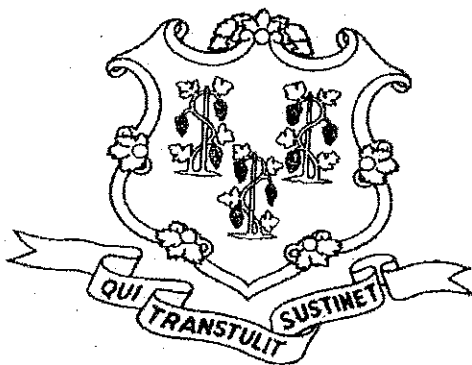


# State of Connecticut



15-33

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

RECEIVED  
FEB 2 2016  
DEPT. OF SOCIAL SERVICES  
ON AND FINE SETTINGS

Name of Facility (as licensed) Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitation and Care of Waterford	
Address (No. & Street, City, State, Zip Code) 88 Clark Lane, Waterford, CT 06385	
Type of Facility <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)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 1048C	RHNS	(Specify)	Medicare Provider 07-5158
------------------	---------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 10488	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

RECEIVED  
FEB 09 2016  
MYERS & STAUFFER LC

# Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Eastern Connecticut Health Systems, Inc. d/b/a New Ld	1048C	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.

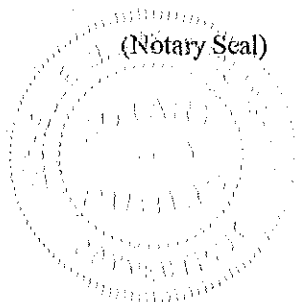
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitation and Care of Waterford [facility name], for the cost report period beginning October 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. ①

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.

① Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
<i>Michael J. Pescatello, LWAHA</i>		1/25/16			
Printed-Name (Administrator)			Printed Name (Owner)		
Mike Pescatello					
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
1/25/16	CT	1/25/16	<i>Michelle Marie Buehrig</i>	4/30/17	
Address of Notary Public					
88 Clark Lane, Waterford, CT. 06385					



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 Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitation and Care of Water		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 88 Clark Lane, Waterford, CT 06385				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/22/2015	
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 860-442-0471	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Eastern Connecticut Health Systems, Inc. d/b/a New London Rd		Address (No. & Street, City, State, Zip) 88 Clark Lane, Waterford, CT 06385		
License Numbers:	CCNH 1048C	RHNS (Specify)	Medicare Provider No. 07-5158	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Mike Pescatello		Nursing Home Administrator's License No.:	001760	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Eastern Connecticut Health Systems, Inc. d/b/	License No. 1048C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitation and Care of	88 Clark Lane, Waterford, CT 06385	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Leonore Kallen	400 South Ocean Boulevard, Apt #16, Boca Raton, FL 33432	Director/President	1	
Phillip Kallen	Lighthouse PT, FL	Vice President	49.5	
Kenneth Kallen	Essex, CT	Secretary	49.5	
Names of Stockholders Owning at Least 10% of Shares				
Phillip Kallen	Lighthouse PT, FL	Vice President	49.5	
Kenneth Kallen	Essex, CT	Secretary	49.5	





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

Name of Facility Eastern Connecticut Health Systems, Inc. d/b/a New Lo	License No. 1048C	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  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				
Norwich Rehabilitation and Care Center 93 West Town Street, Norwich, CT 06360		<input type="radio"/>	<input checked="" type="radio"/>	Provides Laundry Services	Pg. 19 / Line 3b	40,500	40,500
Norwich Rehabilitation and Care Center 93 West Town Street, Norwich, CT 06360		<input type="radio"/>	<input checked="" type="radio"/>	Allocation of administrator's salary	Pg. 10 / Line A2	73,077	73,077
Norwich Rehabilitation and Care Center 93 West Town Street, Norwich, CT 06360		<input type="radio"/>	<input checked="" type="radio"/>	Allocation of controller's salary	Pg. 10 / Line A11a	105,275	105,275
Norwich Rehabilitation and Care Center 93 West Town Street, Norwich, CT 06360		<input type="radio"/>	<input checked="" type="radio"/>	Allocation of marketer's salary	Pg. 10 / Line A4	3,178	3,178
Fountainview LLC		<input type="radio"/>	<input checked="" type="radio"/>	Rental of property, No assets placed into servi	Pg. 22 / Line 9	420,000	372,797
Kenneth Kallen Norwich Rehabilitation and Care Center 93 West Town Street, Norwich, CT 06360		<input type="radio"/>	<input checked="" type="radio"/>	Owner, Provides Financial Oversight	Pg. 10 / Line 12o	97,768	97,768
		<input type="radio"/>	<input type="radio"/>	Intercompany transactions	Pg. 34 / Line B3	512,558	512,558
		<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 Eastern Connecticut Health Systems, Inc. d/b/a	License No. 1048C	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 (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

One Level of Care - N/A

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.

One Level of Care - N/A

## General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Eastern Connecticut Health Systems, Inc. d/b/a New London		1048C		9/30/2015		6   37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Accelerated Care Plus, 4850 Joule Street, Bldg. A1, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Specialty Rehab Equipment	09/02/11	Open-ended	15,099	15,099
NEC Financial Services, 250 Peble Avenue, Suite 309, Saddle Brook, NH 07663	<input type="radio"/>	<input checked="" type="radio"/>	Phone System	11/01/11	60 Months	3,099	3,099
Pinney Bowes, Inc. 1 Elmcroft Road, Stamford, CT 06926	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	09/29/09	Open-ended	893	893
Wells Fargo, P.O. Box 6434, Carol Stream, IL 60197	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	10/01/11	60 Months	6,189	6,189
Life Systems, 7320 Central Ave, Savannah, GA 31406	<input type="radio"/>	<input checked="" type="radio"/>	Bladder Scanner (See Attached)	12/01/14	36 Months	2,550	2,550
	<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"/>					
						<b>Total ***</b>	27,830

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  No

\* 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.

# Life Systems, Inc.

7320 CENTRAL AVE.  
SAVANNAH, GA 31406

TEL 912.355.9494  
800.841.1109  
FAX 912.355.9191  
www.nurserosie.com

Customer # AR61892

Representative: NSP/RB

Lease to own Agreement ("LTO")

This Lease to own Agreement ("LTO") between Life Systems (LS) and New London Rehab - ("User")

BILLING ADDRESS: SAME

SHIPPING ADDRESS:

New London Rehab

SAME

Name

Name

88 Clark Lane

Street

Street

Waterford

CT

06385

City

State

Zip

City

State

Zip

Telephone (860) 442-0471 Fax (860) 440-3574

Email

County

Corporate Affiliation Name:

Corporate Phone Number

860 442 0471

Number of Beds

Purchase Order Number :

Tax Exempt?  Yes  No

Certificate Number: .

sets forth the agreement of LS to provide User a system ("System") consisting of the following components: medical equipment ("Equipment").

(1) **Equipment.** LS agrees to provide User with the following Instruments during the term of the LTO:

Instrument Item	Quantity	Description
Rosie Scan	1	Rosie Scan Bladder Scanner with Cart

(2) **Service and Repair Warranty.** LS agrees to service equipment at no cost to user, except in cases of abuse, by troubleshooting via toll-free phone number and reserves the right to make any alterations or provide any repairs or exchange units whichever it deems necessary to operate the System. Not included in warranty are extension cables, hoses, power cords and BP cuffs. Oral and rectal probes, batteries, and pulse oximeter finger sensors after 90 days are not included. LS shall be the exclusive authorized service and repair resource. LS agrees to pay freight (excluding overnight) associated with service of equipment from LS to User's facility. User agrees to pay any freight cost associated with service from User's facility.

(3) **Term.** The term of this agreement shall be 36 months from date of in service and upon satisfaction of obligations LS shall be notified by User in writing at least forty-five (45) days prior to the original expiration date or any renewed expiration date that User wishes to terminate the Agreement or unless LS notifies User in writing that LS wishes to terminate agreement.

(4) **Pricing.** In consideration of LS's installation of the System in accordance with the terms of this LTO, User shall pay to LS the following:

Customer agrees to pay 255.00 per month for the use of equipment for the term of the agreement.

Customer agrees to purchase ( ) per ) per year at \$ per

(5) **Delivery.** Customer is responsible for freight charges associated with initial delivery of equipment.

(6) **Invoicing.** LS shall invoice User based upon the pricing terms agreed upon in this LTO for each shipment of Disposables based upon the quantity shipped. All applicable taxes will be shown as a separate item on invoices. Invoice terms will be net days or 2% net 10. Finance charges will be assessed on overdue balances at a rate of 18% per annum. \$25 fee charged for Non-sufficient funds. VISA and MC accepted.

(7) **Title.** Upon completion of this LTO and after all obligation herein have been met and if User is in good standing and after any and all invoices outstanding invoices have been paid, title to the Equipment used in the System shall pass from LS to User.

Authorized Signer's Initials

*(Signature)*

**(8) Property Insurance and Taxes.** User agrees to procure and maintain property insurance from a qualified insurer for the value of the leased equipment, notated in (2) Equipment above, to cover any loss as a result of physical damage to the equipment for the term of this TPA and any extensions, or for such period of time that the equipment is located on its premises or in its possession. User further understands that User is responsible for reporting and paying any applicable state or local property taxes relating to the leased equipment.

**(9) Warranty.** User acknowledges that the System is of a size, design, capacity and manufacture selected by User and is suitable for its purpose. LS' only warranty obligations hereunder are to arrange to repair the Systems as provided in Paragraph 3 of this Agreement.

**(10) Remedies.** If User fails to (i) abide by the terms and conditions of this Agreement, (ii) use or operate the Equipment in a careful and lawful manner, (iii) protect LS property rights in and to the Equipment(s), (iv) maintain adequate property and liability insurance with respect to the Equipment, (v) discharge any voluntary or involuntary bankruptcy reorganization petition filed by or against it within thirty (30) days of such filing, or (vi) pay all amounts due under this LTO within thirty (30) days of demand by LS or its assignee(s), then at LS election this LTO may be deemed to have been breached by User and LS shall have the right to exercise one or more of the following remedies, separately or concurrently, without any notice and without any prejudice to any other remedy herein provided or provided by law: (a) LS may terminate this LTO by giving written notice thereof to User and upon such termination, shall be entitled to recover from the User damages in an amount equal to all payments which would become due hereunder for Disposables contracted for the term and the payments contracted for the term of this Agreement for instruments, as if this Agreement had not been terminated; (b) upon receipt of payment for such damages LS will deliver all Disposables contracted for but not delivered to the User; and (c) LS may take possession of any or all Equipment wherever the same may be located, without demand or notice, without any court order or other process of law, without any liability to User for any damages occasioned by such taking of possession. If LS fails to fulfill any of its agreed to elements within this contract, User shall notify LS of said failure via certified mail. LS shall have (60) days from receipt of failure notification to remedy such situation in a way deemed appropriate by LS. No failure of element fulfillment by LS shall void this contract.

**(11) Return of Equipment.** If this LTO becomes in default for any cause, at any time, User shall return all Equipment to LS, to a location designated by LS, after first obtaining a return authorization number and prepaying all transportation charges and insurance. All Equipment shall be returned to LS in the same condition as existed at the time of delivery to User, reasonable wear and tear excepted. User agrees to pay LS the current list price less a reasonable depreciation allowance based upon a straight line seven year life for each piece of Equipment not returned in good condition.

**(12) Assignment.** Without LS prior written consent, User shall not either (i) assign, transfer, pledge, hypothecate, or grant any security interest in, or otherwise dispose of the System or any interest in this LTO or Equipment, or (ii) lend Equipment or permit use by anyone other than User or User's employees or agents. LS may assign its rights under and/or grant a security interest in this LTO or the Equipment, in whole or in part, without notice to User, and LS or its assignee or secured party may reassign such rights and/or security interests, without notice to User. Each such assignee and/or secured party shall have all of the rights of LS under this LTO. User shall recognize each such assignment and/or security interest. This LTO inures to the benefit of and is binding upon the successors and assigns of LS and User.

**(13) Entire Agreement.** LS has not made any representations of any kind, nature or description except as are in this LTO and this LTO contains all the terms and conditions entered into between the parties. This LTO may be modified from time to time by mutual consent of both parties in writing and all terms and conditions not expressly changed in such modification shall survive the modification. Any alteration or modification of this LTO shall be in writing and signed by LS and User.

**(14) General Provisions.** Time is of the essence of this LTO. Waiver of any default shall not waive any other default. This LTO is entered into and shall be construed under the laws of the State of Georgia and any disputes concerning this LTO will be governed by the laws of the state of Georgia and USER subjects itself to all jurisdiction and venue of the courts of Chatham County, Georgia.

**(15)** In the event some or all of the sums due and payable by the User to LS is collected by or through an attorney-at-law or collection agency, the User agrees to pay attorneys' and/or collection agency fees.

**(16)** The parties agree that each of the provisions included in this Agreement is separate, distinct and several from the other and remaining provisions of the Agreement, and that the invalidity or unenforceability of any provision shall not affect the validity or enforceability of any other provision or provisions of the Agreement.

**The undersigned hereby agrees to and accept all of the terms, conditions, and provisions hereof, and recognizes that this is a non-cancelable Agreement and each represents to the other that they are authorized to execute this LTO.**

USER

LIFE SYSTEMS, INC.

  
Authorized Signature

Authorized Signature

Richard Melior CFO  
Typed or Printed Name

Typed or Printed Name

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

Name of Facility Eastern Connecticut Health System		License No. 1048C	Report for Year Ended 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:					
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash					
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.					
<b>Independent Accounting Firm</b>					
Name of Accounting Firm			Address (No. & Street, City, State, Zip Code)		
1 PDR Certified Public Accountants			29750 US Highway 19 N. Suite 101, Clearwater, FL 33761		
2 Marcum LLP			555 Long Wharf Drive, New Haven, CT 06511		
3 Byrd & Associates			P.O. Box 1749, Winter Park, FL 32790		
4					
Services Provided by This Firm ( <i>describe fully</i> )					
1 401K Audit			\$	2,438	
2 Financial Statements, Medicaid & Medicare Cost Report			\$	20,250	
3 Tax Return Preparation			\$	3,950	
4			\$		
				Charge for Services Provided	
				\$	26,638
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.					
<input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15, Line 1d					
<b>Legal Services Information</b>					
Name of Legal Firm or Independent Attorney				Telephone Number	
1 Murtha Cullina LLP				860-240-6000	
2 New London Probate Court				860-443-7121	
3 Brown Jacobson P.C.				860-889-3321	
4					
5					
Address (No. & Street, City, State, Zip Code)					
1 185 Asylum Street, Hartford, CT 06103					
2 181 State Street, PO Box 148, New London, CT 06320					
3 22 Courthouse Square, PO Box 391, Norwich, CT 06360					
4					
5					
Services Provided by This Firm ( <i>describe fully</i> )					
1 Labor/Employee Matters			\$	1,916	
2 Conservatorship (Disallowed on Pg. 28)			\$	2,340	
3 A/R Collections ( Disallowed on Pg. 28)			\$	8,784	
4			\$		
5			\$		
				Charge for Services Provided	
				\$	13,040
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.					
<input checked="" type="radio"/> Yes <input type="radio"/> No    Page 15, Line 1e					

**Schedule of Resident Statistics**

Name of Facility Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitati	License No. 1048C		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		
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period	120	120			120	120		
B. On last day of THIS report period	120	120			120	120		
2. Number of Residents								
A. As of midnight of PREVIOUS report period	105	105			105	101		
B. As of midnight of THIS report period	108	108			101	108		
3. Total Number of Days Care Provided During Period								
A. Medicare	4,515	4,515			3,565	950		
B. Medicaid (Conn.)	28,832	28,832			21,640	7,192		
C. Medicaid (other states)								
D. Private Pay	4,561	4,561			3,240	1,321		
E. State SSI for RCH								
F. Other (Specify) Insurance	1,040	1,040			837	203		
G. Total Care Days During Period (3A thru F)	38,948	38,948			29,282	9,666		
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>	38,948	38,948			29,282	9,666		

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

Name of Facility Eastern Connecticut Health Systems, Inc. d/b/	License No. 1048C	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 (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	8	79		21				
Per Diem Rate								
a. One bed rm.	Various	188.87		405.00				
b. Two bed rms.	Various	188.87		355.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,278	2,278		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,497	1,497		
C. Other	11,686	11,686		
D. <b>Total Physical Therapy Treatments</b>	15,461	15,461		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	1,594	1,594		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	219	219		
C. Other	2,949	2,949		
D. <b>Total Speech Therapy Treatments</b>	4,762	4,762		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,734	1,734		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	1,055	1,055		
C. Other	9,705	9,705		
D. <b>Total Occupational Therapy Treatments</b>	12,494	12,494		



### Report of Expenditures - Salaries & Wages

Name of Facility Eastern Connecticut Health Systems, Inc. d/b/a New London	License No. 1048C	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)	162,549	1,945				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	209,292	9,076				
5. Dietary Service						
a. Head Dietitian	1,562	56				
b. Food Service Supervisor	66,933	2,080				
c. Dietary Workers	235,311	20,522				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	156,052	14,063				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	50,715	2,072				
b. Other Maintenance Workers	65,040	4,929				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	105,275	1,040				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	198,307	4,160				
b. RN						
1. Direct Care	631,949	18,562				
2. Administrative**	287,019	8,438				
c. LPN						
1. Direct Care	984,178	35,767				
2. Administrative**						
d. Aides and Attendants	1,453,797	98,386				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	145,292	8,727				
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	95,485	3,057				
n. Marketing	3,178	100				
o. Other (Specify) See Attached Schedule	131,249	2,716				
<i>A-13. Total Salary Expenditures</i>	4,983,183	235,696				

\* 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
Financial Consultant	\$ 97,768	1,040				
Medical Records	\$ 33,481	1,676				
<b>Total</b>	<b>\$ 131,249</b>	<b>2,716</b>	<b>\$ -</b>	<b>-</b>	<b>\$ -</b>	<b>-</b>

Schedule of Other Fees (Page 13)

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

**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			
	Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabil	1048C	9/30/2015						
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>									
Kenneth Kallen	97,768		Non Discrim	Financial Consultant	1,040	A12o	Norwichtown Rehab and Care Center	1,040	97,768
<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				
		9/30/2015	12			37			
Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabil		1048C							
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>									
Peter Morris (10/1/2014 - 12/31/2014)	44,307		Non Discrim	Administrator	465	A2			
John Miller (1/1/2015 - 5/15/2015)	73,077		Non Discrim	Administrator	760	A2	Norwichtown Rehab and Care Center	1,320	160,320
Mike Pescatello (5/18/2015 - Present)	45,165		Non Discrim	Administrator	720	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		
Eastern Connecticut Health Systems, Inc. d/b/a New	1048C	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	31,895	532				
2. Dentist	9,955	Monthly Bill				
3. Pharmacist	9,094	260				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	270,494	3,819				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	50,800	232				
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) Medical Staff	17,500	260				
9. Speech Therapist						
a. Resident Care	106,716	1,236				
b. Other						
10. Occupational Therapist						
a. Resident Care	213,040	3,123				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	11,440	176				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>720,934</b>	<b>9,638</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		License No.	Report for Year Ended		Page	of
Eastern Connecticut Health Systems, Inc. d/b/a New Lon		1048C	9/30/2015		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Lindsay D'Amato	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Healthdrive, 85 Barnes Rd Suite 206, Wallingford, CT 06492	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Pharmacia, PO Box 409251, Atlanta, GA 30384	Pharmacist Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, 6 Thompson Road, East Windsor, CT 06088	Pharmacist Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Preferred Therapy, 745 Main Street, East Hartford, CT 06108	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Inpatient Consultants of New England	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Inpatient Consultants of New England	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Alliance Health Management, 153 Cordaville Rd, Suite 320, Southborough, MA 01772	MDS/Care Plan Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<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"/>			
		<input type="radio"/>	<input type="radio"/>			

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Eastern Connecticut Health Systems, Inc. d/b/a Ne	1048C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 233,036	233,036			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 155,717	155,717			
4. Social Security (F.I.C.A.)	\$ 355,317	355,317			
5. Health Insurance	\$ 417,602	417,602			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 6,038	6,038			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 1,356	1,356			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 8,242	8,242			
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 200,356	200,356			
<b>d. Accounting and Auditing</b>	\$ 26,638	26,638			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 13,040	13,040			
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 16,454	16,454			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 6,271	6,271			
2. Cellular Phones	\$ 2,247	2,247			
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$				
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 706,664	706,664			
<b>Subtotal</b>	\$ 2,148,978	2,148,978			

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

(Carry Subtotals forward to next page)

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

Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitation and Care Attachment Page 15  
9/30/2015

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	-		
Thanksgiving Gift Cards	\$ 3,200		
Employee Recognition (Disallowed on Pg. 28)	\$ 2,054		
Flowers for Employees (Disallowed on Pg. 28)	\$ 64		
Employee Spa Nights (Disallowed on Pg. 28)	\$ 120		
Water Coolers in lieu of Water Fountains	\$ 2,804		
<b>Total</b>	<b>\$ 8,242</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

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



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

Name of Facility	License No.	Report for Year Ended		Page	of
Eastern Connecticut Health Systems, Inc. d/b/a New L	1048C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,148,978	2,148,978			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 4,707	4,707			
5. Education Expenses Related to Seminars and Conventions	\$ 4,176	4,176			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 1,400	1,400			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 34,484	34,484			
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	\$ 4,385	4,385			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 420	420			
9. Subscriptions	\$ 6,540	6,540			
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> )	\$ 38,467	38,467			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 20,673	20,673			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,264,230	2,264,230			

\* 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>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
	-		
Marketing	\$ 11,209		
Advertising - Promotional	\$ 23,275		
<b>Total Other Advertising</b>	<b>\$ 34,484</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

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

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
	-		
Employee Pre-Employment Screening	\$ 125		
Owner/Administrator Allowance	\$ 479		
Licenses	\$ 1,361		
Resident Replacement Lost Items	\$ 1,290		
Service Charges - Bank	\$ 3,144		
Fines & Penalties	\$ 9,548		
Purchased Services - Admissions	\$ 3,986		
Chamber of Commerce After Hours	\$ 20		
Nursing Home Week	\$ 720		
<b>Total Other Administrative and General</b>	<b>\$ 20,673</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Eastern Connecticut Health Systems, Inc.	License No. 1048C	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 #
N/A			

\* 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	License No.	Report for Year Ended	Page	of
Eastern Connecticut Health Systems, Inc. d/b/a New Lo	1048C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 329,094	329,094		
2. Non-Food Supplies	\$ 48,644	48,644		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,380	1,380		
c. Management Services**	\$ _____			
d. Other (Specify) _____ Equipment Rental, Repairs & Maintenance	\$ 2,327	2,327		
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 381,445</b>	<b>381,445</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 checked="" type="radio"/> Yes	<input 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 checked="" type="radio"/> Yes	<input 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
Eastern Connecticut Health Systems, Inc. d/b/a New Lon		1048C	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. \$	18,655	18,655	
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)		\$	40,500	40,500	
c. Management Services**		\$			
d. Other (Specify)		\$			
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		<b>\$</b>	<b>59,155</b>	<b>59,155</b>	
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
Eastern Connecticut Health Systems, Inc. d/b/a		1048C	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. \$	24,511	24,511		
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. \$				
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> ) Small Equipment		\$ 64	64		
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)		\$ 24,575	24,575		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from Prescription Drugs		\$ 278,641	278,641		
b.	Medicine Cabinet Drugs		\$ 150,923	150,923		
c.	Medical and Therapeutic Supplies		\$			
d.	Ambulance/Limousine***		\$ 11,485	11,485		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other****		\$ 45,316	45,316		
f.	X-rays and Related Radiological Procedures***		\$ 14,837	14,837		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )		\$			
h.	Laboratory****		\$ 27,977	27,977		
i.	Recreation		\$ 21,838	21,838		
j.	Other (Specify)**** See Attached Schedule		\$ 65,106	65,106		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 616,123	616,123		

\* 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)
	-		
Other - Employee X-Rays for TB (Disallowed on Pg. 29a)	\$ 1,895		
Equipment Rental - Nursing Admin.	\$ 24,982		
Small Equipment Purchased - Nursing Admin	\$ 9,029		
Wheelchair cleaning	\$ 2,200		
PPS Billing	\$ 3,958		
IV Starts (Disallowed on Pg. 29a)	\$ 10,050		
ABAQIS Quality Measures	\$ 2,520		
Purchased Services	\$ 435		
Supplies - Physical Therapy	\$ 5,582		
Supplies - Occupational Therapy (Disallowed on Pg. 29a)	\$ 3,440		
Supplies - Speech Therapy	\$ 103		
Billable Medical Supplies (Disallowed on Pg. 29a)	\$ 854		
PPS Billing (Disallowed on Pg. 29a)	\$ 58		
<b>Total Other Resident Care</b>	<b>\$ 65,106</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility		License No.		Report for Year Ended		Page of			
Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitation		1048C		9/30/2015		21   37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS (Specify)	Pg	Line
CWPM	PO Box 415, Plainville, CT 06062	O	O	N/A	Trash Removal	18,467		22	6f
MDI Achieve	Drive, Minneapolis, MN 55344	O	O	N/A	Matrix	23,838		16	m11
Metrocast	PO Box 6008, Waterford, CT 06385	O	O	N/A	Cable Television/Internet Access	24,571		16/20	11/5f
Norwich Rehabilitation and Care Center	93 West Town Street, Norwich, CT 06360	O	O	Affiliate	Laundry Services	40,500		19	3b
Partners Pharmacy	70 Jackson Drive, Cramford, NJ 07016	O	O	N/A	IV Starts	10,050		20	5j
MobilXUSA	5766 Carmichael Pkwy, Montgomery, AL 36117	O	O	N/A	X-Ray Services	14,007		20	5f
American Ambulance	16 Hamilton ST, Unit 2, Saugus, MA 01906	O	O	N/A	Ambulance Services	11,485		20	5d
L&M Hospital	365 Montauk Avenue, New London, CT 06320	O	O	N/A	Laboratory Services	27,977		20	5h
Procare LLC	77 Summit Street, Manchester, CT 06040	O	O	N/A	Oxygen Services	45,316		20	5e2
		O	O						
		O	O						
		O	O						
		O	O						
		O	O						

\* 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
Eastern Connecticut Health Systems, Inc. d/b/a	1048C	9/30/2015		22	37
Item	Total	CCNH	RHNS	(Specify)	
<b>6. Maintenance &amp; Operation of Plant</b>					
a. Repairs & Maintenance	\$ 23,556	23,556			
b. Heat	\$ 23,120	23,120			
c. Light & Power	\$ 126,531	126,531			
d. Water	\$ 30,674	30,674			
e. Equipment Lease <i>(Provide detail on page 6)</i>	\$ 27,830	27,830			
f. Other <i>(itemize)</i>	\$ 83,992	83,992			
See Attached Schedule					
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 315,703</b>	<b>315,703</b>			
<b>7. Depreciation <i>(complete schedule page 23*)</i></b>					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 94,353	94,353			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 37,725	37,725			
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 132,078</b>	<b>132,078</b>			
<b>8. Amortization <i>(Complete att. Schedule Page 24*)</i></b>					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other <i>(Specify)</i>	\$				
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>				
<b>9. Rental payments on leased real property less real estate taxes included in item 10b</b>	<b>\$ 420,000</b>	<b>420,000</b>			
<b>10. Property Taxes</b>					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 72,625	72,625			
c. Personal property taxes	\$ 9,761	9,761			
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 634,464</b>	<b>634,464</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)
	-		
Equipment Rental	\$ 2,359		
Small Equipment Purchase	\$ 170		
Diesel Fuel	\$ 988		
Trash Removal	\$ 21,651		
Grounds Maintenance	\$ 15,543		
Grounds Landscaping	\$ 8,863		
Equipment Rental	\$ 2,461		
Small Equipment Purchase	\$ 3,247		
Purchased Services (No contracts over \$10,000)	\$ 22,535		
Copier Maintenance	\$ 6,175		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 83,992</b>	<b>\$ -</b>	<b>\$ -</b>

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### Depreciation Schedule

Name of Facility Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitation		License No. 1048C		Report for Year Ended 9/30/2015				Page 23	of 37
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
<b>A. Land Improvements</b>									
1. Acquired prior to this report period	26,130		26,130	26,130	S/L	Various			
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period	2,355,725		2,355,725	1,744,317	S/L	Various	94,185		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	3,353		3,353		S/L	20 Yrs	168	94,353	
B-4. Subtotal									
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period	92,905		92,905	92,905	S/L	Various			
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.			1,042	1,042	S/L				
b.									
c.									
d.									
<b>2. Movable Equipment</b>									
a. Acquired prior to this report period									
b. Disposals (attach schedule)	Var		1,352,662	1,276,573	S/L	Various	32,270		
c. Acquired during this report period (attach schedule)	Var		17,381		S/L	Various	5,455		
D-3. Subtotal								37,725	
<b>E. Total Depreciation</b>								132,078	

Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitation and Care of Waterford  
 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>				
10/28/2014	NEW ELECTRICAL PANEL	\$ 3,353	20	\$ 168
<b>Total additions for Building Improvements</b>		\$ 3,353		\$ 168 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
1/28/2015	BED HEAD/FOOTBOARD KITS/LAMIN FOR PANELS	\$ 1,015	3	\$ 338
3/5/2015	BEDS	\$ 13,831	3	\$ 4,610
8/19/2015	HOT FOOD SERVING COUNTER	\$ 2,535	5	\$ 507
<b>Total additions for Movable Equipment</b>		<b>\$ 17,381</b>		<b>\$ 5,455 *</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ - **</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

Eastern Connecticut Health Systems, Inc. Of Waterford, CT d/b/a  
 Fountainview Care Center  
 Depreciation Schedule  
 09/30/15

Property	Acquisition Year	Historical Costs	Cost to Be Depreciated	Life	Method	2014 Deprec.	2014 Accum Dep.	2015 Deprec.	2015 Accum Deprec.	Net Book Value
<u>Land Improvements</u>										
Acquired prior 2011	Var	26,130	26,130	Var	S/L	-	26,130	-	26,130	-
<b>Total</b>		<b>26,130</b>	<b>26,130</b>			<b>-</b>	<b>26,130</b>	<b>-</b>	<b>26,130</b>	<b>-</b>
<u>Building and Building Improvements</u>										
Acquired prior 2011	Var	2,031,125	2,031,125	Var	S/L	65,009	1,670,851	65,009	1,735,859	295,266
<b>Total</b>		<b>2,031,125</b>	<b>2,031,125</b>			<b>65,009</b>	<b>1,670,851</b>	<b>65,009</b>	<b>1,735,859</b>	<b>295,266</b>
<b>Acquisition 2012</b>										
Renovations	8/21/2012	6,780	6,780	5	S/L	1,356	4,088	1,356	5,424	1,356
Repair Flooring	4/26/2012	15,587	15,587	5	S/L	3,117	9,352	3,117	12,469	3,118
Repair Sewer	7/31/2012	2,659	2,659	5	S/L	532	1,596	532	2,128	531
Repair Sewer	8/1/2012	5,318	5,318	5	S/L	1,064	3,191	1,064	4,255	1,063
Carpet	12/15/2011	10,868	10,868	5	S/L	2,174	6,521	2,174	8,695	2,173
New Generator	12/21/2011	12,000	12,000	20	S/L	600	1,800	600	2,400	9,600
Wallpaper	Var	28,657	28,657	10	S/L	2,866	8,597	2,866	11,463	17,193
Generator	var	74,669	74,669	10	S/L	7,467	22,401	7,467	29,868	44,801
Wanderguard	12/1/2011	3,247	3,247	5	S/L	649	1,948	649	2,597	650
Outdoor Sign	12/1/2011	6,528	6,528	10	S/L	653	1,959	653	2,612	3,916
Electrical Work	10/20/2011	3,084	3,084	10	S/L	308	925	308	1,233	1,851
<b>Total 2012 Acq</b>		<b>169,394</b>	<b>169,394</b>			<b>20,786</b>	<b>62,356</b>	<b>20,786</b>	<b>83,142</b>	<b>86,252</b>
<b>Acquisition 2013</b>										
Dish Machine and Booster	5/17/2013	13,599	13,599	5	S/L	2,720	5,440	2,720	8,160	5,439
<b>Total New Acq</b>		<b>13,599</b>	<b>13,599</b>			<b>2,720</b>	<b>5,440</b>	<b>2,720</b>	<b>8,160</b>	<b>5,439</b>
<b>Acquisition 2014</b>										
FLOORING REPAIR/TEAR OUT	11/14/2013	5,830	5,830	10	S/L	534	534	534	1,069	4,761
WALK-IN FRIDGE/FREEZER	1/1/2014	47,759	47,759	15	S/L	2,388	2,388	2,388	4,776	42,983
ELECTRICAL DEMO/WIRING WALKIN COOLER	1/8/2014	4,201	4,201	15	S/L	210	210	210	420	3,781
ELECTRIC SERVICES FOR WALKIN	1/8/2014	2,165	2,165	15	S/L	108	108	108	217	1,949
SPRINKLER SERVICES FOR WALKIN	1/15/2014	3,261	3,261	15	S/L	163	163	163	326	2,935
DAYROOM RENOVATION	2/28/2014	6,777	6,777	20	S/L	226	226	226	452	6,325
WALKIN FREEZER WALL DEMO	3/11/2014	9,004	9,004	15	S/L	350	350	350	700	8,304
RENOVATE SHOWER ROOMS	3/31/2014	95,110	95,110	20	S/L	2,774	2,774	2,774	5,548	89,562
Settlement for AM/PM Roof - Repaired in 2010	10/18/2013	(32,500)	(32,500)	30	S/L	(1,083)	(1,083)	(1,083)	(2,167)	(30,333)
<b>Total 2014 Additions</b>		<b>141,607</b>	<b>141,607</b>			<b>5,670</b>	<b>5,670</b>	<b>5,670</b>	<b>11,341</b>	<b>130,266</b>
<b>Acquisition 2015</b>										
NEW ELECTRICAL PANEL	10/28/2014	3,353	3,353	20	S/L	-	-	168	168	3,185
<b>Total 2015 Additions</b>		<b>3,353</b>	<b>3,353</b>			<b>-</b>	<b>-</b>	<b>168</b>	<b>168</b>	<b>3,185</b>
<b>Total Building Improvements</b>		<b>2,359,077</b>	<b>2,359,077</b>			<b>94,185</b>	<b>1,744,317</b>	<b>94,353</b>	<b>1,838,670</b>	<b>520,407</b>

**Non-Movable Equipment**

Acquired prior 2011	92,905	92,905	Var	S/L	-	92,905	-	92,905	-
<b>Total</b>	<b>92,905</b>	<b>92,905</b>						<b>92,905</b>	

**Moveable Equipment**

Acquired prior 2011	1,198,371	1,198,371	Var	S/L	26,506	1,196,962	1,409	1,198,371	-
<b>Acquisition 2012</b>									
Dell Computers	2,548	2,548	5	S/L	510	1,529	510	2,039	509
Dell Computers	2,813	2,813	5	S/L	563	1,688	563	2,251	562
Dell Computers	12,240	12,240	5	S/L	2,448	7,344	2,448	9,792	2,448
Furniture	4,804	4,804	5	S/L	981	2,882	981	3,843	960
Furniture	9,518	9,518	5	S/L	1,904	5,711	1,904	7,615	1,903
Furniture	9,518	9,518	5	S/L	1,904	5,711	1,904	7,615	1,903
Furniture	9,518	9,518	5	S/L	1,904	5,711	1,904	7,615	1,903
Furniture	9,519	9,519	5	S/L	1,904	5,711	1,904	7,615	1,903
Furniture	4,599	4,599	5	S/L	920	2,760	920	3,680	919
Kitchen Tray Caddy	3,576	3,576	5	S/L	715	2,145	715	2,860	715
Furniture	9,518	9,518	5	S/L	1,904	5,711	1,904	7,615	1,903
Furniture	9,518	9,518	5	S/L	1,904	5,711	1,904	7,615	1,903
Furniture	4,600	4,600	5	S/L	920	2,760	920	3,680	920
Lamps/Furniture	3,508	3,508	5	S/L	702	2,105	702	2,807	701
Resident Beds	5,923	5,923	5	S/L	1,185	3,554	1,185	4,739	1,184
Ice machine	6,057	6,057	5	S/L	1,211	3,634	1,211	4,845	1,212
TVs	5,210	5,210	5	S/L	1,042	3,126	1,042	4,168	1,042
<b>Total 2012 Additions</b>	<b>112,986</b>	<b>112,986</b>			<b>22,601</b>	<b>67,795</b>	<b>22,601</b>	<b>90,396</b>	<b>22,589</b>

**Acquisition 2013**

Medline Beds	8,142	8,142	5	S/L	1,628	3,256	1,628	4,884	3,258
Direct Supply Furniture For Dining Room	12,711	12,711	5	S/L	2,542	5,084	2,542	7,626	5,085
Equipment	4,110	4,110	5	S/L	822	1,644	822	2,466	1,644
<b>Total 2013 Additions</b>	<b>24,963</b>	<b>24,963</b>			<b>4,992</b>	<b>9,985</b>	<b>4,992</b>	<b>14,977</b>	<b>9,987</b>

**Acquisition 2014**

BARIATRIC BED	3,119	3,119	5	S/L	312	312	624	936	2,183
FURNITURE FOR DAY ROOM	3,503	3,503	5	S/L	409	409	701	1,110	2,394
BEDS/FLOOR SCRUBBER	6,737	6,737	5	S/L	1,011	1,011	1,347	2,358	4,379
ELECTRIC 8ED5	2,982	2,982	5	S/L	99	99	596	695	2,267
<b>Total 2014 Additions</b>	<b>16,342</b>	<b>16,342</b>			<b>1,831</b>	<b>1,831</b>	<b>3,268</b>	<b>5,099</b>	<b>11,243</b>

**Acquisition 2015**

BED HEAD/FOOTBOARD KITS/LAMIN FOR PANELS	1,015	1,015	3	S/L	-	-	338	338	677
BEDS	13,831	13,831	3	S/L	-	-	4,610	4,610	9,221
HOT FOOD SERVING COUNTER	2,535	2,535	5	S/L	-	-	507	507	2,028
<b>Total 2015 Additions</b>	<b>17,381</b>	<b>17,381</b>			<b>-</b>	<b>-</b>	<b>5,455</b>	<b>5,455</b>	<b>11,926</b>

**Total**

	<b>1,370,043</b>	<b>1,370,043</b>			<b>55,930</b>	<b>1,276,573</b>	<b>37,725</b>	<b>1,314,298</b>	<b>55,745</b>
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**Total Historical Cost and Depreciation For Period**

	<b>3,848,156</b>	<b>3,848,156</b>			<b>150,115</b>	<b>3,139,925</b>	<b>132,078</b>	<b>3,272,004</b>	<b>576,152</b>
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T/B

Additional Negative Asset for Roofing Settlement	3,880,657	3,880,657				2,452,003	128,451	2,580,453	1,300,204
Variance	(32,500)	(32,500)							
<b>Total</b>	<b>(1)</b>	<b>(1)</b>				<b>687,922</b>	<b>3,627</b>	<b>691,551</b>	<b>(724,052)</b>

**CR vs. FS NEB**

Variance	724,052								(3,627)
<b>Total</b>	<b>724,051</b>								<b>(3,627)</b>

**Amortization Schedule\***

Name of Facility Eastern Connecticut Health Systems, Inc. d/b/a New London	Date of Acquisition		License No. 1048C	Report for Year Ended 9/30/2015			Page 24	of 37		
	Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations			Basis for Computing Amortization**	Rate %
<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										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
<b>D. Total Amortization</b>										

\* 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 Eastern Connecticut Health Systems, Inc.	License No. 1048C	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	05/19/05				
2. Date Structure Completed	05/21/05				
3. If NOT Original Owner, Date of Purchase	06/06/05				
4. Date of Initial Licensure	05/21/05				
5. Total Licensed Bed Capacity	120				
6. Square Footage					
7. Acquisition Cost					
a. Land	33,500				
b. Building	699,640				
<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				
b. Date Mortgage Obtained	03/01/06				
c. Interest Rate for the Cost Year	7.00%				
d. Term of Mortgage (number of years)	20				
e. Amount of Principal Borrowed	5,600,000				
f. Principal balance outstanding as of 9/30/2015	4,560,807				
<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
Eastern Connecticut Health Systems, Inc.		1048C	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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Eastern Connecticut Health Systems		1048C		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				\$	2,043	2,043	
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	2,043	2,043	
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$	88,146	88,146		
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	88,146	88,146	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	10,090,001	10,090,001	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Eastern Connecticut Health Systems, Inc. d/b/a New London Re				1048C	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.			Other - See attached Schedule	\$ 100,946	100,946		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 213,040	213,040		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 200,356	200,356		
10.	15	1e	Accounting & Legal	\$ 11,124	11,124		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	15	1a9	Gifts, flowers and coffee shops	\$ 2,238	2,238		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L4	Automobile Expense (e.g. personal use)	\$ 3,270	3,270		
18.	16	m3	Unallowable Advertising *	\$ 34,484	34,484		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 30,840	30,840		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 596,298	596,298		

\* 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	12o	Financial Consultant (Owner)	\$ 97,768		
10	A12n	Marketing Salary	\$ 3,178		
<b>Total Other Salaries Adjustment</b>			<b>\$ 100,946</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	\$ 420		
16	m13	Owner/Administrator Allowance	\$ 479		
16	m13	Resident Replacement Lost Items	\$ 1,290		
16	m13	Fines & Penalties	\$ 9,548		
16	m13	Chamber of Commerce After Hours	\$ 20		
15	Var	Owners Benefits Disallowance	\$ 18,338		
15	Var	Marketing Salary Disallowance	\$ 745		
<b>Total Other A&amp;G Adjustments</b>			<b>\$ 30,840</b>	<b>\$ -</b>	<b>\$ -</b>

Eastern Connecticut Health Systems, Inc.  
 Cost Report Year 2015  
 Disallowance of Employee Travel  
 Attachment 28, Line 17

<u>Page/Line on Cost Report</u>	<u>Account</u>	<u>Descriptions</u>	<u>Explanation of Expenses</u>	<u>Amount</u>
Page 16 / Line 1.4	730820.000	Travel & Seminar	Reimbursement for Peter Morris to attend leading age seminar in Kentucky	1,093
Page 16 / Line 1.4	610840.000	Mileage Reimbursement	Reimbursement for the Recreation Director to attend a seminar	79
Page 16 / Line 1.4	730840.000	Mileage Reimbursement	Reimbursement for Peter Morris to attend various seminars in CT	265
Page 16 / Line 1.4	740840.000	Mileage Reimbursement	Reimbursement to Admissions Director for marketing	3,270
<b>Amount Disallowed from Page 16, Line 1.4</b>				<b>\$ 4,707</b>
	740840.000	Mileage Reimbursement	Reimbursement to Admissions Director for marketing	3,270
<b>Total Disallowed Employee Travel</b>				<b>\$ 3,270</b>

**Eastern Connecticut Health Systems, Inc.**  
**September 30, 2015**  
**Benefits Disallowance**  
**Page 28a Attachment**

**Marketing**

Marketing Salary	3,178	TB Linked
Total Salaries	<u>4,983,183</u>	TB Linked
Percent to Total Salaries	0.06%	

Total Benefits (Pg 15, Line 1a1 - 1a7) 1,167,710 TB Linked

Marketing Benefits Disallowed 745 Page 28 attachment

**Owner**

Owner's Salary	97,768	TB Linked
Total Salaries	<u>4,983,183</u>	TB Linked
Percent to Total Salaries	1.96%	

Total Benefits (Pg 15, Line 1a3 - 1a6) 934,674 TB Linked

Owner's Benefits Disallowed 18,338 Page 28 attachment

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Eastern Connecticut Health Systems, Inc. d/b/a New London			1048C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 596,298	596,298		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 278,641	278,641		
28.	20	5d	Ambulance/Limousine	\$ 11,485	11,485		
29.	20	5f	X-rays, etc	\$ 14,837	14,837		
30.	20	5h	Laboratory	\$ 27,977	27,977		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 45,316	45,316		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 28,329	28,329		
<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.			Other - See Attached Schedule	\$ 47,203	47,203		
<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	\$ 1,938	1,938		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 1,052,024	1,052,024		

\*\*\* 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.



Eastern Connecticut Health Systems, Inc. d/b/a New London Rehabilitation and Care of Waterford  
9/30/2015

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attachment)	\$ 12,752		
20	5j	Billable Medical Supplies (See Attachment)	\$ 134		
20	5j	Other - Employee X-Rays for TB	\$ 1,895		
20	5j	IV Starts	\$ 10,050		
20	5j	Supplies - Occupational Therapy	\$ 3,440		
20	5j	PPS Billing	\$ 58		
<b>Total Other Ancillary Costs</b>			<b>\$ 28,329</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	9	Rental Property Disallowance	\$ 47,203		
<b>Total Other Property Adjustments</b>			<b>\$ 47,203</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Name Badge Replacement	\$ 47		
30	IV 8	Medical Records	\$ 1,891		
<b>Total Other Adjustments</b>			\$ 1,938	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**Eastern Connecticut Health Systems, Inc.**  
**September 30, 2015**  
**Cable Disallowance Calculation**  
**Page 29a Attachment**

Total Allowable Amount		3,600	
Amount Reported	Page 20, LN 5i	<u>16,352</u>	
<b>Disallowance</b>		<u><u>(12,752)</u></u>	Page 29a

**Eastern Connecticut Health Systems, Inc.**  
**September 30, 2015**  
**Medical Supply Disallowance Calculation**  
**Page 29b Attachment**

	<u>Amount</u>	<u>Percent to Total</u>
Revenue for Medicare Medical Supplies	1,949	16%
Revenue for Medicaid Medical Supplies	10,450	84%
<b>Total Supply Income Page 30, Lines 2a-2d</b>	<b>12,399</b>	<b>100%</b>
<b>Billable Medical Supplies</b> Page 20, LN 5j	854	
Percent related to non-Medicaid Payor	16%	
Amount Related to Medicare	134	
<b>Disallowance</b>	<b>134</b>	Page 29a

**F. Statement of Revenue**

Name of Facility Eastern Connecticut Health Systems, Inc. 1048C		License No. 1048C		Report for Year Ended 9/30/2015		Page 30	of 37
Item				Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1.	a.	Medicaid Residents ( <i>CT only</i> )	\$	10,025,790	10,025,790		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(4,664,795)	(4,664,795)		
2.	a.	Medicaid ( <i>All other states</i> )	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents ( <i>all inclusive</i> )	\$	1,688,575	1,688,575		
	b.	Medicare Room and Board Contractual Allowance **	\$	766,448	766,448		
4.	a.	Private-Pay Residents and Other	\$	2,195,215	2,195,215		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(86,063)	(86,063)		
<b>II. Other Resident Revenue</b>							
1.	a.	Prescription Drugs - Medicare	\$	396,037	396,037		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$				
	c.	Prescription Drugs - Non-Medicare	\$	122,462	122,462		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$	1,949	1,949		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$	10,450	10,450		
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	1,365,004	1,365,004		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$				
	c.	Physical Therapy - Non-Medicare	\$	439,920	439,920		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$	256,323	256,323		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$				
	c.	Speech Therapy - Non-Medicare	\$	52,680	52,680		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	1,135,565	1,135,565		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$				
	c.	Occupational Therapy - Non-Medicare	\$	276,240	276,240		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other ( <i>Specify</i> ) - Medicare	\$	(3,007,646)	(3,007,646)		
	b.	Other ( <i>Specify</i> ) - Non-Medicare	\$	(806,097)	(806,097)		
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)				\$	10,168,057	10,168,057	
<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> )			\$	144	144	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other ( <i>Specify</i> )			\$	1,938	1,938	
<b>V. Total Other Revenue</b> (1 thru 8)				\$	2,082	2,082	
<b>VI. Total All Revenue</b> (III +V)				\$	10,170,139	10,170,139	

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6a	Medicare A - Sequestration	\$ (41,694)		
30 II 6a	Medicare A - Oxygen	\$ 2,148		
30 II 6a	Medicare A - Equipment Rental	\$ 4,075		
30 II 6a	Medicare A - IV Therapy	\$ 23,042		
30 II 6a	Medicare A - X-Ray	\$ 27,510		
30 II 6a	Medicare A - Lab	\$ 238,492		
30 II 6a	Medicare A - Complex Medical	\$ 1,126		
30 II 6a	Medicare A - Contractual Adjustment	\$ (2,890,412)		
30 II 6a	Medicare A - Prior Year Adjustment	\$ (3,326)		
30 II 6a	Managed Care - Medical Supplies	\$ 414		
30 II 6a	Medicare B - Vaccines	\$ 8,850		
30 II 6a	Medicare B - Contractual Adjustment	\$ (363,502)		
30 II 6a	Medicare B - Sequestration	\$ (3,326)		
30 II 6a	Medicare B - Prior Year Adjustment	\$ (11,943)		
30 II 6a	Managed Care B - Vaccines	\$ 900		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (3,007,646)</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Private - Oxygen	\$ 76		
30 II 6b	Private - Lab	\$ 630		
30 II 6b	Private - Contractual Adjustment	\$ (4,533)		
30 II 6b	Private - Prior Year Adjustment	\$ 73,821		
30 II 6b	Medicaid - Vaccines	\$ 900		
30 II 6b	Medicaid - Oxygen	\$ 12,852		
30 II 6b	Medicaid - Equipment Rental	\$ 527		
30 II 6b	Medicaid - IV Therapy	\$ 7,009		
30 II 6b	Medicaid - Lab	\$ 16,346		
30 II 6b	Medicaid - Contractual Adjustment	\$ (386,127)		
30 II 6b	Medicaid - Prior Year Adjustment	\$ (51,271)		
30 II 6b	Managed Care - Vaccines	\$ 150		
30 II 6b	Managed Care - Oxygen	\$ 1,076		
30 II 6b	Managed Care - X-Ray	\$ 5,333		
30 II 6b	Managed Care - Lab	\$ 62,904		
30 II 6b	Managed Care - Contractual Adjustment	\$ (530,923)		
30 II 6b	Managed Care - Prior Year Adjustment	\$ 3,136		
30 II 6b	Insurance - Oxygen	\$ -		
30 II 6b	Insurance - X-Ray	\$ 552		
30 II 6b	Insurance - Lab	\$ 2,122		
30 II 6b	Insurance - Contractual Adjustment	\$ (23,018)		
30 II 6b	Insurance - Prior Year Adjustment	\$ 6,174		
30 II 6b	Hospice - Contractual Adjustment	\$ (98)		
30 II 6b	Hospice - Prior Year Adjustment	\$ 4,066		
30 II 6b	Managed Care B - Prior Year Adjustment	\$ (7,801)		
<b>Total Other Resident Revenue</b>		<b>\$ (806,097)</b>	<b>\$ -</b>	<b>\$ -</b>

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
		-			
30 IV 5	Interest Income	27,052	\$ 26		
30 IV 5	Interest Charged to Resident Accounts	N/A	\$ 118		
<b>Total Interest Income</b>			<b>\$ 144</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Medical Records	\$ 1,891		
30 IV 8	Name Badge Replacements	\$ 47		
<b>Total Other Revenue</b>		<b>\$ 1,938</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Eastern Connecticut Health Systems, Inc.	1048C	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	360,130
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,283,701
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	130,683
a. Dietary	12,915			
b. Property Tax	7,683			
c. Real Estate	56,148			
d. Federal Corp Tax	53,937			
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)			\$	1,774,514
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	26,130		
	Accum. Depreciation	26,130		
		Net		
3. Buildings	*Historical Cost	2,359,078		
	Accum. Depreciation	1,838,670		
		Net		520,408
4. Leasehold Improvements	*Historical Cost			
	Accum. Depreciation			
		Net		
5. Non-Movable Equipment	*Historical Cost	92,905		
	Accum. Depreciation	92,905		
		Net		
6. Movable Equipment	*Historical Cost	1,370,043		
	Accum. Depreciation	1,314,298		
		Net		55,745
7. Motor Vehicles	*Historical Cost	1,042		
	Accum. Depreciation	1,042		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	735,053
CWIP		11,002		
F/S vs C/R NBV		724,051		
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,311,206

\* 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
Eastern Connecticut Health Systems, Inc	1048C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,085,720
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	202,400
2. Land Improvements	*Historical Cost _____	Accum. Depreciation _____	Net	\$
3. Buildings	*Historical Cost _____	Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment	*Historical Cost _____	Accum. Depreciation _____	Net	\$
5. Movable Equipment	*Historical Cost _____	Accum. Depreciation _____	Net	\$
6. Motor Vehicles	*Historical Cost _____	Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	202,400
<b>D. Investment and Other Assets</b>				
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> )			\$	
_____				
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	3,288,120

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



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

Name of Facility		License No.	Report for Year Ended	Page	of
Eastern Connecticut Health Systems, Inc. d/b/a		1048C	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	544,032
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> )				\$	139,023
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	2,965
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> )				\$	54,319
Accrued Vacation		54,319			
_____					
_____					
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>740,339</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 Eastern Connecticut Health Systems, Inc. d/	License No. 1048C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				740,339
<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> )				\$ 512,558
Name and Address of Lender	Amount	Loan Date		
Due to Norwichtown	512,558			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
_____				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 512,558
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 1,252,897

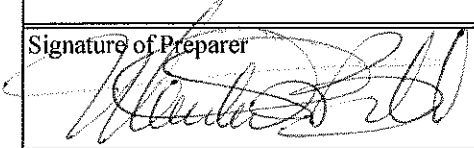
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

Name of Facility	License No.	Report for Year Ended	Page	of
Eastern Connecticut Health Systems, Inc.	1048C	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	202,400
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			\$	202,400
<b>B. Net Worth</b>				
1. Owner's Capital			\$	1,192,128
2. Capital Stock			\$	50,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	506,930
6. Gain or Loss for Period	10/1/2014	thru	9/30/2015	\$ 83,765
7. Total Net Worth			\$	1,832,823
<b>C. Total Reserves and Net Worth</b>			\$	2,035,223
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,288,120

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Eastern Connecticut Health Systems, Inc.	1048C	9/30/2015	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	2,027,085		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	10,170,139		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,086,374		
D. Net Income or Deficit			\$	83,765		
E. Balance			\$	2,110,850		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
Total Expenditures Per Pg. 27     \$10,090,001						
F/S vs C/R Depreciation             (3,627)						
Total F/S Expenditures             \$10,086,374						
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 Withdrawals <i>(Specify)</i>			\$	278,027		
Purpose		Amount				
Sub-S Distribution		278,027				
3. Total Deductions			\$	278,027		
H. <b>Balance at End of Period</b>			\$	1,832,823		
				09/30/15		

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

Name of Facility Eastern Connecticut Health Systems, Inc.	License No. 1048C	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 	Title PRINCIPAL	Date Signed 1/21/16		
Printed Name of Preparer Matthew S. Bivolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		

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

**Facility Name** Eastern Connecticut Health Systems d/b/a New London Rehabilitation and Care of Waterford

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

2. Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

**Explanation:** \_\_\_\_\_  
\_\_\_\_\_

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation:

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Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation:

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Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?

Explanation:

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Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation:

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Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

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Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:

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Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: \_\_\_\_\_  
\_\_\_\_\_

Client: **Eastern Connecticut Health Systems, Inc.**  
 Engagement: **Medicaid - Fountainview Care Center 2015**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
100100.000	Cash - Operating	330,370.00			330,370.00
100150.000	Cash - Payroll	(2,062.00)			(2,062.00)
100200.000	Cash - Petty	500.00			500.00
100250.000	Cash - Impress	4,270.00			4,270.00
100400.000	Cash - Savings	27,052.00			27,052.00
111000.000	A/R - Private	401,418.00			401,418.00
112000.000	A/R - Medicaid	503,506.00			503,506.00
113000.000	A/R - Medicare Part A	159,383.00			159,383.00
114000.000	A/R - Medicare Part B	19,233.00			19,233.00
115000.000	A/R - Co-Insurance Part A	166,070.00			166,070.00
117000.000	A/R - Managed Care	48,821.00			48,821.00
118000.000	A/R - Insurance	(218.00)			(218.00)
119300.000	A/R - Hospice	35,454.00			35,454.00
119600.000	A/R - Resource	45,034.00			45,034.00
120000.000	A/R - Allowance For Bad Debt	(95,000.00)			(95,000.00)
142000.000	Dietary	12,915.00			12,915.00
160500.000	CWIP	11,002.00			11,002.00
161000.000	Building	2,417,708.00			2,417,708.00
161500.000	Automobile	1,042.00			1,042.00
162000.000	Furniture Fixture & Equipment	1,425,619.00			1,425,619.00
162500.000	Computer Hardware	32,247.00			32,247.00
163000.000	Computer Software	4,041.00			4,041.00
165000.000	Accum. Dep. - Building	(1,176,396.00)			(1,176,396.00)
165500.000	Accum. Dep. - Automobile	(1,042.00)			(1,042.00)
166000.000	Accum. Dep. - FF&E	(1,370,039.00)			(1,370,039.00)
166500.000	Accum. Dep. - Computer Hardware	(28,935.00)			(28,935.00)
167000.000	Accum. Dep. - Computer Software	(4,041.00)			(4,041.00)
181000.000	Property Tax	7,683.00			7,683.00
182000.000	Real Estate	56,148.00			56,148.00
183000.000	Federal Corp Tax	53,937.00			53,937.00
200100.000	Accounts Payable	(544,032.00)			(544,032.00)
201100.000	Federal Withholding	(553.00)			(553.00)
201200.000	State Withholding	42.00			42.00
201300.000	FICA Social Security	797.00			797.00
201350.000	FICA Medicare	86.00			86.00
202000.000	Accrued Wages	(139,023.00)			(139,023.00)
202300.000	Accrued Vacation	(54,319.00)			(54,319.00)
202350.000	Accrued Vacation Taxes	(4,155.00)			(4,155.00)
215100.000	Resident Refunds	818.00			818.00
215400.000	Due To Intercompany	(512,558.00)			(512,558.00)
301000.000	Capital Stock	(50,000.00)			(50,000.00)
302000.000	Sub-S Distributions	278,028.00			278,028.00
305000.000	Additional Paid In Capital	(1,192,128.00)			(1,192,128.00)
308000.000	Retained Earnings	(784,958.00)			(784,958.00)
400100.000	Medicare A - Room And Board	(1,688,575.00)			(1,688,575.00)
400111.000	Medicare A - R&B Contractual Adjustment	(766,791.00)			(766,791.00)
400112.000	Medicare A - Co-Ins Adjustment	343.00			343.00
400113.000	Medicare A - Sequestration	41,694.00			41,694.00
400200.000	Medicare A - Medical Supplies	(1,949.00)			(1,949.00)
400250.000	Medicare A - Pharmacy	(396,037.00)			(396,037.00)
400300.000	Medicare A - Oxygen	(2,148.00)			(2,148.00)
400350.000	Medicare A - Equipment Rental	(4,075.00)			(4,075.00)
400400.000	Medicare A - Physical Therapy	(1,101,600.00)			(1,101,600.00)
400450.000	Medicare A - Occupational Therapy	(934,560.00)			(934,560.00)

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
400500.000	Medicare A - Speech Therapy	(159,600.00)			(159,600.00)
400600.000	Medicare A - IV Therapy	(23,042.00)			(23,042.00)
400700.000	Medicare A - X-Ray	(27,510.00)			(27,510.00)
400850.000	Medicare A - Lab	(238,492.00)			(238,492.00)
400860.000	Medicare A - Complex Medical	(1,126.00)			(1,126.00)
400900.000	Medicare A - Contractual Adjustment	2,890,412.00			2,890,412.00
400999.000	Medicare A - Prior Year Adjustment	3,326.00			3,326.00
410100.000	Private - Room And Board	(1,695,540.00)			(1,695,540.00)
410111.000	Private - R&B Contractual Adjustment	40,562.00			40,562.00
410250.000	Private - Pharmacy	(5,760.00)			(5,760.00)
410300.000	Private - Oxygen	(76.00)			(76.00)
410400.000	Private - Physical Therapy	(600.00)			(600.00)
410850.000	Private - Lab	(630.00)			(630.00)
410900.000	Private - Contractual Adjustment	4,533.00			4,533.00
410999.000	Private - Prior Year Adjustment	(73,821.00)			(73,821.00)
430100.000	Medicaid - Room And Board	(10,025,790.00)			(10,025,790.00)
430111.000	Medicaid - R&B Contractual Adjustment	4,664,795.00			4,664,795.00
430200.000	Medicaid - Medical Supplies	(10,450.00)			(10,450.00)
430250.000	Medicaid - Pharmacy	(43,371.00)			(43,371.00)
430260.000	Medicaid - Vaccines	(900.00)			(900.00)
430300.000	Medicaid - Oxygen	(12,852.00)			(12,852.00)
430350.000	Medicaid - Equipment Rental	(527.00)			(527.00)
430400.000	Medicaid - Physical Therapy	(170,400.00)			(170,400.00)
430450.000	Medicaid - Occupational Therapy	(109,440.00)			(109,440.00)
430500.000	Medicaid - Speech Therapy	(15,360.00)			(15,360.00)
430600.000	Medicaid - IV Therapy	(7,009.00)			(7,009.00)
430850.000	Medicaid - Lab	(16,346.00)			(16,346.00)
430900.000	Medicaid - Contractual Adjustment	386,127.00			386,127.00
430999.000	Medicaid - Prior Year Adjustment	51,271.00			51,271.00
450100.000	Managed Care - Room And Board	(310,120.00)			(310,120.00)
450111.000	Managed Care - R&B Contractual Adjustment	(68,257.00)			(68,257.00)
450200.000	Managed Care - Medical Supplies	(414.00)			(414.00)
450250.000	Managed Care - Pharmacy	(62,608.00)			(62,608.00)
450260.000	Managed Care - Vaccines	(150.00)			(150.00)
450300.000	Managed Care - Oxygen	(1,076.00)			(1,076.00)
450400.000	Managed Care - Physical Therapy	(214,080.00)			(214,080.00)
450450.000	Managed Care - Occupational Therapy	(156,000.00)			(156,000.00)
450500.000	Managed Care - Speech Therapy	(28,680.00)			(28,680.00)
450700.000	Managed Care - X-Ray	(5,333.00)			(5,333.00)
450850.000	Managed Care - Lab	(62,904.00)			(62,904.00)
450900.000	Managed Care - Contractual Adjustment	530,923.00			530,923.00
450999.000	Managed Care - Prior Year Adjustment	(3,136.00)			(3,136.00)
460100.000	Insurance - Room And Board	(27,325.00)			(27,325.00)
460111.000	Insurance - R&B Contractual Adjustment	(2,380.00)			(2,380.00)
460250.000	Insurance - Pharmacy	(10,625.00)			(10,625.00)
460400.000	Insurance - Physical Therapy	(8,040.00)			(8,040.00)
460450.000	Insurance - Occupational Therapy	(1,680.00)			(1,680.00)
460700.000	Insurance - X-Ray	(552.00)			(552.00)
460850.000	Insurance - Lab	(2,122.00)			(2,122.00)
460900.000	Insurance - Contractual Adjustment	23,018.00			23,018.00
460999.000	Insurance - Prior Year Adjustment	(6,174.00)			(6,174.00)
470100.000	Hospice - Room And Board	(162,230.00)			(162,230.00)
470111.000	Hospice - R&B Contractual Adjustment	71,058.00			71,058.00
470250.000	Hospice - Pharmacy	(98.00)			(98.00)
470900.000	Hospice - Contractual Adjustment	98.00			98.00
470999.000	Hospice - Prior Year Adjustment	(4,066.00)			(4,066.00)
500260.000	Medicare B - Vaccines	(8,850.00)			(8,850.00)
500400.000	Medicare B - Physical Therapy	(263,404.00)			(263,404.00)

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
500450.000	Medicare B - Occupational Therapy	(201,005.00)			(201,005.00)
500500.000	Medicare B - Speech Therapy	(96,723.00)			(96,723.00)
500900.000	Medicare B - Contractual Adjustment	363,502.00			363,502.00
500901.000	Medicare B - Sequestration	3,326.00			3,326.00
500999.000	Medicare B - Prior Year Adjustment	11,943.00			11,943.00
505260.000	Managed Care B - Vaccines	(900.00)			(900.00)
505400.000	Managed Care B - Physical Therapy	(46,800.00)			(46,800.00)
505450.000	Managed Care B - Occupational Therapy	(9,120.00)			(9,120.00)
505500.000	Managed Care B - Speech Therapy	(8,640.00)			(8,640.00)
505900.000	Managed Care B - Contractual Allowance	45,080.00			45,080.00
505999.000	Managed Care B - Prior Year Adjustment	7,801.00			7,801.00
599050.000	Interest Income	(26.00)			(26.00)
599055.000	Interest Charged To Residents	(118.00)			(118.00)
599080.000	Misc. Income	(1,938.00)			(1,938.00)
610100.000	Wages - Supervisor	38,234.00			38,234.00
610110.000	Wages - Regular	107,058.00			107,058.00
610650.000	Supplies	4,509.00			4,509.00
610720.000	Small Equipment Purchase	89.00			89.00
610810.000	Dues & Subscriptions	318.00			318.00
610830.000	Education	258.00			258.00
610840.000	Mileage Reimbursement	79.00			79.00
610850.000	Purchased Services	560.00			560.00
610900.000	Other	328.00			328.00
620110.000	Wages - Regular	95,485.00			95,485.00
630100.000	Wages - R.N.	601,917.00			601,917.00
630105.000	Wages - RN Orientation	30,032.00			30,032.00
630110.000	Wages - L.P.N.	966,417.00			966,417.00
630115.000	Wages - LPN Orientation	17,761.00			17,761.00
630120.000	Wages - Aides	1,421,988.00			1,421,988.00
630125.000	Wages - CNA Orientation	31,809.00			31,809.00
630130.000	Wages - Medical Records	33,481.00			33,481.00
630600.000	Supplies (Non-Medical)	4,418.00			4,418.00
630700.000	Equipment Rental	2,359.00			2,359.00
630710.000	Medical Director	50,800.00			50,800.00
630720.000	Medical Staff	17,500.00			17,500.00
630730.000	Oxygen	45,316.00			45,316.00
630760.000	Dentist	9,955.00			9,955.00
630775.000	Physican - Other	58.00			58.00
630780.000	Ambulance	11,485.00			11,485.00
630790.000	Laboratory	27,977.00			27,977.00
630800.000	Radiology	14,837.00			14,837.00
630830.000	Education	1,377.00			1,377.00
630900.000	Other	1,895.00			1,895.00
670100.000	Wages - DON	109,103.00			109,103.00
670110.000	Wages - ADON	89,204.00			89,204.00
670120.000	Wages - MDS Coordinator	114,497.00			114,497.00
670130.000	Wages - Infection Control	62,604.00			62,604.00
670135.000	Wages - Inservice	60,231.00			60,231.00
670145.000	Wages - Staffing Coordinator	49,687.00			49,687.00
670600.000	Supplies (Non-Medical)	4,923.00			4,923.00
670700.000	Equipment Rental	27,532.00		(2,550.00)	24,982.00
670720.000	Small Equipment Purchased	9,029.00			9,029.00
670730.000	Equipment Repair & Maintenance	1,009.00			1,009.00
670830.000	Education	337.00			337.00
670850.000	Purchased Services	30,603.00		(11,440.00)	19,163.00
690100.000	Wages - Supervisor	66,933.00			66,933.00
690110.000	Wages - Regular	235,311.00			235,311.00
690120.000	Wages - Dietician	1,562.00			1,562.00

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
690400.000	Uniform Expense	196.00			196.00
690660.000	Chemicals	4,342.00			4,342.00
690670.000	Supplies (Non-Food)	22,464.00			22,464.00
690680.000	Food Supplements	8,066.00			8,066.00
690690.000	Raw Food	329,094.00			329,094.00
690695.000	Nutritional Supplements	7,912.00			7,912.00
690700.000	Equipment Rental	257.00			257.00
690720.000	Small Equipment Purchase	5,860.00			5,860.00
690730.000	Equipment Repair & Maintenance	2,070.00			2,070.00
690850.000	Purchased Services	1,380.00			1,380.00
690860.000	Dietician Consultant	31,895.00			31,895.00
700500.000	Service Contracts	40,500.00			40,500.00
700690.000	Linen	18,655.00			18,655.00
700720.000	Small Equipment Purchase	170.00			170.00
710110.000	Wages - Regular	156,052.00			156,052.00
710400.000	Uniform Expense	35.00		1,125.00	1,160.00
710670.000	Supplies	24,511.00			24,511.00
710720.000	Small Equipment Purchase	64.00			64.00
720100.000	Wages - Supervisor	50,715.00			50,715.00
720110.000	Wages - Regular	65,040.00			65,040.00
720510.000	Gas	23,120.00			23,120.00
720520.000	Electricity	126,531.00			126,531.00
720525.000	Diesel Fuel	988.00			988.00
720530.000	Water	30,674.00			30,674.00
720540.000	Trash Removal	21,651.00			21,651.00
720660.000	Building Repair & Maintenance	11,740.00			11,740.00
720670.000	Supplies	10,777.00			10,777.00
720690.000	Grounds Maintenance	15,543.00			15,543.00
720695.000	Grounds Landscaping	8,863.00			8,863.00
720700.000	Equipment Rental	2,461.00			2,461.00
720720.000	Small Equipment Purchase	3,247.00			3,247.00
720730.000	Repair & Maintenance	30.00			30.00
720830.000	Education	146.00			146.00
720850.000	Purchased Services	22,535.00			22,535.00
720855.000	Rent	420,000.00			420,000.00
730100.000	Wages - Administrator	162,549.00			162,549.00
730105.000	Wages - Controller	105,275.00			105,275.00
730110.000	Wages - Regular	125,724.00			125,724.00
730115.000	Wages - Financial Consultant	97,768.00			97,768.00
730200.000	FUTA	39,236.00			39,236.00
730205.000	SUTA	116,481.00			116,481.00
730210.000	FICA	287,050.00			287,050.00
730215.000	FICAM	68,267.00			68,267.00
730250.000	Workers Compensation	233,036.00			233,036.00
730260.000	Employee Benefit - Misc	10,087.00		(1,845.00)	8,242.00
730270.000	Employee Pre-Employment Screening	125.00			125.00
730300.000	Group Insurance	424,671.00			424,671.00
730310.000	Dental Insurance	1,043.00			1,043.00
730320.000	Vision Insurance	(7,106.00)			(7,106.00)
730330.000	Life Insurance	6,038.00			6,038.00
730340.000	Aflac Insurance	(1,006.00)			(1,006.00)
730430.000	Legal Fees	13,040.00			13,040.00
730440.000	Accounting Fees	26,638.00			26,638.00
730445.000	Telephone	6,271.00			6,271.00
730470.000	Owner/Administrator Allowance	479.00			479.00
730485.000	Administrator Phone	830.00			830.00
730490.000	Marketing	11,209.00			11,209.00
730510.000	Advertising - Recruitment	1,400.00			1,400.00

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
730515.000	Advertising - Promotional	23,275.00			23,275.00
730520.000	Software Maintenance	23,838.00			23,838.00
730530.000	Insurance	88,146.00			88,146.00
730540.000	Bad Debt Expense	200,356.00			200,356.00
730550.000	Depreciation	128,451.00			128,451.00
730560.000	Interest	2,043.00			2,043.00
730580.000	Real Estate Tax	72,625.00			72,625.00
730585.000	Property Tax	9,761.00			9,761.00
730670.000	Office Supplies	14,976.00			14,976.00
730675.000	Postage	4,385.00			4,385.00
730700.000	Equipment Rental	3,992.00			3,992.00
730720.000	Small Equipment Purchase	1,254.00			1,254.00
730740.000	Copier Equipment	12,364.00		(6,175.00)	6,189.00
730810.000	Dues & Subscriptions	6,642.00		(6,642.00)	0.00
730820.000	Travel & Seminar	1,093.00			1,093.00
730830.000	Education	2,058.00			2,058.00
730840.000	Mileage Reimbursement	265.00			265.00
730850.000	Purchased Services	30,981.00		(16,352.00)	14,629.00
730870.000	Licenses	1,361.00			1,361.00
730900.000	Miscellaneous	1,290.00			1,290.00
730910.000	Service Charges - Bank	3,144.00			3,144.00
730930.000	CT User Fee Tax	706,664.00			706,664.00
730950.000	Fines and Penalties	9,548.00			9,548.00
740100.000	Wages - Admissions	83,568.00			83,568.00
740110.000	Wages - Marketer	3,178.00			3,178.00
740485.000	Cell Phone	1,417.00			1,417.00
740650.000	Supplies	224.00			224.00
740840.000	Mileage Reimbursement	3,270.00			3,270.00
740850.000	Purchased Services	3,986.00			3,986.00
740900.000	Other	20.00			20.00
800670.000	Supplies	5,582.00			5,582.00
800900.000	Other	15,099.00			15,099.00
800950.000	Purchased Services	270,494.00			270,494.00
810670.000	Supplies	3,440.00			3,440.00
810950.000	Purchased Services	213,040.00			213,040.00
820670.000	Supplies	103.00			103.00
820950.000	Purchased Services	106,716.00			106,716.00
850050.000	Pharmacy Consultant	9,094.00			9,094.00
850650.000	Drugs - Medicare Part A	239,543.00			239,543.00
850660.000	Drugs - Legend	35,475.00			35,475.00
850670.000	Drugs - Non-Legend	3,150.00			3,150.00
850690.000	Supplies	473.00			473.00
860660.000	Billable	854.00			854.00
860690.000	Non-Billable	141,582.00			141,582.00
Marcum 01	Chamber of Commerce	0.00		420.00	420.00
Marcum 02	Subscriptions	0.00		6,222.00	6,222.00
Marcum 03	Cable TV	0.00		16,352.00	16,352.00
Marcum 04	Copier Maintenance	0.00		6,175.00	6,175.00
Marcum 06	Nursing Home Week	0.00		720.00	720.00
Marcum 07	Contracted Service - MDS/Care PPlan Services	0.00		11,440.00	11,440.00
Marcum 08	Bladder Scanner Lease	0.00		2,550.00	2,550.00
<b>Total</b>		<b>0.00</b>		<b>0.00</b>	<b>0.00</b>
<b>Net (Income) Loss</b>		<b>(33,768.00)</b>		<b>0.00</b>	<b>(33,768.00)</b>

Client: **Eastern Connecticut Health Systems, Inc.**  
 Engagement: **Medicaid - Fountainview Care Center 2015**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - Grouping Report**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
<b>Group : [10-A] Salaries and Wages</b>					
<b>Subgroup : [2] Administrators</b>					
730100.000	Wages - Administrator	162,549.00		0.00	162,549.00
<b>Subtotal [2] Administrators</b>		<b>162,549.00</b>		<b>0.00</b>	<b>162,549.00</b>
<b>Subgroup : [4] Other Administrative Salaries</b>					
730110.000	Wages - Regular	125,724.00		0.00	125,724.00
740100.000	Wages - Admissions	83,568.00		0.00	83,568.00
<b>Subtotal [4] Other Administrative Salaries</b>		<b>209,292.00</b>		<b>0.00</b>	<b>209,292.00</b>
<b>Subgroup : [5A] Head Dietitian</b>					
690120.000	Wages - Dietician	1,562.00		0.00	1,562.00
<b>Subtotal [5A] Head Dietitian</b>		<b>1,562.00</b>		<b>0.00</b>	<b>1,562.00</b>
<b>Subgroup : [5B] Food Service Supervisor</b>					
680100.000	Wages - Supervisor	66,933.00		0.00	66,933.00
<b>Subtotal [5B] Food Service Supervisor</b>		<b>66,933.00</b>		<b>0.00</b>	<b>66,933.00</b>
<b>Subgroup : [5C] Dietary Workers</b>					
690110.000	Wages - Regular	235,311.00		0.00	235,311.00
<b>Subtotal [5C] Dietary Workers</b>		<b>235,311.00</b>		<b>0.00</b>	<b>235,311.00</b>
<b>Subgroup : [6B] Other Housekeeping Workers</b>					
710110.000	Wages - Regular	156,052.00		0.00	156,052.00
<b>Subtotal [6B] Other Housekeeping Workers</b>		<b>156,052.00</b>		<b>0.00</b>	<b>156,052.00</b>
<b>Subgroup : [7A] Engineer or Chief of Maintenance</b>					
720100.000	Wages - Supervisor	50,715.00		0.00	50,715.00
<b>Subtotal [7A] Engineer or Chief of Maintenance</b>		<b>50,715.00</b>		<b>0.00</b>	<b>50,715.00</b>
<b>Subgroup : [7B] Other Maintenance Workers</b>					
720110.000	Wages - Regular	65,040.00		0.00	65,040.00
<b>Subtotal [7B] Other Maintenance Workers</b>		<b>65,040.00</b>		<b>0.00</b>	<b>65,040.00</b>
<b>Subgroup : [11A] Head Accountant</b>					
730105.000	Wages - Controller	105,275.00		0.00	105,275.00
<b>Subtotal [11A] Head Accountant</b>		<b>105,275.00</b>		<b>0.00</b>	<b>105,275.00</b>
<b>Subgroup : [12A] Director of Nurses/Assistant Director</b>					
670100.000	Wages - DON	109,103.00		0.00	109,103.00
670110.000	Wages - ADON	89,204.00		0.00	89,204.00
<b>Subtotal [12A] Director of Nurses/Assistant Director</b>		<b>198,307.00</b>		<b>0.00</b>	<b>198,307.00</b>
<b>Subgroup : [12B1] RNs - Direct Care</b>					
630100.000	Wages - R.N.	601,917.00		0.00	601,917.00
630105.000	Wages - RN Orientation	30,032.00		0.00	30,032.00
<b>Subtotal [12B1] RNs - Direct Care</b>		<b>631,949.00</b>		<b>0.00</b>	<b>631,949.00</b>
<b>Subgroup : [12B2] RNs - Administrative</b>					
670120.000	Wages - MDS Coordinator	114,497.00		0.00	114,497.00
670130.000	Wages - Infection Control	62,604.00		0.00	62,604.00
670135.000	Wages - Inservice	60,231.00		0.00	60,231.00
670145.000	Wages - Staffing Coordinator	49,687.00		0.00	49,687.00
<b>Subtotal [12B2] RNs - Administrative</b>		<b>287,019.00</b>		<b>0.00</b>	<b>287,019.00</b>
<b>Subgroup : [12C1] LPNs - Direct Care</b>					
630110.000	Wages - L.P.N.	966,417.00		0.00	966,417.00
630115.000	Wages - LPN Orientation	17,761.00		0.00	17,761.00
<b>Subtotal [12C1] LPNs - Direct Care</b>		<b>984,178.00</b>		<b>0.00</b>	<b>984,178.00</b>
<b>Subgroup : [12D] Aides and Attendants</b>					
630120.000	Wages - Aides	1,421,988.00		0.00	1,421,988.00
630125.000	Wages - CNA Orientation	31,809.00		0.00	31,809.00
<b>Subtotal [12D] Aides and Attendants</b>		<b>1,453,797.00</b>		<b>0.00</b>	<b>1,453,797.00</b>
<b>Subgroup : [12H] Recreation Workers</b>					
610100.000	Wages - Supervisor	38,234.00		0.00	38,234.00
610110.000	Wages - Regular	107,058.00		0.00	107,058.00
<b>Subtotal [12H] Recreation Workers</b>		<b>145,292.00</b>		<b>0.00</b>	<b>145,292.00</b>
<b>Subgroup : [12M] Social Workers/Case Management</b>					
620110.000	Wages - Regular	95,485.00		0.00	95,485.00
<b>Subtotal [12M] Social Workers/Case Management</b>		<b>95,485.00</b>		<b>0.00</b>	<b>95,485.00</b>
<b>Subgroup : [12N] Marketing</b>					
740110.000	Wages - Marketer	3,178.00		0.00	3,178.00
<b>Subtotal [12N] Marketing</b>		<b>3,178.00</b>		<b>0.00</b>	<b>3,178.00</b>
<b>Subgroup : [12O] Other</b>					
630130.000	Wages - Medical Records	33,481.00		0.00	33,481.00
730115.000	Wages - Financial Consultant	97,768.00		0.00	97,768.00
<b>Subtotal [12O] Other</b>		<b>131,249.00</b>		<b>0.00</b>	<b>131,249.00</b>
<b>Total [10-A] Salaries and Wages</b>		<b>4,983,183.00</b>		<b>0.00</b>	<b>4,983,183.00</b>
<b>Group : [13-B] Professional Fees</b>					
<b>Subgroup : [1] Dietitian</b>					

Client: *Eastern Connecticut Health Systems, Inc.*  
 Engagement: *Medical - Fountainview Care Center 2015*  
 Period Ending: *9/30/2015*  
 Trial Balance: *A.01 - TB-CCNH*  
 Workpaper: *A.02 - Grouping Report*

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
690860.000	Dietician Consultant	31,895.00		0.00	31,895.00
<b>Subtotal [1] Dietitian</b>		<b>31,895.00</b>		<b>0.00</b>	<b>31,895.00</b>
<b>Subgroup : [2] Dentist</b>					
630760.000	Dentist	9,955.00		0.00	9,955.00
<b>Subtotal [2] Dentist</b>		<b>9,955.00</b>		<b>0.00</b>	<b>9,955.00</b>
<b>Subgroup : [3] Pharmacist</b>					
859050.000	Pharmacy Consultant	9,094.00		0.00	9,094.00
<b>Subtotal [3] Pharmacist</b>		<b>9,094.00</b>		<b>0.00</b>	<b>9,094.00</b>
<b>Subgroup : [5A] PT - Resident Care</b>					
800950.000	Purchased Services	270,494.00		0.00	270,494.00
<b>Subtotal [5A] PT - Resident Care</b>		<b>270,494.00</b>		<b>0.00</b>	<b>270,494.00</b>
<b>Subgroup : [8A] Medical Director</b>					
630710.000	Medical Director	50,800.00		0.00	50,800.00
<b>Subtotal [8A] Medical Director</b>		<b>50,800.00</b>		<b>0.00</b>	<b>50,800.00</b>
<b>Subgroup : [8E] Other</b>					
630720.000	Medical Staff	17,500.00		0.00	17,500.00
<b>Subtotal [8E] Other</b>		<b>17,500.00</b>		<b>0.00</b>	<b>17,500.00</b>
<b>Subgroup : [9A] ST - Resident Care</b>					
820950.000	Purchased Services	106,716.00		0.00	106,716.00
<b>Subtotal [9A] ST - Resident Care</b>		<b>106,716.00</b>		<b>0.00</b>	<b>106,716.00</b>
<b>Subgroup : [10A] OT - Resident Care</b>					
810950.000	Purchased Services	213,040.00		0.00	213,040.00
<b>Subtotal [10A] OT - Resident Care</b>		<b>213,040.00</b>		<b>0.00</b>	<b>213,040.00</b>
<b>Subgroup : [11A2] RN's - Administrative</b>					
Marcum 07	Contracted Service - MDS/Care PPlan Services	0.00		11,440.00	11,440.00
<b>Subtotal [11A2] RN's - Administrative</b>		<b>0.00</b>	<b>RJE - 1</b>	<b>11,440.00</b>	<b>11,440.00</b>
<b>Total [13-B] Professional Fees</b>		<b>709,494.00</b>		<b>11,440.00</b>	<b>720,934.00</b>
<b>Group : [15] Expenditures Other than Salaries</b>					
<b>Subgroup : [1A1] Workmen's Compensation</b>					
730250.000	Workers Compensation	233,036.00		0.00	233,036.00
<b>Subtotal [1A1] Workmen's Compensation</b>		<b>233,036.00</b>		<b>0.00</b>	<b>233,036.00</b>
<b>Subgroup : [1A3] Unemployment Insurance</b>					
730200.000	FUTA	39,236.00		0.00	39,236.00
730205.000	SUTA	116,481.00		0.00	116,481.00
<b>Subtotal [1A3] Unemployment Insurance</b>		<b>155,717.00</b>		<b>0.00</b>	<b>155,717.00</b>
<b>Subgroup : [1A4] Social Security (FICA)</b>					
730210.000	FICA	287,050.00		0.00	287,050.00
730215.000	FICAM	68,267.00		0.00	68,267.00
<b>Subtotal [1A4] Social Security (FICA)</b>		<b>355,317.00</b>		<b>0.00</b>	<b>355,317.00</b>
<b>Subgroup : [1A5] Health Insurance</b>					
730300.000	Group Insurance	424,671.00		0.00	424,671.00
730310.000	Dental Insurance	1,043.00		0.00	1,043.00
730320.000	Vision Insurance	(7,106.00)		0.00	(7,106.00)
730340.000	Aflac Insurance	(1,006.00)		0.00	(1,006.00)
<b>Subtotal [1A5] Health Insurance</b>		<b>417,602.00</b>		<b>0.00</b>	<b>417,602.00</b>
<b>Subgroup : [1A6] Life Insurance</b>					
730330.000	Life Insurance	6,038.00		0.00	6,038.00
<b>Subtotal [1A6] Life Insurance</b>		<b>6,038.00</b>		<b>0.00</b>	<b>6,038.00</b>
<b>Subgroup : [1A8] Uniform Allowance</b>					
690400.000	Uniform Expense	196.00		0.00	196.00
710400.000	Uniform Expense	35.00		1,125.00	1,160.00
<b>Subtotal [1A8] Uniform Allowance</b>		<b>231.00</b>	<b>RJE - 3</b>	<b>1,125.00</b>	<b>1,356.00</b>
<b>Subgroup : [1A9] Other</b>					
730260.000	Employee Benefit - Misc	10,087.00		(1,845.00)	8,242.00
<b>Subtotal [1A9] Other</b>		<b>10,087.00</b>	<b>RJE - 3</b>	<b>(1,845.00)</b>	<b>8,242.00</b>
<b>Subgroup : [1C] Bad Debts</b>					
730540.000	Bad Debt Expense	200,356.00		0.00	200,356.00
<b>Subtotal [1C] Bad Debts</b>		<b>200,356.00</b>		<b>0.00</b>	<b>200,356.00</b>
<b>Subgroup : [1D] Accounting and Auditing</b>					
730440.000	Accounting Fees	26,638.00		0.00	26,638.00
<b>Subtotal [1D] Accounting and Auditing</b>		<b>26,638.00</b>		<b>0.00</b>	<b>26,638.00</b>



Client: **Eastern Connecticut Health Systems, Inc.**  
 Engagement: **Medicaid - Fountainview Care Center 2015**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - Grouping Report**

Account	Description	ADJ 9/30/2015	JE Ref #	RJE	FINAL 9/30/2015
<b>Subgroup : [1E]</b>	<b>Legal</b>				
730430.000	Legal Fees	13,040.00		0.00	13,040.00
<b>Subtotal [1E] Legal</b>		<b>13,040.00</b>		<b>0.00</b>	<b>13,040.00</b>
<b>Subgroup : [1G]</b>	<b>Office Supplies</b>				
730670.000	Office Supplies	14,976.00		0.00	14,976.00
730720.000	Small Equipment Purchase	1,254.00		0.00	1,254.00
740650.000	Supplies	224.00		0.00	224.00
<b>Subtotal [1G] Office Supplies</b>		<b>16,454.00</b>		<b>0.00</b>	<b>16,454.00</b>
<b>Subgroup : [1H1]</b>	<b>Telephone and Telegraph</b>				
730445.000	Telephone	6,271.00		0.00	6,271.00
<b>Subtotal [1H1] Telephone and Telegraph</b>		<b>6,271.00</b>		<b>0.00</b>	<b>6,271.00</b>
<b>Subgroup : [1H2]</b>	<b>Cellular Phones and Beepers</b>				
730485.000	Administrator Phone	830.00		0.00	830.00
740485.000	Cell Phone	1,417.00		0.00	1,417.00
<b>Subtotal [1H2] Cellular Phones and Beepers</b>		<b>2,247.00</b>		<b>0.00</b>	<b>2,247.00</b>
<b>Subgroup : [1K3]</b>	<b>Resident Day User Fee</b>				
730930.000	CT User Fee Tax	706,664.00		0.00	706,664.00
<b>Subtotal [1K3] Resident Day User Fee</b>		<b>706,664.00</b>		<b>0.00</b>	<b>706,664.00</b>
<b>Total [15] Expenditures Other than Salaries</b>		<b>2,149,698.00</b>		<b>(720.00)</b>	<b>2,148,978.00</b>
<b>Group : [16]</b>	<b>Expenditures Other than Salaries (cont'd) - Admin. and General</b>				
<b>Subgroup : [4]</b>	<b>Employee Travel</b>				
610840.000	Mileage Reimbursement	79.00		0.00	79.00
730820.000	Travel & Seminar	1,093.00		0.00	1,093.00
730840.000	Mileage Reimbursement	265.00		0.00	265.00
740840.000	Mileage Reimbursement	3,270.00		0.00	3,270.00
<b>Subtotal [4] Employee Travel</b>		<b>4,707.00</b>		<b>0.00</b>	<b>4,707.00</b>
<b>Subgroup : [5]</b>	<b>Education Expense</b>				
610830.000	Education	258.00		0.00	258.00
630830.000	Education	1,377.00		0.00	1,377.00
670830.000	Education	337.00		0.00	337.00
720830.000	Education	146.00		0.00	146.00
730830.000	Education	2,058.00		0.00	2,058.00
<b>Subtotal [5] Education Expense</b>		<b>4,176.00</b>		<b>0.00</b>	<b>4,176.00</b>
<b>Subgroup : [M1]</b>	<b>Advertising Help Wanted</b>				
730510.000	Advertising - Recruitment	1,400.00		0.00	1,400.00
<b>Subtotal [M1] Advertising Help Wanted</b>		<b>1,400.00</b>		<b>0.00</b>	<b>1,400.00</b>
<b>Subgroup : [M3]</b>	<b>Advertising Other</b>				
730490.000	Marketing	11,209.00		0.00	11,209.00
730515.000	Advertising - Promotional	23,275.00		0.00	23,275.00
<b>Subtotal [M3] Advertising Other</b>		<b>34,484.00</b>		<b>0.00</b>	<b>34,484.00</b>
<b>Subgroup : [M7]</b>	<b>Postage</b>				
730675.000	Postage	4,385.00		0.00	4,385.00
<b>Subtotal [M7] Postage</b>		<b>4,385.00</b>		<b>0.00</b>	<b>4,385.00</b>
<b>Subgroup : [M8]</b>	<b>Dues and Membership Fees to Professional Associations</b>				
730810.000	Dues & Subscriptions	6,642.00		(6,642.00)	0.00
<b>Subtotal [M8] Dues and Membership Fees to Professional Associations</b>		<b>6,642.00</b>	<b>RJE - 4</b>	<b>(6,642.00)</b>	<b>0.00</b>
<b>Subgroup : [M8A]</b>	<b>Dues to Chamber of Commerce</b>				
Marcum 01	Chamber of Commerce	0.00		420.00	420.00
<b>Subtotal [M8A] Dues to Chamber of Commerce</b>		<b>0.00</b>	<b>RJE - 4</b>	<b>420.00</b>	<b>420.00</b>
<b>Subgroup : [M9]</b>	<b>Subscriptions</b>				
610810.000	Dues & Subscriptions	318.00		0.00	318.00
Marcum 02	Subscriptions	0.00		6,222.00	6,222.00
<b>Subtotal [M9] Subscriptions</b>		<b>318.00</b>	<b>RJE - 4</b>	<b>6,222.00</b>	<b>6,540.00</b>
<b>Subgroup : [M11]</b>	<b>Services Provided by Contract</b>				
730520.000	Software Maintenance	23,838.00		0.00	23,838.00
730850.000	Purchased Services	30,981.00		(16,352.00)	14,629.00
<b>Subtotal [M11] Services Provided by Contract</b>		<b>54,819.00</b>	<b>RJE - 6</b>	<b>(16,352.00)</b>	<b>38,467.00</b>
<b>Subgroup : [M13]</b>	<b>Other</b>				
730270.000	Employee Pre-Employment Screening	125.00		0.00	125.00
730470.000	Owner/Administrator Allowance	479.00		0.00	479.00
730870.000	Licenses	1,361.00		0.00	1,361.00

Client: **Eastern Connecticut Health Systems, Inc.**  
 Engagement: **Medical - Fountainview Care Center 2015**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - Grouping Report**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
730900.000	Miscellaneous	1,290.00		0.00	1,290.00
730910.000	Service Charges - Bank	3,144.00		0.00	3,144.00
730950.000	Fines and Penalties	9,548.00		0.00	9,548.00
740850.000	Purchased Services	3,986.00		0.00	3,986.00
740900.000	Other	20.00		0.00	20.00
Marcum 06	Nursing Home Week	0.00		720.00	720.00
			RJE - 3	720.00	
				720.00	20,673.00
<b>Subtotal [M13] Other</b>		<b>19,953.00</b>			
<b>Total [16] Expenditures Other than Salaries (cont'd) - Admin. and General</b>		<b>130,884.00</b>		<b>(15,632.00)</b>	<b>115,252.00</b>
<b>Group : [18] Dietary Basis for Allocation of Costs</b>					
<b>Subgroup : [2A1] Raw Food</b>					
690690.000	Raw Food	329,094.00		0.00	329,094.00
<b>Subtotal [2A1] Raw Food</b>		<b>329,094.00</b>		<b>0.00</b>	<b>329,094.00</b>
<b>Subgroup : [2A2] Non-Food Supplies</b>					
690660.000	Chemicals	4,342.00		0.00	4,342.00
690670.000	Supplies (Non-Food)	22,464.00		0.00	22,464.00
690680.000	Food Supplements	8,066.00		0.00	8,066.00
690695.000	Nutritional Supplements	7,912.00		0.00	7,912.00
690720.000	Small Equipment Purchase	5,860.00		0.00	5,860.00
<b>Subtotal [2A2] Non-Food Supplies</b>		<b>48,644.00</b>		<b>0.00</b>	<b>48,644.00</b>
<b>Subgroup : [2B] Purchased Services</b>					
680850.000	Purchased Services	1,380.00		0.00	1,380.00
<b>Subtotal [2B] Purchased Services</b>		<b>1,380.00</b>		<b>0.00</b>	<b>1,380.00</b>
<b>Subgroup : [2D] Other</b>					
690700.000	Equipment Rental	257.00		0.00	257.00
680730.000	Equipment Repair & Maintenance	2,070.00		0.00	2,070.00
<b>Subtotal [2D] Other</b>		<b>2,327.00</b>		<b>0.00</b>	<b>2,327.00</b>
<b>Total [18] Dietary Basis for Allocation of Costs</b>		<b>381,445.00</b>		<b>0.00</b>	<b>381,445.00</b>
<b>Group : [19] Laundry-Basis for Allocation of Costs</b>					
<b>Subgroup : [3A1] Bed Linens, etc...washed, ironed..</b>					
700690.000	Linen	18,655.00		0.00	18,655.00
<b>Subtotal [3A1] Bed Linens, etc...washed, ironed..</b>		<b>18,655.00</b>		<b>0.00</b>	<b>18,655.00</b>
<b>Subgroup : [3B] Purchased Services</b>					
700500.000	Service Contracts	40,500.00		0.00	40,500.00
<b>Subtotal [3B] Purchased Services</b>		<b>40,500.00</b>		<b>0.00</b>	<b>40,500.00</b>
<b>Total [19] Laundry-Basis for Allocation of Costs</b>		<b>59,155.00</b>		<b>0.00</b>	<b>59,155.00</b>
<b>Group : [20] Housekeeping and Resident Care Basis for Allocation of Costs</b>					
<b>Subgroup : [4A1] In-House Care Supplies</b>					
710670.000	Supplies	24,511.00		0.00	24,511.00
<b>Subtotal [4A1] In-House Care Supplies</b>		<b>24,511.00</b>		<b>0.00</b>	<b>24,511.00</b>
<b>Subgroup : [4D] Other</b>					
710720.000	Small Equipment Purchase	64.00		0.00	64.00
<b>Subtotal [4D] Other</b>		<b>64.00</b>		<b>0.00</b>	<b>64.00</b>
<b>Subgroup : [5A2] Purchased from</b>					
850650.000	Drugs - Medicare Part A	239,543.00		0.00	239,543.00
850660.000	Drugs - Legend	35,475.00		0.00	35,475.00
850670.000	Drugs - Non-Legend	3,150.00		0.00	3,150.00
850690.000	Supplies	473.00		0.00	473.00
<b>Subtotal [5A2] Purchased from</b>		<b>278,641.00</b>		<b>0.00</b>	<b>278,641.00</b>
<b>Subgroup : [5B] Medicine Cabinet Drugs</b>					
630600.000	Supplies (Non-Medical)	4,418.00		0.00	4,418.00
670600.000	Supplies (Non-Medical)	4,923.00		0.00	4,923.00
860690.000	Non-Billable	141,582.00		0.00	141,582.00
<b>Subtotal [5B] Medicine Cabinet Drugs</b>		<b>150,923.00</b>		<b>0.00</b>	<b>150,923.00</b>
<b>Subgroup : [5D] Ambulance/Limousine</b>					
630780.000	Ambulance	11,485.00		0.00	11,485.00
<b>Subtotal [5D] Ambulance/Limousine</b>		<b>11,485.00</b>		<b>0.00</b>	<b>11,485.00</b>
<b>Subgroup : [5E2] Oxygen - Other</b>					
630730.000	Oxygen	45,316.00		0.00	45,316.00
<b>Subtotal [5E2] Oxygen - Other</b>		<b>45,316.00</b>		<b>0.00</b>	<b>45,316.00</b>
<b>Subgroup : [5F] X-Rays and related radiological</b>					
630800.000	Radiology	14,837.00		0.00	14,837.00
<b>Subtotal [5F] X-Rays and related radiological</b>		<b>14,837.00</b>		<b>0.00</b>	<b>14,837.00</b>
<b>Subgroup : [5H] Laboratory</b>					
630790.000	Laboratory	27,977.00		0.00	27,977.00
<b>Subtotal [5H] Laboratory</b>		<b>27,977.00</b>		<b>0.00</b>	<b>27,977.00</b>
<b>Subgroup : [5I] Recreation</b>					
610650.000	Supplies	4,509.00		0.00	4,509.00
610720.000	Small Equipment Purchase	89.00		0.00	89.00
610850.000	Purchased Services	560.00		0.00	560.00

Client: *Eastern Connecticut Health Systems, Inc.*  
 Engagement: *Medicaid - Fountainview Care Center 2015*  
 Period Ending: *9/30/2015*  
 Trial Balance: *A.01 - TB-CCNH*  
 Workpaper: *A.02 - Grouping Report*

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
610900.000	Other	328.00		0.00	328.00
Marcum 03	Cable TV	0.00		16,352.00	16,352.00
			RJE - 6	16,352.00	
<b>Subtotal [5I] Recreation</b>		<b>5,486.00</b>		<b>16,352.00</b>	<b>21,838.00</b>
<b>Subgroup : [5J] Other</b>					
830775.000	Physician - Other	58.00		0.00	58.00
630900.000	Other	1,895.00		0.00	1,895.00
670700.000	Equipment Rental	27,532.00		(2,550.00)	24,982.00
			RJE - 2	(2,550.00)	
670720.000	Small Equipment Purchased	9,029.00		0.00	9,029.00
670850.000	Purchased Services	30,603.00		(11,440.00)	19,163.00
			RJE - 1	(11,440.00)	
800670.000	Supplies	5,582.00		0.00	5,582.00
810670.000	Supplies	3,440.00		0.00	3,440.00
820670.000	Supplies	103.00		0.00	103.00
850650.000	Billable	854.00		0.00	854.00
<b>Subtotal [5J] Other</b>		<b>79,096.00</b>		<b>(13,990.00)</b>	<b>65,106.00</b>
<b>Total [20] Housekeeping and Resident Care Basis for Allocation of Costs</b>		<b>638,336.00</b>		<b>2,362.00</b>	<b>640,698.00</b>
<b>Group : [22] Maintenance and Property</b>					
<b>Subgroup : [6A] Repairs and Maintenance</b>					
670730.000	Equipment Repair & Maintenance	1,009.00		0.00	1,009.00
720680.000	Building Repair & Maintenance	11,740.00		0.00	11,740.00
720670.000	Supplies	10,777.00		0.00	10,777.00
720730.000	Repair & Maintenance	30.00		0.00	30.00
<b>Subtotal [6A] Repairs and Maintenance</b>		<b>23,556.00</b>		<b>0.00</b>	<b>23,556.00</b>
<b>Subgroup : [6B] Heat</b>					
720510.000	Heat	23,120.00		0.00	23,120.00
720510.000	Gas	0.00		0.00	0.00
<b>Subtotal [6B] Heat</b>		<b>23,120.00</b>		<b>0.00</b>	<b>23,120.00</b>
<b>Subgroup : [6C] Light &amp; Power</b>					
720520.000	Electricity	126,531.00		0.00	126,531.00
<b>Subtotal [6C] Light &amp; Power</b>		<b>126,531.00</b>		<b>0.00</b>	<b>126,531.00</b>
<b>Subgroup : [6D] Water</b>					
720530.000	Water	30,674.00		0.00	30,674.00
<b>Subtotal [6D] Water</b>		<b>30,674.00</b>		<b>0.00</b>	<b>30,674.00</b>
<b>Subgroup : [6E] Equipment Lease</b>					
730700.000	Equipment Rental	3,992.00		0.00	3,992.00
730740.000	Copier Equipment	12,364.00		(6,175.00)	6,189.00
			RJE - 5	(6,175.00)	
800900.000	Other	15,099.00		0.00	15,099.00
Marcum 08	Bladder Scanner Lease	0.00		2,550.00	2,550.00
			RJE - 2	2,550.00	
<b>Subtotal [6E] Equipment Lease</b>		<b>31,455.00</b>		<b>(3,625.00)</b>	<b>27,830.00</b>
<b>Subgroup : [6F] Other</b>					
630700.000	Equipment Rental	2,359.00		0.00	2,359.00
700720.000	Small Equipment Purchase	170.00		0.00	170.00
720525.000	Diesel Fuel	988.00		0.00	988.00
720540.000	Trash Removal	21,651.00		0.00	21,651.00
720690.000	Grounds Maintenance	15,543.00		0.00	15,543.00
720695.000	Grounds Landscaping	8,863.00		0.00	8,863.00
720700.000	Equipment Rental	2,461.00		0.00	2,461.00
720720.000	Small Equipment Purchase	3,247.00		0.00	3,247.00
720850.000	Purchased Services	22,535.00		0.00	22,535.00
Marcum 04	Copier Maintenance	0.00		6,175.00	6,175.00
			RJE - 5	6,175.00	
<b>Subtotal [6F] Other</b>		<b>77,817.00</b>		<b>6,175.00</b>	<b>83,992.00</b>
<b>Subgroup : [7D] Movable Equipment</b>					
730550.000	Depreciation	128,451.00		0.00	128,451.00
<b>Subtotal [7D] Movable Equipment</b>		<b>128,451.00</b>		<b>0.00</b>	<b>128,451.00</b>
<b>Subgroup : [9] Rental Payments</b>					
720855.000	Rent	420,000.00		0.00	420,000.00
<b>Subtotal [9] Rental Payments</b>		<b>420,000.00</b>		<b>0.00</b>	<b>420,000.00</b>
<b>Subgroup : [10B] Real estate taxes paid by lessor</b>					
730580.000	Real Estate Tax	72,625.00		0.00	72,625.00
<b>Subtotal [10B] Real estate taxes paid by lessor</b>		<b>72,625.00</b>		<b>0.00</b>	<b>72,625.00</b>
<b>Subgroup : [10C] Personal property taxes</b>					
730585.000	Property Tax	9,761.00		0.00	9,761.00
<b>Subtotal [10C] Personal property taxes</b>		<b>9,761.00</b>		<b>0.00</b>	<b>9,761.00</b>
<b>Total [22] Maintenance and Property</b>		<b>943,990.00</b>		<b>2,550.00</b>	<b>946,540.00</b>
<b>Group : [27] Interest and Insurance</b>					
<b>Subgroup : [12D] Other Interest Expense</b>					
730560.000	Interest	2,043.00		0.00	2,043.00
<b>Subtotal [12D] Other Interest Expense</b>		<b>2,043.00</b>		<b>0.00</b>	<b>2,043.00</b>
<b>Subgroup : [14C1] Umbrella</b>					

Client: **Eastern Connecticut Health Systems, Inc.**  
 Engagement: **Medicaid - Fountainview Care Center 2015**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - Grouping Report**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
730530.000	Insurance	88,146.00		0.00	88,146.00
Subtotal [14C1] Umbrella		88,146.00		0.00	88,146.00
<b>Total [27] Interest and Insurance</b>		<b>90,189.00</b>		<b>0.00</b>	<b>90,189.00</b>
<b>Group : [30] Statement of Revenue</b>					
<b>Subgroup : [1A] Medicaid Residents (CT only)</b>					
430100.000	Medicaid - Room And Board	(10,025,790.00)		0.00	(10,025,790.00)
Subtotal [1A] Medicaid Residents (CT only)		(10,025,790.00)		0.00	(10,025,790.00)
<b>Subgroup : [1B] Medicaid room and board contractual allowance</b>					
430111.000	Medicaid - R&B Contractual Adjustment	4,664,795.00		0.00	4,664,795.00
Subtotal [1B] Medicaid room and board contractual allowance		4,664,795.00		0.00	4,664,795.00
<b>Subgroup : [3A] Medicare Residents (All Inclusive)</b>					
400100.000	Medicare A - Room And Board	(1,688,575.00)		0.00	(1,688,575.00)
Subtotal [3A] Medicare Residents (All Inclusive)		(1,688,575.00)		0.00	(1,688,575.00)
<b>Subgroup : [3B] Medicare room and board contractual allowance</b>					
400111.000	Medicare A - R&B Contractual Adjustment	(766,791.00)		0.00	(766,791.00)
400112.000	Medicare A - Co-Ins Adjustment	343.00		0.00	343.00
Subtotal [3B] Medicare room and board contractual allowance		(766,448.00)		0.00	(766,448.00)
<b>Subgroup : [4A] Private-pay residents and other</b>					
410100.000	Private - Room And Board	(1,695,540.00)		0.00	(1,695,540.00)
450100.000	Managed Care - Room And Board	(310,120.00)		0.00	(310,120.00)
460100.000	Insurance - Room And Board	(27,325.00)		0.00	(27,325.00)
470100.000	Hospice - Room And Board	(162,230.00)		0.00	(162,230.00)
Subtotal [4A] Private-pay residents and other		(2,195,215.00)		0.00	(2,195,215.00)
<b>Subgroup : [4B] Private-pay room and board contractual allowance</b>					
410111.000	Private - R&B Contractual Adjustment	40,562.00		0.00	40,562.00
450111.000	Managed Care - R&B Contractual Adjustment	(68,257.00)		0.00	(68,257.00)
460111.000	Insurance - R&B Contractual Adjustment	(2,380.00)		0.00	(2,380.00)
470111.000	Hospice - R&B Contractual Adjustment	71,058.00		0.00	71,058.00
505900.000	Managed Care B - Contractual Allowance	45,080.00		0.00	45,080.00
Subtotal [4B] Private-pay room and board contractual allowance		86,063.00		0.00	86,063.00
<b>Subgroup : [5A] Prescription Drugs - Medicare</b>					
400250.000	Medicare A - Pharmacy	(396,037.00)		0.00	(396,037.00)
Subtotal [5A] Prescription Drugs - Medicare		(396,037.00)		0.00	(396,037.00)
<b>Subgroup : [5C] Prescription Drugs - Non-medicare</b>					
410250.000	Private - Pharmacy	(5,760.00)		0.00	(5,760.00)
430250.000	Medicaid - Pharmacy	(43,371.00)		0.00	(43,371.00)
450250.000	Managed Care - Pharmacy	(62,608.00)		0.00	(62,608.00)
460250.000	Insurance - Pharmacy	(10,625.00)		0.00	(10,625.00)
470250.000	Hospice - Pharmacy	(98.00)		0.00	(98.00)
Subtotal [5C] Prescription Drugs - Non-medicare		(122,462.00)		0.00	(122,462.00)
<b>Subgroup : [6A] Medical Supplies - Medicare</b>					
400200.000	Medicare A - Medical Supplies	(1,949.00)		0.00	(1,949.00)
Subtotal [6A] Medical Supplies - Medicare		(1,949.00)		0.00	(1,949.00)
<b>Subgroup : [6C] Medical Supplies - Non-medicare</b>					
430200.000	Medicaid - Medical Supplies	(10,450.00)		0.00	(10,450.00)
Subtotal [6C] Medical Supplies - Non-medicare		(10,450.00)		0.00	(10,450.00)
<b>Subgroup : [7A] Physical Therapy - Medicare</b>					
400400.000	Medicare A - Physical Therapy	(1,101,600.00)		0.00	(1,101,600.00)
500400.000	Medicare B - Physical Therapy	(263,404.00)		0.00	(263,404.00)
Subtotal [7A] Physical Therapy - Medicare		(1,365,004.00)		0.00	(1,365,004.00)
<b>Subgroup : [7C] Physical Therapy - Non-medicare</b>					
410400.000	Private - Physical Therapy	(600.00)		0.00	(600.00)
430400.000	Medicaid - Physical Therapy	(170,400.00)		0.00	(170,400.00)
450400.000	Managed Care - Physical Therapy	(214,080.00)		0.00	(214,080.00)
460400.000	Insurance - Physical Therapy	(8,040.00)		0.00	(8,040.00)
505400.000	Managed Care B - Physical Therapy	(46,800.00)		0.00	(46,800.00)
Subtotal [7C] Physical Therapy - Non-medicare		(439,920.00)		0.00	(439,920.00)
<b>Subgroup : [8A] Speech Therapy - Medicare</b>					
400500.000	Medicare A - Speech Therapy	(159,600.00)		0.00	(159,600.00)
500500.000	Medicare B - Speech Therapy	(96,723.00)		0.00	(96,723.00)
Subtotal [8A] Speech Therapy - Medicare		(256,323.00)		0.00	(256,323.00)
<b>Subgroup : [8C] Speech Therapy - Non-medicare</b>					
430500.000	Medicaid - Speech Therapy	(15,360.00)		0.00	(15,360.00)
450500.000	Managed Care - Speech Therapy	(28,680.00)		0.00	(28,680.00)
505500.000	Managed Care B - Speech Therapy	(8,640.00)		0.00	(8,640.00)
Subtotal [8C] Speech Therapy - Non-medicare		(52,680.00)		0.00	(52,680.00)

Client: **Eastern Connecticut Health Systems, Inc.**  
 Engagement: **Medicaid - Fountainview Care Center 2015**  
 Period Ending: **9/30/2015**  
 Trial Balance: **A.01 - TB-CCNH**  
 Workpaper: **A.02 - Grouping Report**

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2015			9/30/2015
<b>Subgroup : [9A]</b>	<b>Occupational Therapy - Medicare</b>				
400450.000	Medicare A - Occupational Therapy	(934,560.00)		0.00	(934,560.00)
500450.000	Medicare B - Occupational Therapy	(201,005.00)		0.00	(201,005.00)
<b>Subtotal [9A] Occupational Therapy - Medicare</b>		<b>(1,135,565.00)</b>		<b>0.00</b>	<b>(1,135,565.00)</b>
<b>Subgroup : [9C]</b>	<b>Occupational Therapy - Non-medicare</b>				
430450.000	Medicaid - Occupational Therapy	(109,440.00)		0.00	(109,440.00)
450450.000	Managed Care - Occupational Therapy	(156,000.00)		0.00	(156,000.00)
480450.000	Insurance - Occupational Therapy	(1,680.00)		0.00	(1,680.00)
505450.000	Managed Care B - Occupational Therapy	(9,120.00)		0.00	(9,120.00)
<b>Subtotal [9C] Occupational Therapy - Non-medicare</b>		<b>(276,240.00)</b>		<b>0.00</b>	<b>(276,240.00)</b>
<b>Subgroup : [10A]</b>	<b>Other - Medicare</b>				
400113.000	Medicare A - Sequestration	41,694.00		0.00	41,694.00
400300.000	Medicare A - Oxygen	(2,148.00)		0.00	(2,148.00)
400350.000	Medicare A - Equipment Rental	(4,075.00)		0.00	(4,075.00)
400600.000	Medicare A - IV Therapy	(23,042.00)		0.00	(23,042.00)
400700.000	Medicare A - X-Ray	(27,510.00)		0.00	(27,510.00)
400850.000	Medicare A - Lab	(238,492.00)		0.00	(238,492.00)
400860.000	Medicare A - Complex Medical	(1,126.00)		0.00	(1,126.00)
400900.000	Medicare A - Contractual Adjustment	2,890,412.00		0.00	2,890,412.00
400999.000	Medicare A - Prior Year Adjustment	3,326.00		0.00	3,326.00
450200.000	Managed Care - Medical Supplies	(414.00)		0.00	(414.00)
500260.000	Medicare B - Vaccines	(8,850.00)		0.00	(8,850.00)
500900.000	Medicare B - Contractual Adjustment	363,502.00		0.00	363,502.00
500901.000	Medicare B - Sequestration	3,326.00		0.00	3,326.00
500999.000	Medicare B - Prior Year Adjustment	11,943.00		0.00	11,943.00
505260.000	Managed Care B - Vaccines	(900.00)		0.00	(900.00)
<b>Subtotal [10A] Other - Medicare</b>		<b>3,007,646.00</b>		<b>0.00</b>	<b>3,007,646.00</b>
<b>Subgroup : [10B]</b>	<b>Other - Non-medicare</b>				
410300.000	Private - Oxygen	(76.00)		0.00	(76.00)
410850.000	Private - Lab	(630.00)		0.00	(630.00)
410900.000	Private - Contractual Adjustment	4,533.00		0.00	4,533.00
410999.000	Private - Prior Year Adjustment	(73,821.00)		0.00	(73,821.00)
430260.000	Medicaid - Vaccines	(900.00)		0.00	(900.00)
430300.000	Medicaid - Oxygen	(12,852.00)		0.00	(12,852.00)
430350.000	Medicaid - Equipment Rental	(527.00)		0.00	(527.00)
430600.000	Medicaid - IV Therapy	(7,009.00)		0.00	(7,009.00)
430850.000	Medicaid - Lab	(16,346.00)		0.00	(16,346.00)
430900.000	Medicaid - Contractual Adjustment	386,127.00		0.00	386,127.00
430999.000	Medicaid - Prior Year Adjustment	51,271.00		0.00	51,271.00
450260.000	Managed Care - Vaccines	(150.00)		0.00	(150.00)
450300.000	Managed Care - Oxygen	(1,076.00)		0.00	(1,076.00)
450700.000	Managed Care - X-Ray	(5,333.00)		0.00	(5,333.00)
450850.000	Managed Care - Lab	(62,904.00)		0.00	(62,904.00)
450900.000	Managed Care - Contractual Adjustment	530,923.00		0.00	530,923.00
450999.000	Managed Care - Prior Year Adjustment	(3,136.00)		0.00	(3,136.00)
460700.000	Insurance - X-Ray	(562.00)		0.00	(562.00)
460850.000	Insurance - Lab	(2,122.00)		0.00	(2,122.00)
460900.000	Insurance - Contractual Adjustment	23,018.00		0.00	23,018.00
460999.000	Insurance - Prior Year Adjustment	(6,174.00)		0.00	(6,174.00)
470900.000	Hospice - Contractual Adjustment	98.00		0.00	98.00
470999.000	Hospice - Prior Year Adjustment	(4,066.00)		0.00	(4,066.00)
505999.000	Managed Care B - Prior Year Adjustment	7,801.00		0.00	7,801.00
<b>Subtotal [10B] Other - Non-medicare</b>		<b>806,097.00</b>		<b>0.00</b>	<b>806,097.00</b>
<b>Subgroup : [15]</b>	<b>Interest Income</b>				
599050.000	Interest Income	(26.00)		0.00	(26.00)
599055.000	Interest Charged To Residents	(118.00)		0.00	(118.00)
<b>Subtotal [15] Interest Income</b>		<b>(144.00)</b>		<b>0.00</b>	<b>(144.00)</b>
<b>Subgroup : [18]</b>	<b>Other Revenue</b>				
599080.000	Misc. Income	(1,938.00)		0.00	(1,938.00)
<b>Subtotal [18] Other Revenue</b>		<b>(1,938.00)</b>		<b>0.00</b>	<b>(1,938.00)</b>
<b>Total [30] Statement of Revenue</b>		<b>(10,170,139.00)</b>		<b>0.00</b>	<b>(10,170,139.00)</b>
<b>Sum of Account Groups</b>		<b>(83,765.00)</b>		<b>0.00</b>	<b>(83,765.00)</b>
<b>Net (Income) Loss</b>		<b>(83,765.00)</b>		<b>0.00</b>	<b>(83,765.00)</b>

Client: *Eastern Connecticut Health Systems, Inc.*  
 Engagement: *Medicaid - Fountainview Care Center 2015*  
 Period Ending: *9/30/2015*  
 Trial Balance: *A.01 - TB-CCNH*  
 Workpaper: *H.02 - Reclassifying Journal Entries Report*

<u>Account</u>	<u>Description</u>	<u>W/P Ref</u>	<u>Debit</u>	<u>Credit</u>
<b>Reclassifying Journal Entries JE # 1 D.01 - Page 93</b>				
To reclass the MDS/Care Plan Services the appropriate line of the				
Marcum 07	Contracted Service - MDS/Care PLan Servic		11,440.00	
670850.000	Purchased Services			11,440.00
<b>Total</b>			<b>11,440.00</b>	<b>11,440.00</b>
<b>Reclassifying Journal Entries JE # 2 D.01 - Page 90</b>				
To reclass the bladder scanner leased equipment to page 22, line 6e				
Marcum 08	Bladder Scanner Lease		2,550.00	
670700.000	Equipment Rental			2,550.00
<b>Total</b>			<b>2,550.00</b>	<b>2,550.00</b>
<b>Reclassifying Journal Entries JE # 3 D.01 - Page 85</b>				
To reclass Misc. Benefits				
710400.000	Uniform		1,125.00	
Marcum 06	Nursing Home Week		720.00	
730260.000	Employee Benefit - Misc			1,845.00
<b>Total</b>			<b>1,845.00</b>	<b>1,845.00</b>
<b>Reclassifying Journal Entries JE # 4 D.01 - Page 87</b>				
To reclass subscriptions from the dues line				
Marcum 01	Chamber of Commerce		420.00	
Marcum 02	Subscriptions		6,222.00	
730810.000	Dues & Subscriptions			6,642.00
<b>Total</b>			<b>6,642.00</b>	<b>6,642.00</b>
<b>Reclassifying Journal Entries JE # 5 D.01 - Page 90</b>				
To reclass copier maintenance from the lease expense line				
Marcum 04	Copier Maintenance		6,175.00	
730740.000	Copier Equipment			6,175.00
<b>Total</b>			<b>6,175.00</b>	<b>6,175.00</b>
<b>Reclassifying Journal Entries JE # 6 N.02</b>				
To reclass cable TV from purchased services account				
Marcum 03	Cable TV		16,352.00	
730850.000	Purchased Services			16,352.00
<b>Total</b>			<b>16,352.00</b>	<b>16,352.00</b>



**MYERS AND STAUFFER**  
L.C.  
CERTIFIED PUBLIC ACCOUNTANTS

Workpaper Index: 400.2  
Prepared By:  
Reviewed By:  
Workpaper Date: 1/20/2016  
Run Date: 1/20/2016  
Name of Workpaper: VHCL CKLST

Provider Name: Eastern Connecticut Health Systems, Inc.  
Provider Number: 10488  
Period Ended: 9/30/15

**VEHICLE COMPLIANCE CHECKLIST**

**PURPOSE:** To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? <i>Request insurance cards and current vehicle registration.</i>				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowable monthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

**Conclusion:**