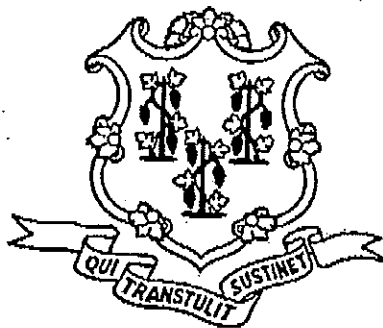


State of Connecticut



15-76

Annual Report of Long-Term Care Facility Cost Year 2015

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FEB 17 2016

DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

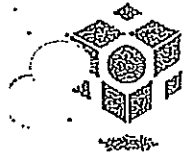
Name of Facility (as licensed) Sheriden Woods Health Care Center	
Address (No. & Street, City, State, Zip Code) 321 Stonecrest Drive, Bristol, CT 06010	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2004C	RHNS	(Specify)	Medicare Provider No. 07-5350
------------------	---------------	------	-----------	----------------------------------

Medicaid Provider Numbers:	CCNH 2004C	RHNS	ICF-MR
----------------------------	---------------	------	--------

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received



**MYERS AND
STAUFFER, LLC**
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier
Chief Financial Officer
Athena Health Care Systems
135 South Road
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA
CC: Chris Lavigne

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	1	37

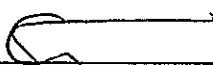
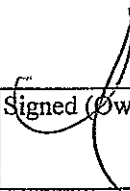
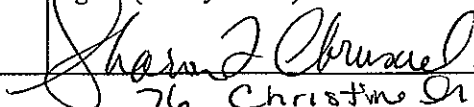
Administrator's/Owner's Certification

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 Sheriden Woods Health Care Center [facility name] for the cost report period beginning October 01, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
					
Printed Name (Administrator)			Printed Name (Owner)		
Robert Fritz			Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
	Conn	2/10/16		03/31/2020	
Address of Notary Public					
76 Christine Drive Southington CT 06489					

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Sheriden Woods Health Care Center	Period Covered:	From	To	
		10/1/2014	9/30/2015	
Address of Facility 321 Stonecrest Drive, Bristol, CT 06010				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/12/2016		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid..... \$				
2. Laundry wages paid..... \$				
3. Housekeeping wages paid..... \$				
4. Nursing wages paid..... \$				
5. All other wages paid..... \$				
6. Total Wages Paid \$				
7. Total salaries paid..... \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-583-1827		Report for Year Ended 09/30/15	Page 2	of 37
Name of Facility (as shown on license) Sheriden Woods Health Care Center		Address (No. & Street, City, State, Zip) 321 Stonecrest Drive, Bristol, CT 06010		
License Numbers:	CCNH 2004C	RHNS	(Specify)	Medicare Provider No. 07-5350
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input checked="" type="checkbox"/> PROFIT CORP. <input type="checkbox"/> NON-PROFIT CORP. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> TRUST				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Robert Fritz		Nursing Home Administrator's License No.:	001250	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

**General Information and Questionnaire
 Corporate Owners**

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	3A	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		
Sheriden Woods Health Care Center, Inc.	321 Stonecrest Rd, Bristol, CT 06010	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Lawrence G Santilli	321 Stonecrest Rd, Bristol, CT 06010	President	5318.06	
Debra M Soucey	321 Stonecrest Rd, Bristol, CT 06010	Secretary		
Michael E Mosier	321 Stonecrest Rd, Bristol, CT 06010	Treasurer		
Names of Stockholders Owning at Least 10% of Shares				
Other than listed above:				
Conservators for Lawrence E Santilli	321 Stonecrest Rd, Bristol, CT 06010		1748.73	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

General Information and Questionnaire Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report	Actual Cost to the Related Party
		Yes	No			
Athena Health 401K plan	135 South Road, Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Facility participates in a common 401 (K) plan		
Shady Knoll Health Care Center	41 Skokorat Street Seymour, CT 06483	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98% Swap Interest Allocation Payments	pg 26, 12A1	\$12,308
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98% Bank Fees	pg 16 m13	\$6,970
Athena Captive LLC	135 South Road, Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>50% Workers Comp Captive	pg 15 1a1	\$538,713
Sheriden Woods Landlord LLC	135 South Road, Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98% Lease of Facility	pg 22 19 and 10b, pg 27, in 14a	\$721,338
Athena Health Care	135 South Rd Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98% See Attached		\$97,960
Athena Health Care	135 South Road, Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<50% Self Insured Employee Health & Dental Insurance	pg 15, 1a5	\$1,099,036
Athena Health Care	135 South Road, Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<50% Management Fees	p16, m12	\$611,996
Litchfield Woods	255 Roberts Street, Torrington, CT 06790	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>98% Reimbursement of Legal Fees	p15, 1e	\$5,077

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

Report for FYE 9/30/2015

Sheriden Woods
RELATED PARTIES QUESTIONNAIRE
PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No	%**				

X		>98%
---	--	------

Athena Health Care
135 South Road
Farmington, CT 06032

Pg 15, 1e; Pg 16, m13; P 16, m12; P16, l5; P22, 6a; P13, B11a2

Legal, Lobbying, Business Promotion, Purchased Service-Admin., Payroll/Data Processing Fees, Education-Staff, Employee Relations, Maintenance- Painters, MDS Compliance Consultant

\$97,960 \$97,960

**General Information and Questionnaire
 Basis for Allocation of Costs**

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary.....	Number of meals served to residents
Laundry.....	Number of pounds processed
Housekeeping.....	Number of square feet serviced
Nursing.....	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants.....	Number of hours of resident care provided by EACH specialist (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.

Not Applicable

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

Not Applicable

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.

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	7	37

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworkin, Hillman, Lamorte & Sterczala	Four Corporate Dr, Shelton, CT
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT
3 Dopkins & Company, LLP	200 International Dr., Buffalo, NY
4	

Services Provided by This Firm (*describe fully*)

1 2014 Year-end Audit and tax return preparation	\$ 14,000
2 Medicare cost report rpeparation	\$ 2,650
3 KeyBank Loan refinance	\$ 1,912
4	\$ -
	Charge for Services Provided
	\$18,562

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

Yes No Pg 15, Line d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder & Woods LLC	203-899-8900
2 Murtha Cullina/Schiff Hardin	860-240-6000
3 Shipman & Goodwin/Halloran & Sage	860-561-3100
4 probate court	860-584-6230
5 Schiff, Hardin LLP	312-258-5500

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

1 200 Connecticut Ave, Norwalk, CT
2 185 Asylum Street, Hartford, CT
3 12 N.Main St., West Hartford, Ct 06107
4 111 North Main Street, Bristol
5 660 Sears Tower, Chicago, IL

Services Provided by This Firm (*describe fully*)

1 Collections:Disallowed	\$ 4,097
2 Loan Modification \$7,366, disallowed; Annual Reports \$233, disallowed; Collections \$3565, disallowed	\$ 11,164
3 Employee Claims : disallowed	\$ 7,568
4 Probate Matters:Disallowed	\$ 290
5 Loan Modification -KeyBank-disallowed	\$ 5,077
	Charge for Services Provided
	\$28,196

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

Yes No Pg 15, Line e

State of Connecticut
 Annual Report of Long-Term Care Facility
 CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended				Page	of
	2004C		09/30/15		Period 7/1 Thru 9/30			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total CCNH RHNS (Specify)	Total CCNH RHNS (Specify)	Period 10/1 Thru 6/30	
1. Certified Bed Capacity								
A. On last day of PREVIOUS report period.....	146	146		146	146	146		
B. On last day of THIS report period.....	146	146		146	146	146		
2. Number of Residents								
A. As of midnight of PREVIOUS report period.....	133	133		133	133	133		
B. As of midnight of THIS report period.....	134	134		129	129	134		
3. Total Number of Days Care Provided During Period								
A. Medicare.....	5,916	5,916		4,294	4,294	1,622		
B. Medicaid (Conn.).....	39,335	39,335		29,874	29,874	9,461		
C. Medicaid (other states).....								
D. Private Pay.....	3,363	3,363		2,535	2,535	828		
E. State SSI for ROH.....								
F. Other (Specify) Managed Care	384	384		176	176	208		
G. Total Care Days During Period (3A thru F).....	48,998	48,998		36,879	36,879	12,119		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds								
A. Medicaid Bed Reserve Days.....	211	211		174	174	37		
B. Other Bed Reserve Days.....	9	9		9	9			
5. Total Resident Days (3G + 4A + 4B).....	49,218	49,218		37,062	37,062	12,156		
						12,156	8	37

Schedule of Resident Statistics (Cont'd)

Name of Facility Sheriden Woods Health Care Center	License No. 2004C	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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H. ICF-MR
No. of Residents	4		109		8		13	
Per Diem Rate								
a. One bed rm.	502.30		209.11		481.00		437.50	
b. Two bed rms.	502.30		209.11		467.00		437.50	
c. Three or more bed rms.					462.00		437.50	

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	8,695	8,695		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,230	1,230		
2. Restorative Treatments				
C. Other	13,661	13,661		
D. Total Physical Therapy Treatments	23,586	23,586		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,069	1,069		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	130	130		
2. Restorative Treatments				
C. Other	1,087	1,087		
D. Total Speech Therapy Treatments	2,286	2,286		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	7,825	7,825		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,319	1,319		
2. Restorative Treatments				
C. Other	13,877	13,877		
D. Total Occupational Therapy Treatments	23,021	23,021		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Sheriden Woods Health Care Center	2004C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	100,537	2,078				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	245,881	10,780				
5. Dietary Service						
a. Head Dietitian	63,701	1,700				
b. Food Service Supervisor	66,754	2,163				
c. Dietary Workers	393,425	30,526				
6. Housekeeping Service						
a. Head Housekeeper	64,654	2,148				
b. Other Housekeeping Workers	222,624	17,628				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	68,263	2,152				
b. Other Maintenance Workers	57,193	3,336				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	98,801	9,376				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	225,508	4,232				
b. RN						
1. Direct Care	522,745	14,545				
2. Administrative**	484,000	17,859				
c. LPN						
1. Direct Care	1,263,310	52,475				
2. Administrative**						
d. Aides and Attendants	1,826,003	134,208				
e. Physical Therapists	329,027	11,487				
f. Speech Therapists	52,386	1,216				
g. Occupational Therapists	346,824	8,807				
h. Recreation Workers	189,900	9,553				
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	176,763	7,120				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	6,798,299	343,389				

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

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

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

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Sheriden Woods Health Care Center		2004C		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Not Applicable									
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).									
Not Applicable									

* 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			
Sheriden Woods Health Care Center		2004C		9/30/2015		12	37			
Name	CCNH	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
		RHNS	(Specify)							
Section III - Administrators***										
Robert F. Fritz (10/1/2014 - 9/30/2015)	100,537			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,078	A2			
Section IV - Assistant Administrators										

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Sheriden Woods Health Care Center	2004C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian.....						
2. Dentist.....	7,976	78				
3. Pharmacist.....	10,781	166				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	157,071	2,503				
b. Other.....						
6. Social Worker.....	210	7				
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	34,908	224				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	1,400	14				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	600	6				
9. Speech Therapist						
a. Resident Care.....	4,859	67				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	22,522	362				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	240,327	3,427				

* 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
Sheriden Woods Health Care Center	2004C	9/30/2015	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Gerident Solutions LLC P.O.Box 290539, Wethersfield, CT	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dr. C. Licata, ProHealth Physicians, 625 Clark Ave., Bristol, CT 06010	Medical Director and Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Omnicare/Value Health Care Services, 525 Knottter Drive, Cheshire, CT 06410	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS Fill In, Nursing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners
Access Therapies, 5980 W 71st St, Suite 102, Indianapolis, IN 46278	Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dr. A. Scappaticci, ProHealth Physicians, 625 Clark Ave. Bristol, CT 06010	Medical Staff and Asst. Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marilyn L. Pettit, 50 Wood street, Torrington, CT	Social Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Swallowing Diagnostics, 21 Waterville RD, Avon, CT	Therapy Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dr. J. Adler, 621 Terryville Ave, Bristol, CT 06010	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Health Drive Medical & Dental Practices, 85 Barnes Rd., Wallingford, CT 06492	Podiatrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Vista Behavioral Health LLC, 152 Simsbury Road, Avon, CT	Medical Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Healthdrive Audiology, 888 Worcester St, Wellesley, MA	Audiology services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Retina Consultants, 191 Main Street, Torrington, CT	Eye Doctor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Advanced Medical Personnel Services, PO Box 392450, Philadelphia, PA 15251	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

* 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
Sheriden Woods Health Care Center	2004C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 538,713	538,713			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 208,668	208,668			
4. Social Security (F.I.C.A.).....	\$ 504,667	504,667			
5. Health Insurance.....	\$ 978,729	978,729			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 26,883	26,883			
8. Uniform Allowance.....	\$				
9. Other (<i>Specify</i>)..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*.....	\$ 85,413	85,413			
d. Accounting and Auditing.....	\$ 18,562	18,562			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 28,196	28,196			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*.....	\$				
g. Office Supplies.....	\$ 46,012	46,012			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 28,003	28,003			
2. Cellular Phones.	\$ 3,331	3,331			
i. Appraisal (<i>Specify purpose and attach copy</i>)*.....	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*.....	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 910,208	910,208			
Subtotal	\$ 3,377,385	3,377,385			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	3,377,385	3,377,385			
i. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 7,461	7,461			
3. Gifts to Staff and Residents.....	\$ 22,945	22,945			
4. Employee Travel.....	\$ 3,877	3,877			
5. Education Expenses Related to Seminars and Conventions	\$ 9,267	9,267			
6. Automobile Expense (<i>not purchase or depreciation</i>).....	\$				
7. Other (<i>Specify</i>)..... See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>).....	\$ 5,454	5,454			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 740	740			
3. Advertising Other (<i>Specify</i>)***..... See Attached Schedule	\$ 31,807	31,807			
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.....	\$ 6,715	6,715			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,909	9,909			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**.....	\$ 425,478	425,478			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 136,921	136,921			
C-14 Total Administrative & General Expenditures	\$ 4,037,959	4,037,959			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 31,807		
Total Other Advertising	\$ 31,807	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 9,909		
Total Dues	\$ 9,909	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 4,889		
Licenses	\$ 1,949		
Bank Charges	\$ 8,714		
Payroll Processing Fees	\$ 23,951		
Background Checks/Physicals	\$ 27,633		
Data Processing	\$ 17,117		
Compliance Consulting	\$ 51,648		
Penalties-State of CT Citation #2015-70 License #2004C	\$ 1,020		
Total Other Administrative and General	\$ 136,921	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Sheriden Woods Health Care Center	2004C	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$574,292	Contract Attached to a Prior Year	See Below
Allocation of the above	\$379,033 \$91,887 \$103,372	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$46,445	Admin/General	Pg 16, Line 12

* 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
Sheriden Woods Health Care Center	2004C	9/30/2015		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 323,729	323,729			
2. Non-Food Supplies.....	\$ 52,122	52,122			
3. Other (Specify) _____ Dishes = \$962	\$ 962	962			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**.....	\$ 91,887	91,887			
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 468,700	468,700			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	403	403			
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		If yes, specify amount.	
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="checkbox"/> Yes	<input type="checkbox"/> No		If yes, specify cost. = \$175	
L. Is any revenue collected from these people?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		If yes, specify amount. = \$138	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				18,2a1	
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No		If yes, specify cost.	
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		If yes, specify amount.	
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
Sheriden Woods Health Care Center		2004C	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. \$				
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. \$	28,259	28,259		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Supplies = \$7,288		\$	7,288	7,288		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	35,547	35,547		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
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	
Sheriden Woods Health Care Center	2004C	9/30/2015	20	37	
Item	Sq. Ft. Serviced by Personnel	Total	CCNH	RHNS	(Specify)
4. Housekeeping					
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	38,309	38,309		
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>)		\$			
4E. Total Housekeeping Expenditures (4a + b + c + d)....		\$ 38,309	38,309		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy.....	\$				
2. Purchased from Omni Care	\$	311,900	311,900		
b. Medicine Cabinet Drugs.....	\$	25,801	25,801		
c. Medical and Therapeutic Supplies.....	\$	296,414	296,414		
d. Ambulance/Limousine***	\$	1,195	1,195		
e. Oxygen					
1. For Emergency Use.....	\$				
2. Other***	\$	46,356	46,356		
f. X-rays and Related Radiological Procedures***	\$	23,671	23,671		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	15,375	15,375		
i. Recreation.....	\$	16,553	16,553		
j. Other (Specify)**** See Attached Schedule	\$	211,895	211,895		
5K. Total Resident Care Expenditures (5a - 5j).....		\$ 949,160	949,160		

* 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)
Management Fee Direct	\$ 103,372		
Oxygen Concentrator Rentals	\$ 14,165		
Speech Therapy Supplies	\$ 1,440		
Medical Equip Rentals-Medicaid	\$ -8,816		
Physical Therapy Supplies	\$ 63,554		
Cable TV Services	\$ 8,687		
Occupational Therapy Supplies	\$ 1,203		
Medical Equip Rentals-other	\$ 10,658		
Total Other Resident Care	\$ 211,895	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended			Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	82,200	82,200				
b. Heat..... \$	86,328	86,328				
c. Light & Power..... \$	94,269	94,269				
d. Water..... \$	49,779	49,779				
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	58,653	58,653				
f. Other (<i>itemize</i>)..... \$	92,255	92,255				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f) \$	463,484	463,484				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements..... \$	6,104	6,104				
b. Building & Building Improvements..... \$	100,446	100,446				
c. Non-Movable Equipment..... \$	29,175	29,175				
d. Movable Equipment..... \$	99,089	99,089				
*7e. Total Depreciation Costs (7a + b + c + d) \$	234,814	234,814				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	4,921	4,921				
d. Other (<i>Specify</i>)..... \$						
*8e. Total Amortization Costs (8a + b + c + d) \$	4,921	4,921				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	496,336	496,336				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	128,328	128,328				
c. Personal property taxes..... \$	17,752	17,752				
11. Total Property Expenses (7e + 8e + 9 + 10) \$	882,151	882,151				

* 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)
Groundskeeping	\$ 15,733		
Rubbish Removal	\$ 26,317		
Snow Removal	\$ 14,330		
Supplies	\$ 35,875		
Total Other Repairs and Maintenance	\$ 92,255	\$ -	\$ -

**Sheriden Woods
Capital Expenditures
Fiscal Year Ending 09/30/15**

Date	Vendor	Description	Amount
10/1/2014	No asset purchases		\$ -
11/1/2014	S M D	Wireless Door Opener	2,105.73
12/1/2014	Kittredge Foodservice Equipment	Ice Maker & Water Dispenser	3,956.22
	May Foodservice Equipment	Plate Dispenser, Heated -with casters	2,557.72
1/1/2015	ArjoHuntleigh Inc.	Sara Medium Slings (3)	691.15
	CDW Government	HP Laptop for Administration	497.43
2/1/2015	Joerns	Service control box with pendant for maxi rest bed	892.35
	Joerns	Full Back Slings (6)	987.96
	McKesson	Vitascan Scanner	6,730.89
3/1/2015	TNT Refrigeration	Zonex Dampers installation -HVAC	9,146.10
	Paul Perrotti Electric, L.L.C.	Baseboard heaters (3) Reception, area, lobby and conference room.	1,350.00
	Joerns	Hoyt elevate lift with monitor and slings	3,154.77
4/1/2015	Direct Supply	RCA HDTV's (3) with tilt mounts	1,545.39
	Direct Supply	RCA HDTV's (2)	809.96
	HD Supply	Amana Washer & Dryer	942.26
	CDW Government	HP SB 350 Laptop for Finance Director	823.20
5/1/2015	All Trade Industries	Electrical fixtures -LED small door LUM and (3) LED wall packs	1,048.97
	Direct Supply	RCA 32" HDTV's (3)	1,204.41
	Direct Supply	RCA 40" HDTV for therapy room	586.20
	Kwalu	Regal Victoria Arm chairs (18)	7,217.19
	W.B Mason	Pagoda Fan Back Chairs (15)	5,232.42
	Direct Supply	Electric Conveyor Toaster	1,164.38
6/1/2015	AKIN	Settee (1), Chairs (4), End Tables (2) and EZ Roller tables (9)	7,182.30
	CAL Business Solutions	Converting Great Plains to Binary Stream	1,954.18
	Patterson Medical	Parallel Bars -10' and 66" Group therapy table	5,010.38
7/1/2015	HP Foodservice	Meal Server Plates/Dome Covers/Thermal Bases	28,218.46
	Direct Supply	RCA 32" HDTV's (3)	1,204.41
	Direct Supply	RCA 32" HDTV's (3)	1,204.41
	McKesson	Mattress 80" x 48"	792.99
	W.B Mason	Flagship B/F Mobile Cabinets (3)	845.48
8/1/2015	HP Foodservice	Storage/Drying Cart	2,618.43
	AKIN	36" Square Spill Guard Edge Tops for Tables (9)	2,279.65
	Joerns	Bariatric Matt	541.55
9/1/2015	CAL Business Solutions	Converting Great Plains to Binary Stream	1,245.04
	McKesson	Vinyl Chair Lift	504.78
	Emerald Resources, Inc.	Double Door Kit - electronic locks (2) remote keypad	
		1 amp Power Supply (3)	5,192.97
	HD Supply	Samsung 32" LED TV's with mounts (2)	763.59
	Kittredge	Ice Maker & Water Dispenser -countertop	4,169.04
	HD Supply	Hospitality 55" TV/Hospitality 32" TV	1,647.37
	Fire Control Service Co., Inc.	Fire alarm panel and equipment/permit	5,997.00
	HD Supply	Samsung 32" LED TV's with mounts (2)	763.60
Total YTD 08/31/15			<u>\$ 124,780.33</u>
Budget = \$12,471 / Month			149,652.00
Over / (Under) Budget			\$ (24,871.67)

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended		Page	of			
		2004C	9/30/2015			24	37	
Item	Date of Acquisition	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate Amortization %	Rate Amortization for This Year	Totals
	Month Year							
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal.....								
B. Mortgage Expense								
1.								
2.								
3. Finance Fees - Key Bank	6 2007	5 yrs	285,130	285,130	s/l	5 year		
B-4. Subtotal.....								
C. Leasehold Improvements and Other (Specify)								
1. Acquired prior to this report period	9 2014	Various	571,750	115,536		Var	4,920	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	9 2015	Various			s/l	Var		
C-4. Subtotal.....								4,920
D. Total Amortization								4,920

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	24A	37
C. Leasehold Improvements (Specify)				
1. Acquired prior to this report period	Various	9,736	4,920	
2. Disposals (attach schedule)				
3. Acquired during this report period	Various	s/l		
C-4. Subtotal.....				4,920
C. Other (Specify)				
1. Bed License	None	105,800 S/L		
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	Various	115,536	4,920	
Total Disposals				
Total Acquired during this report period	Various	s/l		

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

Name of Facility Sheriden Woods Health Care Center	License No. 2004C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party*? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete Part B. If "No," complete Part C.					
<small>*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.</small>					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase	11/18/86				
4. Date of Initial Licensure	11/06/86				
5. Total Licensed Bed Capacity	146				
6. Square Footage					
7. Acquisition Cost					
a. Land	143,268				
b. Building	3,443,098				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD/Key Bank				
b. Date Mortgage Obtained	03/29/12				
c. Interest Rate for the Cost Year	3.22%/6.92%				
d. Term of Mortgage (number of years)	22/8				
e. Amount of Principal Borrowed	10,969,330				
f. Principal balance outstanding as of 9/30/2015	10,124,384				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page of
Sheriden Woods Health Care Center		2004C	9/30/2015			26 37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage.....			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage.....			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage.....			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage.....			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount.....			\$			
2. Loan Origination Date.....						
3. Interest Rate %.....						
4. Term.....						
5. CHEFA Interest Expense.....						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
Sheriden Woods Health Care Center	2004C	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).....		\$	7,704	7,704		
A. Item	Rate	Amount				
Generator		-				
Lender						
Webster Capital						
Address of Lender						
P.O Box 330, Hartford, CT 06141						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2).....		\$	7,704	7,704		
12. D. Other Interest Expense (Specify).....		\$	168,554	168,554		
Vender Interest = \$2,722; Key Bank Term Loan Int & Fees = \$85,464; Line of Credit Interest = \$80,368						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....		\$	176,258	176,258		
14. Insurance						
a. Insurance on Property (buildings only).....		\$	101,085	101,085		
b. Insurance on Automobiles.....		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage).....		\$				
2. Fire and Extended Coverage.....		\$				
3. Other (Specify).....		\$				
14d. Total Insurance Expenditures (14a + b + c)...		\$	101,085	101,085		
15. Total All Expenditures (A-13 thru C-14).....		\$	14,191,279	14,191,279		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center				2004C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 346,824	346,824		
4.	Var	Var	Other - See attached Schedule.....	\$ 90,323	90,323		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 1,400	1,400		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 85,413	85,413		
10.	15	1d&e	Accounting & Legal.....	\$ 32,002	32,002		
11.	30	IV3	Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 2,971	2,971		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 22,945	22,945		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *	\$ 32,547	32,547		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 225,269	225,269		
	18	2c		\$ 54,611	54,611		
	20	5j		\$ 61,437	61,437		
22.	16	6	Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 66,271	66,271		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 37	37		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 1,022,050	1,022,050		

* 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.

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

Name of Facility				License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center				2004C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,022,050	1,022,050		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 311,900	311,900		
28.	20	5d	Ambulance/Limousine.....	\$ 1,195	1,195		
29.	20	5f	X-rays, etc.....	\$ 23,671	23,671		
30.	20	5h	Laboratory.....	\$ 15,375	15,375		
31.	20	5c	Medical Supplies.....	\$ 16,531	16,531		
32.	20	5e2	Oxygen (non emergency).....	\$ 46,356	46,356		
33.	20	5j	Occupational Therapy.....	\$ 1,203	1,203		
34.	Var	Var	Other - See Attached Schedule.....	\$ 10,658	10,658		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 6,696	6,696		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.			Rental of Building Space or Rooms.....	\$			
39.			Other - See Attached Schedule.....	\$			
Page 27 - Insurance							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 5,087	5,087		
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.	30	IV5	Interest Income on Accounts Rec.....	\$ 9	9		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,460,731	1,460,731		

*** 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	10,658		
Total Other Ancillary Costs			\$ 10,658	\$	\$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Excluded Moveable Equip Deprec Carryforwards	6,696		
Total Excess Movable Equipment Depreciation			6,696		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

Sheriden Woods Moveable Equipment Carryforward Schedule

Cost Year	2005	2003 Network Hardware Add	2006 Done Construction	2007	2007	2007	2008	2008	2008	2013	2014	2015	Totals
	Heritage Furn Adj	9/30/2004	9/30/2006	Heritage Furn Adj	Heritage Furn Adj	Heritage Furn Adj	Heritage Furn Adj	Heritage Furn Adj	TV's 2013 Cost Report	TV's 2014 Cost Report	TV's 2015 Cost Report		
Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	
Cost	\$ 200	\$ (46,087)	\$ 126	\$ 1,607	\$ 42,895	\$ 6,281	\$ 17	\$ 625	\$ 2,426	\$ 8,187	\$ 144,257		
Term	20.00	5.00	5.00	5.00	10.00	5.00	5.00	5.00	5	5	5		
		ADD BACK											
1998	Deprec												
	Book Value	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 2	\$ 63	\$ 563	\$ 31	
1998	Deprec	\$ 190	\$ (36,870)	\$ 101	\$ 1,286	\$ 38,425	\$ 5,653	\$ 1,256	\$ 15	\$ 438	\$ 2,184	\$ 401	
1999	Deprec	\$ 10	\$ (9,216)	\$ 26	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 11,670	
1999	Book Value	\$ 180	\$ (27,654)	\$ 25	\$ 965	\$ 34,155	\$ 5,653	\$ 1,256	\$ 2	\$ 125	\$ 485	\$ 106,065	
2000	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 11,679	
2000	Book Value	\$ 170	\$ (36,870)	\$ 26	\$ 1,286	\$ 38,425	\$ 5,653	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 93,455	
2001	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 11,685	
2001	Book Value	\$ 160	\$ (27,654)	\$ 25	\$ 965	\$ 34,155	\$ 5,653	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 81,820	
2002	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 11,914	
2002	Book Value	\$ 150	\$ (18,437)	\$ 101	\$ 1,286	\$ 38,425	\$ 5,653	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 73,263	
2003	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 11,918	
2003	Book Value	\$ 140	\$ (9,220)	\$ 75	\$ 1,286	\$ 38,425	\$ 5,653	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 61,409	
2004	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 4,292	
2004	Book Value	\$ 130	\$ (4)	\$ 50	\$ 965	\$ 34,155	\$ 5,653	\$ 1,256	\$ 2	\$ 63	\$ 563	\$ 19,097	
2005	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 4,315	
2005	Book Value	\$ 150	\$ (18,437)	\$ 101	\$ 1,286	\$ 38,425	\$ 5,653	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 10,616	
2006	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 8,906	
2006	Book Value	\$ 140	\$ (9,220)	\$ 75	\$ 1,286	\$ 38,425	\$ 5,653	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 46,012	
2007	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 8,526	
2007	Book Value	\$ 130	\$ (4)	\$ 50	\$ 965	\$ 34,155	\$ 5,653	\$ 1,256	\$ 2	\$ 63	\$ 563	\$ 42,767	
2008	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 6,146	
2008	Book Value	\$ 120	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 36,642	
2009	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 6,147	
2009	Book Value	\$ 110	\$ (1)	\$ 26	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 30,495	
2010	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 6,115	
2010	Book Value	\$ 100	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 24,381	
2011	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 5,795	
2011	Book Value	\$ 90	\$ (1)	\$ 26	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 18,584	
2012	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 5,197	
2012	Book Value	\$ 80	\$ (18,437)	\$ 101	\$ 1,286	\$ 38,425	\$ 5,653	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 14,013	
2013	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 4,823	
2013	Book Value	\$ 70	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 11,616	
2014	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 5,881	
2014	Book Value	\$ 60	\$ (27,654)	\$ 25	\$ 965	\$ 34,155	\$ 5,653	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 13,923	
2015	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 6,696	
2015	Book Value	\$ 50	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 7,227	
2016	Deprec	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 2,269	
2016	Book Value	\$ 40	\$ (18,437)	\$ 101	\$ 1,286	\$ 38,425	\$ 5,653	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 4,958	
2017	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 2,203	
2017	Book Value	\$ 30	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 2,755	
2018	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 1,899	
2018	Book Value	\$ 20	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 857	
2019	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 839	
2019	Book Value	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 18	
2020	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ 18	
2020	Book Value	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ -	
2021	Deprec	\$ 10	\$ (9,216)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ -	
2021	Book Value	\$ 10	\$ (9,217)	\$ 25	\$ 321	\$ 4,270	\$ 628	\$ 1,256	\$ 3	\$ 125	\$ 485	\$ -	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only).....	\$ 18,481,132	18,481,132				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (10,219,109)	(10,219,109)				
2. a. Medicaid (All other states).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (all inclusive).....	\$ 1,667,322	1,667,322				
b. Medicare Room and Board Contractual Allowance **.....	\$ 397,270	397,270				
4. a. Private-Pay Residents and Other.....	\$ 2,744,340	2,744,340				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (140,524)	(140,524)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 171,690	171,690				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (171,690)	(171,690)				
c. Prescription Drugs - Non-Medicare.....	\$ 198,595	198,595				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (198,595)	(198,595)				
2. a. Medical Supplies - Medicare.....	\$ 73,650	73,650				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (11,733)	(11,733)				
c. Medical Supplies - Non-Medicare.....	\$ 19,049	19,049				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (19,049)	(19,049)				
3. a. Physical Therapy - Medicare.....	\$ 894,253	894,253				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (647,971)	(647,971)				
c. Physical Therapy - Non-Medicare.....	\$ 236,358	236,358				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (236,358)	(236,358)				
4. a. Speech Therapy - Medicare.....	\$ 162,980	162,980				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (113,419)	(113,419)				
c. Speech Therapy - Non-Medicare.....	\$ 36,823	36,823				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (36,823)	(36,823)				
5. a. Occupational Therapy - Medicare.....	\$ 880,603	880,603				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (653,539)	(653,539)				
c. Occupational Therapy - Non-Medicare.....	\$ 242,895	242,895				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (242,895)	(242,895)				
6. a. Other (Specify) - Medicare.....	\$					
b. Other (Specify) - Non-Medicare.....	\$ 7,132	7,132				
III Total Resident Revenue (Section I thru Section II).....	\$ 13,522,387	13,522,387				
IV. Other Revenue*						
1. Meals sold to guests, employees & others.....	\$					
2. Rental of rooms to non-residents.....	\$					
3. Telephone.....	\$					
4. Rental of Television and Cable Services.....	\$					
5. Interest Income (Specify).....	\$ 9	9				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (Specify).....	\$ 2,612	2,612				
V. Total Other Revenue (1 thru 8).....	\$ 2,621	2,621				
VI. Total All Revenue (III + V).....	\$ 13,525,008	13,525,008				

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ 7,132		
Total Other Resident Revenue		\$ 7,132	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
31, A2	Interest on A/R	\$ 723,237	\$ 9		
Total Interest Income			\$ 9	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
pg 30, IV8	Closed Bank Account/Tax return refund	\$ 2,612		
Total Other Revenue		\$ 2,612	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	103,868
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	723,237
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	28,218
5. Prepaid Expenses.....			\$	193,707
a. Prepaid Insurance	173,417			
b. Prepaid Expenses	20,290			
c. _____				
d. _____				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	40,556
A/R Related Facilities	40,556			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,089,586
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost..... 151,417		\$	20,473
	Accum. Depreciation (130,944) Net.....			
3. Buildings	*Historical Cost..... 2,318,266		\$	735,771
	Accum. Depreciation (1,582,495) Net.....			
4. Leasehold Improvements	*Historical Cost..... 83,749		\$	69,093
	Accum. Depreciation (14,656) Net.....			
5. Non-Movable Equipment	*Historical Cost..... 563,116		\$	176,134
	Accum. Depreciation (386,982) Net.....			
6. Movable Equipment	*Historical Cost..... 1,389,846		\$	315,366
	Accum. Depreciation (1,074,480) Net.....			
7. Motor Vehicles	*Historical Cost..... _____		\$	
	Accum. Depreciation _____ Net.....			
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	(959)
Misc Diff Fixed assets to books	(14,882)			
Moveable Equipment Carryforward	13,923			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,315,878

* 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
Sheriden Woods Health Care Center	2004C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	2,405,464
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	143,268
2. Land Improvements			*Historical Cost.....	
Accum. Depreciation			Net.....	
3. Buildings			*Historical Cost..... 6,764,604	
Accum. Depreciation			(6,740,711) Net.....	
4. Non-Movable Equipment			*Historical Cost.....	
Accum. Depreciation			Net.....	
5. Movable Equipment			*Historical Cost.....	
Accum. Depreciation			Net.....	
6. Motor Vehicles			*Historical Cost.....	
Accum. Depreciation			Net.....	
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$ 167,161	
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense			*Historical Cost.....	
Accum. Depreciation			Net.....	
4. Goodwill (Purchased Only).....			\$ 382,200	
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ (10,242,810)	
Name and Address		Amount	Loan Date	
Due from Related Facilities		(10,242,810)		
7. Other Assets (<i>itemize</i>).....			\$ 434,106	
IRS Deposits			23,598	
Warranties			7,976	
Project Development			402,532	
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$ (9,426,504)	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$ (6,853,879)	

* 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
Sheriden Woods Health Care Center		2004C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	1,189,076
2. Notes Payable (<i>itemize</i>).....				\$	2,015,845
Related Party					150,000
Line of Credit					1,865,845
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>).....				\$	236,064
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	10,592
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>).....				\$	4,321
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities (<i>itemize</i>).....				\$	315,024
Acc'd Operating Expenses					91,251
Acc'd Expense - CT Sales Tax					878
Provider Tax Due					222,895
A-13. Total Current Liabilities (Lines A1 thru 12).....				\$	3,770,922

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

(Carry Total forward to next page)

** Interest Bearing - Do Not Include in Return on Equity Calculation.

**Sheriden Woods
Due to/from Affiliates
September 30, 2015**

Description	Balance Due:
Glastonbury	(\$70,000.00)
Orchard View	(\$80,000.00)
Total Due To Affiliate	<u>(\$150,000.00)</u>

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	34	37
Account			Amount	
Total Brought Forward:			3,770,922	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>).....				
			\$	134,500
Name of Lender	Purpose	Amount	Date Due	
	Boiler Upgrade	134,500		
2. Mortgages Payable.....				
			\$	
3. Loans from Owners or Related Parties (<i>itemize</i>).....				
			\$	
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>).....				
			\$	(742,542)
Due From Related Landlord		(2,955,108)		
Due to Related Landlord		2,212,566		
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				
			\$	(608,042)
C. Total All Liabilities (Lines A-13 + B-5).....				
			\$	3,162,880

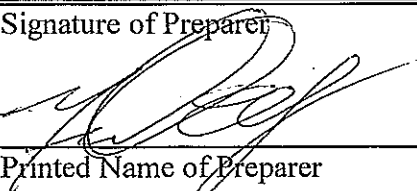
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	143,268
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	23,893
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.....			\$	167,161
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	1,000
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(9,518,649)
6. Gain or Loss for Period 10/1/2014 thru 9/30/2015			\$	(666,271)
7. Total Net Worth.....			\$	(10,183,920)
C. Total Reserves and Net Worth			\$	(10,016,759)
D. Total Liabilities, Reserves, and Net Worth			\$	(6,853,879)

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Sheriden Woods Health Care Center	2004C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(9,610,958)
B. Total Revenue (From Statement of Revenue Page 30)			\$	13,525,008
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	14,191,279
D. Net Income or Deficit.....			\$	(666,271)
E. Balance.....			\$	(10,277,229)
F. Additions				
1. Additional Capital Contributed (itemize)				
AJE-reclass of excess rent			61,792	
Change in SWAP value			27,017	
2014 reclass of generator permit			4,500	
2. Other (itemize)				
F-3. Total Additions.....			\$	93,309
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify).....			\$	
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (Specify).....			\$	
Purpose		Amount		
3. Total Deductions.....			\$	
H. Balance at End of Period			\$	(10,183,920)
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Sheriden Woods Health Care Center	License No. 2004C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CFE	Date Signed 2/12/16		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.