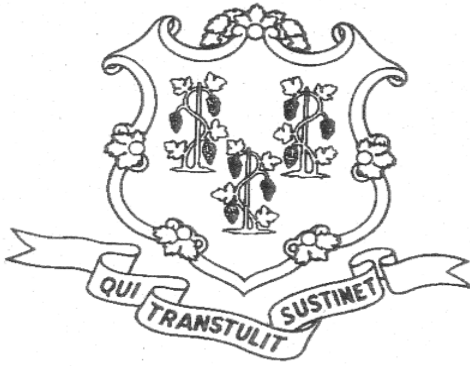


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Chesterfields Health Care Center	
Address (No. & Street, City, State, Zip Code) 132 Main Street, Chester, CT 06412	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2135-C	RHNS	(Specify)	Medicare Provider 075028
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Medicaid Provider Numbers:	CCNH 75028	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

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) Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Chesterfields Health Care Center [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Patty Hyypa			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Chesterfields Health Care Center		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 132 Main Street, Chester, CT 06412				
Report Prepared By Apple Health Care		Phone Number (860) 678-9755	Date 12/31/2017	
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 860-526-5363		Report for Year Ended 9/30/2017		Page 2	of 37
Name of Facility (as shown on license) Chesterfields Health Care Center			Address (No. & Street, City, State, Zip) 132 Main Street, Chester, CT 06412		
License Numbers:		CCNH 2135-C	RHNS	(Specify)	Medicare Provider No. 075028
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input 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.					
Administrator					
Name of Administrator Patty Hyypa			Nursing Home Administrator's License No.:	001079	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Chesterfields Health Care Center	Business Address 132 Main Street, Chester, CT 06412	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

**General Information and Questionnaire
Related Parties***

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	219,000	219,000
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	242,633	242,633
Healthport Services	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 /16 m13	18,886	18,886
Corporate Employees	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	6,041	6,041
Employees @ Various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	30,499	30,499
Apple Health Care	21 Waterville Road Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	9,656	9,656
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	194,705	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	15,213	
Aetna Ancillary	PO Box 88860 Chicago, IL	<input type="radio"/>	<input type="radio"/>		Group Life & Disability	Pg. 15 1a6	12,392	

* Use additional sheets if necessary.

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

General Information and Questionnaire
Related Parties*

Name of Facility Chesterfields Health Care Center		License No. 2135-C		Report for Year Ended 9/30/2017		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the Name/Address and complete the information on Page 11 of the report.		
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input type="radio"/> Yes <input type="radio"/> No						If "Yes," provide the following information:		
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			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	%**				
Marsh	PO Box 19636 Newark, NJ	✘			Property, Liability & Umbrella Insurance	Pg. 27 14a	56,719	
AIG	PO Box 10472 Newark, NJ	✘			Worker's Compensation	Pg. 15 1a1	29,879	
Swallowing Diagnostics	21 Waterville Road Avon, CT	✘		83%	Diagnostic Services	Pg. 20 5f	2,880	2,716
Ryan Vess	21 Waterville Road Avon, CT		✘			##		
Brendan Foley	22 Waterville Road Avon, CT		✘			##		
Patty Hyyppa	132 Main Street, Chester, CT		✘		Administrator	Pg 10 A2	34,631	34,631

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ## Related expense has been disallowed on Pg. 28 Line 23 (Brendan Foley through 3/9/17)

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

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.

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 Chesterfields Health Care Center			License No. 2135-C			Report for Year Ended 9/30/2017		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire

Accounting Basis

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum Shapiro & Co. PC	29 South Main St. West Hartford, CT 06127
2 Brazee & Huban	35 Wendell Ave. Pittsfield, MA 10202
3	
4	

Services Provided by This Firm (describe fully)

1 Preparation of audited financials (disallow Pg. 28)	\$ 3,768
2 Preparation of tax returns	\$ 2,131
3	\$
4	\$
	Charge for Services Provided
	\$ 5,899

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1	
2	
3	
4	
5	

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

1

2

3

4

5

Services Provided by This Firm (describe fully)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Chesterfields Health Care Center			License No. 2135-C		Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	45	45			45	45			45	45			
B. As of midnight of THIS report period	48	48			48	48			48	48			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,143	1,143			913	913			230	230			
B. Medicaid (Conn.)	13,217	13,217			9,973	9,973			3,244	3,244			
C. Medicaid (other states)													
D. Private Pay	1,919	1,919			1,306	1,306			613	613			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	16,279	16,279			12,192	12,192			4,087	4,087			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	16,279	16,279			12,192	12,192			4,087	4,087			

Schedule of Resident Statistics (Cont'd)

Name of Facility Chesterfields Health Care Center			License No. 2135-C			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	3		37		8								
Per Diem Rate													
a. One bed rm.					295.00								
b. Two bed rms.	Various Rugs III		199.59		295.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,838	2,838				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,495	2,495				
D. Total Physical Therapy Treatments								5,333	5,333				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								925	925				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								456	456				
D. Total Speech Therapy Treatments								1,381	1,381				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,258	3,258				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,749	2,749				
D. Total Occupational Therapy Treatments								6,007	6,007				

Report of Expenditures - Salaries & Wages

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	84,440	2,152				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	26,445	1,627				
5. Dietary Service						
a. Head Dietitian	7,359	285				
b. Food Service Supervisor	40,791	1,870				
c. Dietary Workers	155,765	11,890				
6. Housekeeping Service						
a. Head Housekeeper	5,116	307				
b. Other Housekeeping Workers	93,085	6,652				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	43,747	2,009				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	6,348	591				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	59,548	2,633				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	102,211	2,362				
b. RN						
1. Direct Care	382,442	10,588				
2. Administrative**	56,413	1,791				
c. LPN						
1. Direct Care	287,657	10,613				
2. Administrative**						
d. Aides and Attendants	528,274	34,361				
e. Physical Therapists	108,725	2,549				
f. Speech Therapists	36,805	970				
g. Occupational Therapists	36,344	1,053				
h. Recreation Workers	57,007	2,812				
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	56,557	2,132				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	2,175,076	99,246				

* 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
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Integrity Auditor	\$ 3,300	33				
Purchasing Consultants	\$ 2,053	20				
Admissions Discharge Consultant	\$ 1,837	18				
Total	\$ 7,190	71	\$ -	-	\$ -	-

**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	
Chesterfields Health Care Center				2135-C	9/30/2017			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										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Chesterfields Health Care Center				2135-C	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Patty Hyypa	34,631				Administrator 5/7/2017-9/30/2017	800	A.2	Westfield Care	1,280	54,827
Carla Dunford	9,202				Administrator 03/25/17-5/6/2017	232	A.2	Westfield Care	123	4,865
David Ostermayer	40,607				Administrator 10/01/2016-03/24/2017	1,120	A.2	Wolcott Nursing Home	725	28,831
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		
Chesterfields Health Care Center	2135-C	9/30/2017	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	7,119	72				
3. Pharmacist	7,710	81				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	74,849	1,270				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	26,000					
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) Other Physician Fees	333	86				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides	3,917	159				
d. Other						
12. Other (Specify) See Attached Schedule	7,190	71				
B-13 Total Fees Paid in Lieu of Salaries	127,118	1,739				

* 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 Chesterfields Health Care Center		License No. 2135-C	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
EKB Consulting LLC 328 Commonwealth Ave, New Britain, CT 06053	Medical Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Andrea Schaffner 176 Westbrook Road, Essex, CT 06426	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive 1 Prestige Drive, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright 150 Cambridge Park Drive, Suite 301, Cambridge, MA 02140	Data Integrity Auditor	<input type="radio"/>	<input checked="" type="radio"/>		
West River Pharmacy of Connecticut Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive 888 Worcester St Wellesly, MA	Audiologist/Eye Care	<input type="radio"/>	<input checked="" type="radio"/>		
Province Consulting Group, LLC, 4 Willow Lane, Old Greenwich, CT 06870	Government & Commerical Contracting Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Connecticut Purchasing Consultants, LLC 88 Ryders Ln, 2nd Fl, Stratford, CT 06614	Purchasing Consultants	<input type="radio"/>	<input checked="" type="radio"/>		
Patientping, Inc., 10 Post Office Square, Boston, MA 02109	Admissions Discharge Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
RN Staff, Inc.,DBA Rehabilty Care, P.O. Box 823461, Philadelphia, PA 19182-3461	PT Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, LLC 653 Main Street, Plantsville, CT 06479	Nursing Pool	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

* 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
Chesterfields Health Care Center	2135-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 29,879	29,879		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 35,619	35,619		
4. Social Security (F.I.C.A.)	\$ 151,313	151,313		
5. Health Insurance	\$ 152,498	152,498		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 12,392	12,392		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 9,656	9,656		
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*	\$ 26,329	26,329		
d. Accounting and Auditing	\$ 5,899	5,899		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 11,322	11,322		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 17,326	17,326		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
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	\$ 319,335	319,335		
Subtotal	\$ 771,818	771,818		

* 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**

Chesterfields Health Care Center
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Chesterfields Health Care Center	2135-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		771,818	771,818		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 120	120			
2. Holiday Parties for Staff	\$ 2,000	2,000			
3. Gifts to Staff and Residents	\$ 2,125	2,125			
4. Employee Travel	\$ 9,630	9,630			
5. Education Expenses Related to Seminars and Conventions	\$ 4,123	4,123			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 20	20			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 2,455	2,455			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 7,177	7,177			
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	\$ 3,285	3,285			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 4,544	4,544			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 249	249			
9. Subscriptions	\$ 5,326	5,326			
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**	\$ 242,633	242,633			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 68,161	68,161			
C-14 Total Administrative & General Expenditures	\$ 1,123,666	1,123,666			

* 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)
Advertising - Public Relations	\$ 7,177		
Total Other Advertising	\$ 7,177	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ACHCA	\$ 100		
CAHCF	\$ 4,444		
Total Dues	\$ 4,544	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees Non Reimburable	\$ 38,232		
Licenses & Fees	\$ 2,040		
Pre Employment Screenings	\$ 11,193		
Point Click Care Fees	\$ 8,908		
Bank Charges, Penalties, Fees	\$ 136		
Healthport Indirect	\$ 6,051		
Legal Fees - Probate & Collection	\$ -		
Resident Expenses	\$ 159		
Account W/O & Prior Period Adjustments	\$ 1,442		
Total Other Administrative and General	\$ 68,161	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	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 #
Apple Health Care, Inc.	242,633	Accounting & Management Services	Pg. 16 m12

*** 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 Chesterfields Health Care Center		License No. 2135-C	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 106,596	106,596		
2.	Non-Food Supplies	\$ 16,629	16,629		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 1,072	1,072		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 124,297	124,297		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		134	134		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

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

Name of Facility Chesterfields Health Care Center		License No. 2135-C	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	2,225	2,225	
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. \$	551	551	
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	33,103	33,103	
c.	Management Services**	\$			
d.	Other (Specify)	\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	35,879	35,879	
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
Chesterfields Health Care Center		2135-C	9/30/2017		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. \$	16,997	16,997		
	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)	\$	16,997	16,997		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from West River Pharmacy	\$	70,091	70,091		
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	74,319	74,319		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	6,404	6,404		
	f. X-rays and Related Radiological Procedures***	\$	18,238	18,238		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$				
	i. Recreation	\$	25,433	25,433		
	j. Other (Specify)**** See Attached Schedule	\$	4,038	4,038		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	198,523	198,523		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Nursing Station Supplies	\$ 45		
Rehab Service Supplies	\$ 2,321		
IV Therapy Supplies	\$ 1,644		
Supplies - Social Service	\$ 28		
Total Other Resident Care	\$ 4,038	\$ -	\$ -

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

Name of Facility Chesterfields Health Care Center			License No. 2135-C		Report for Year Ended 9/30/2017				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Giroux Landscaping, LLC	P.O Box 702, Ivoryton, CT 06442	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	19,910			22	6a
Perfecttemp Heating & Air Conditioning	635 Old Turnpike Road Plantsville, Ct 06479	<input type="radio"/>	<input checked="" type="radio"/>		Heating and Air Conditioning	13,392			22	6 a
Unitex	Parkway, Mt Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	35,317			19	3b
		<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"/>							

* 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
Chesterfields Health Care Center	2135-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 111,450	111,450				
b. Heat	\$ 36,937	36,937				
c. Light & Power	\$ 39,936	39,936				
d. Water	\$ 15,919	15,919				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 6,273	6,273				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 210,514	210,514				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 408	408				
d. Movable Equipment	\$ 12,519	12,519				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 12,928	12,928				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 45,011	45,011				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 45,011	45,011				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 219,000	219,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 37,069	37,069				
c. Personal property taxes	\$ 2,751	2,751				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 316,760	316,760				

* 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)
Refuse Removal	\$ 6,273		
Total Other Repairs and Maintenance	\$ 6,273	\$ -	\$ -

Chesterfields Health Care Center
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/6/2016	12 Kiosks for POC Implementation	\$ 17,803	ME-5	\$ 4,451
11/17/2016	2 Bariatric Electric Beds(Medline)	\$ 1,566	ME-20	\$ 163
11/17/2016	2 Bariatric Electric Beds(Medline)	405.58	ME-20	42.28
2/8/2017	Alternating Pressure Bariatric Mattress	944.39	ME-5	68.12
Total additions for Movable Equipment		\$ 20,719		\$ 4,724 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/15/2016	Cathodic Protection for Oil Storage Tank	\$ 2,600	LHI-10	\$ 325
Total additions for Leasehold Improvement		\$ 2,600		\$ 325 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Chesterfields Health Care Center			License No. 2135-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var			1,095,697	811,491	A		44,686	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var			2,600				325	
C-4. Subtotal									45,011
D. Total Amortization									45,011

* 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 Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	60			
6. Square Footage	22,673			
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	N/A			
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center	2135-C	9/30/2017	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
Chesterfields Health Care Center		2135-C		9/30/2017		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)				\$	1,154	1,154	
Value Health Interest/Property Tax							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	1,154	1,154	
14. Insurance							
a. Insurance on Property (buildings only)				\$	56,719	56,719	
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)				\$	56,719	56,719	
15. Total All Expenditures (A-13 thru C-14)				\$	4,386,703	4,386,703	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center				2135-C	9/30/2017	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	\$ 36,344	36,344		
4.			Other - See attached Schedule	\$ 5,593	5,593		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 26,000	26,000		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 26,329	26,329		
10.	15/16	1d/m	Accounting & Legal	\$ 3,768	3,768		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 7,177	7,177		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 42,983	42,983		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 45	45		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 148,239	148,239		

* 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	12m	Social Service/Marketing	\$ 5,593		
Total Other Salaries Adjustment			\$ 5,593	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B8a	Medical Director	\$ 26,000		
Total Other Fees Adjustments			\$ 26,000	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimbursable	\$ 38,232		
16	1.3	Employee Recognition/Gift/Parties	\$ 2,000		
16	8a	Chamber of Commerce	\$ 249		
16	m13	Bank Charges, Penalties, Fees	\$ 136		
16	m13	Resident Expenses	\$ 159		
17	m14	Acct W/O -Revenue	\$ 508		
16	m13	Acct W/O /Prior Period Adj Exp	\$ 1,443		
16	m13	941 Tax Refund	\$ 258		
Total Other A&G Adjustments			\$ 42,983	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Chesterfields Health Care Center			2135-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 148,239	148,239		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 56,076	56,076		
28.	16	L1	Ambulance/Limousine	\$ 120	120		
29.	20	h	X-rays, etc	\$ 18,238	18,238		
30.	20	f	Laboratory	\$			
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 5,225	5,225		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 3,965	3,965		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	30	IV4	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.	30	IV5	Interest Income on Accounts Rec	\$ 0	0		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 1,154	1,154		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 233,016	233,016		

*** 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.

Chesterfields Health Care Center
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 1,644		
20	5j	Rehab Service Supplies	\$ 2,321		
Total Other Ancillary Costs			\$ 3,965	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest on Value Note	\$ 74		
27	12D	Interest on Property Taxes	\$ 1,080		
Total Other Adjustments			\$ 1,154	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Chesterfields Health Care Center	2135-C	9/30/2017		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 2,650,206	2,650,206			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 421,246	421,246			
b. Medicare Room and Board Contractual Allowance **	\$ 165,035	165,035			
4. a. Private-Pay Residents and Other	\$ 614,399	614,399			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 22,519	22,519			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (23,231)	(23,231)			
c. Prescription Drugs - Non-Medicare	\$ 7,010	7,010			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (7,010)	(7,010)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 180,172	180,172			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (87,967)	(87,967)			
c. Physical Therapy - Non-Medicare	\$ 6,475	6,475			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (6,475)	(6,475)			
4. a. Speech Therapy - Medicare	\$ 60,843	60,843			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (22,198)	(22,198)			
c. Speech Therapy - Non-Medicare	\$ 1,305	1,305			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (1,305)	(1,305)			
5. a. Occupational Therapy - Medicare	\$ 262,130	262,130			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (126,021)	(126,021)			
c. Occupational Therapy - Non-Medicare	\$ 8,190	8,190			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (8,190)	(8,190)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 4,117,134	4,117,134			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 45	45			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 0	0			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 1,121	1,121			
V. Total Other Revenue (1 thru 8)	\$ 1,166	1,166			
VI. Total All Revenue (III +V)	\$ 4,118,300	4,118,300			

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

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	693,715	0.02		
Total Interest Income			\$ 0	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Account W/O	\$ 828		
30 IV 8	Prior Period W/O	\$ 0		
30 IV 8	Medical Records	\$ 35		
30 IV 8	941 Tax Refund	\$ 258		
Total Other Revenue		\$ 1,121	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center	2135-C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	2,244
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	693,715
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	16,625
5. Prepaid Expenses			\$	10,187
a. Prepaid Property Tax	10,187			
b. Prepaid Insurance				
c. Prepaid Other				
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	255,409
Due Affiliate (Debit Balance)	250,292			
A/P Patient Exchange	4,082			
Payroll W/H	1,035			
A-9. Total Current Assets (Lines A1 thru 8)			\$	978,179
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,098,297</u>		\$	241,795
	Accum. Depreciation <u>856,502</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>35,474</u>		\$	1,148
	Accum. Depreciation <u>34,327</u>	Net		
6. Movable Equipment	*Historical Cost <u>344,529</u>		\$	49,632
	Accum. Depreciation <u>294,897</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	423,254
Fixed Asset Clearing Account	6,168			
Step Up	417,086			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	715,829

* 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
Chesterfields Health Care Center	2135-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	1,694,008
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	650
Loans Rec. - Officers/Owner				
Capitalized Refinance				
Leasehold Deposits			650	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	650
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,694,658

* 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 Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 211,079
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>)				\$ 15,083
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 7,416
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>)				\$ 215,761
Accrued PTO	87,765	Accrued Prof Fees	4,999	
Accrued Pension	442	Due Affiliate (Credit Bal:		
Accrued Worker's Comp	31,097			
Accrued Expense Other	91,458			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 449,339

* 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 Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017		Page 34	of 37
Account				Amount	
Total Brought Forward:				449,339	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 1,354,811	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	1,354,811	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposits					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,354,811	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,804,150	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Chesterfields Health Care Center	2135-C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	2,042,614
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,884,702)
6. Gain or Loss for Period			\$	(268,403)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	(109,492)
C. Total Reserves and Net Worth			\$	(109,492)
D. Total Liabilities, Reserves, and Net Worth			\$	1,694,658

H. Changes in Total Net Worth

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	12,320
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	4,118,300
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	4,386,703
D. Net Income or Deficit			\$	(268,403)
E. Balance			\$	(256,083)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Brian Foley	150,000			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	150,000
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	3,409
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
Brian Foley	President	3,409		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	3,409
H. Balance at End of Period			\$	(109,492)
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility Chesterfields Health Care Center	License No. 2135-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Robert Gwizdak				
Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 678-9755	

Error Check

Level	Item	Reported as	
-	Page 35 - Total Liabilities, Reserves and Net Worth	1,694,658	Total Assets 1,694,658

Chesterfields Health Care Center
For Cost Year Ended September 30, 2017

		2016	2017	Adjustments		Total	Cost Report References	
		10/1 - 12/31	1/1 - 9/30	DR	CR		Report Page/Line #	Self Disallow Page/Line #
10111	Cash Corporate	\$0.00	\$0.00			0.00	31A1	
10116	Cash - Laurel Woods	0.00	0.00			0.00	31A1	
10117	Cash - Saybrook	0.00	0.00			0.00	31A1	
10201	Petty Cash	300.00	0.00			300.00	31A1	
10301	Cash - Patient Personal Need	0.00	0.00			0.00	31A1	
10401	Exchange	3,670.00	2,912.39			6,582.39	31A1	
10402	Exchange - Arlene Sheehan	(1,157.04)	0.00			(1,157.04)	31A1	
10403	Exchange - Donations	(3,481.71)	0.00			(3,481.71)	31A1	
10404	Exchange - Wellness	0.00	0.00			0.00	31A1	
10405	Exchange - A/R	0.00	0.00			0.00	31A1	
11001	A/R Private Patients	175,528.12	136,755.60			312,283.72	31A2	
11002	A/R Medicare Patients	73,235.86	4,195.21			77,431.07	31A2	
11003	A/R Medicaid Patients	268,672.59	127,452.28			396,124.87	31A2	
11004	A/R Veterans Admin	0.00	0.00			0.00	31A2	
11005	A/R Other	0.00	0.00			0.00	31A2	
11010	A/R State Retro	0.00	0.00			0.00	31A2	
11011	A/R Medicaid Pending	0.00	0.00			0.00	31A2	
11015	A/R Medicare Retro	0.00	0.00			0.00	31A2	
11020	A/R Clearing	0.00	0.00			0.00	31A2	
11050	Reserve for Doubtful Accounts	(92,125.00)	0.00			(92,125.00)	31A2	
11101	Loans Rec. - Officers/Owner	0.00	0.00			0.00	32D7	
12005	Dietary Supply Inventory	4,018.46	1,655.54			5,674.00	31A4	
12010	Housekeeping Supply Inventory	1,811.19	(672.19)			1,139.00	31A4	
12015	Medical & Nursing Supply Inventory	4,514.01	749.99			5,264.00	31A4	
12020	Maintenance Supply Inventory	1,487.05	2,601.21			4,088.26	31A4	
12025	Laundry Supply Inventory	354.27	(230.52)			123.75	31A4	
12030	Recreation Supply Inventory	0.00	0.00			0.00	31A4	
12035	Office/Misc. Supply Inventory	1,499.21	(1,163.21)			336.00	31A4	
13002	Prepaid Insurance	2,767.31	(2,767.31)			0.00	31A5b	
13006	Prepaid Property Tax	(0.02)	10,186.93			10,186.91	31A5b	
13010	Other Prepaid Expenses	0.00	0.00			0.00	31A5c	
15501	Non Moveable Equipment	37,518.36	0.00	1,906.75	(3,950.66)	35,474.45	31B5	
15502	Moveable Equipment	754,626.92	944.39	8,250.53	(419,292.75)	344,529.09	31B6	
16001	Auto & Trucks	0.00	0.00			0.00	31B7	
16301	Step Up	0.00	0.00	417,086.00		417,086.00		
16501	Leasehold Improvements	1,096,541.18	0.00	11,171.00	(9,415.19)	1,098,296.99	31B4	
16598	Fixed Asset Proceeds Clearing Account	0.00	0.00			0.00	31B9	
16599	Fixed Asset Clearing A/C	0.00	6,168.30			6,168.30	31B9	
16601	Capitalized Refinance Expense	0.00	0.00			0.00	31B9	
16750	Construction in Progress	0.00	0.00			0.00	31B9	
17001	Acc. Depreciation Non Moveable Equipment	(36,101.91)	(645.92)	2,421.22		(34,326.61)	31B5	

17002	Acc. Depreciation Moveable Equipment	(702,229.38)	(8,252.36)	415,669.60	(85.02)	(294,897.16)	31B6
17003	Acc. Depreciation Auto & Truck	0.00	0.00			0.00	31B7
17005	Acc. Amortization Leasehold Imp.	(833,510.25)	(33,361.11)	10,369.29		(856,502.07)	31B4
19101	Leasehold Deposits	650.00	0.00			650.00	32D7
19501	Goodwill	0.00	0.00			0.00	32D7
20101	A/P Trade	(119,944.75)	(91,134.13)			(211,078.88)	33A1
20104	A/P Patient Need Account	0.00	0.00			0.00	33A1
20110	A/P Patient Exchange	66.00	4,016.02			4,082.02	33A12
20115	A/P Other	(1,261,238.15)	(93,573.00)			(1,354,811.15)	34B3
20200	Due Affiliate -Corporate	521,073.56	(265,635.70)	4,864.73	(10,010.47)	250,292.12	31A8
20250	Loan Payable Officer	0.00	0.00			0.00	34B4
20256	Dostie Note S/T	0.00	0.00			0.00	34B4
20501	Accrued Payroll	(49,412.17)	9,345.76	24,983.69		(15,082.72)	33A4
20601	Accrued Vacation	(76,185.42)	0.00	76,185.42	(87,764.75)	(87,764.75)	33A12
21001	Federal Withholding	(3,945.14)	3,945.14			0.00	33A6
21002	State Withholding	(1,331.29)	1,331.29			0.00	33A6
21005	FICA - Employee	(3,301.67)	3,301.67			0.00	33A6
21006	FICA - Employer	(6,898.23)	4,007.78			(2,890.45)	33A6
21010	Federal Unemployment Comp.	(334.69)	80.01			(254.68)	33A6
21011	State Unemployment Comp.	(5,724.17)	1,453.38			(4,270.79)	33A6
21035	Other Employee Withhold	0.00	0.00			0.00	33A12
21037	Employee Withholding (HCRA/DCRA)	362.12	0.00			362.12	33A12
21040	Union Dues	0.00	0.00			0.00	33A12
21045	Initiation Fees	0.00	0.00			0.00	33A12
21050	Payroll Deductions - AFLAC	0.00	(255.00)			(255.00)	33A12
21051	Payroll Deducted Life Insurance	216.10	2,106.47			2,322.57	33A12
21060	401 (K) Salary Reduction	(1,899.26)	504.40			(1,394.86)	33A12
22001	Accrued Professional Fees	(4,337.18)	(662.20)			(4,999.38)	33A12
22010	Accrued Pension	(1,794.60)	1,352.59			(442.01)	33A12
22015	Accrued Workers compensation	(31,775.13)	678.38			(31,096.75)	33A12
22040	Accrued Group Insurance	0.01	0.00			0.01	33A12
22050	Accrued Other Expenses	(128,719.84)	40,383.58	11,693.75	(14,815.67)	(91,458.18)	33A12
22060	Accrued User Fee	0.00	0.00			0.00	33A12
23002	State Income Tax	0.00	0.00			0.00	33A12
25256	Dostie Note L/T	0.00	0.00			0.00	34B4
25505	Security Deposits	0.00	0.00			0.00	34B4
27500	Capital Stock	(1,000.00)	0.00			(1,000.00)	35B2
27800	Dividends Paid	0.00	0.00			0.00	35B2
27900	Capital Contributions	(2,042,613.57)	0.00			(2,042,613.57)	35B1
28000	Retained Earnings	2,187,196.80	0.00	9,715.19	(443,389.96)	1,753,522.03	35B5
31001	Room and Board - Private	(159,525.00)	(454,874.00)			(614,399.00)	30 I 1a4
31002	Room and Board - Medicare	(87,114.00)	(337,902.77)			(425,016.77)	30 I 1a3
31003	Room and Board - Medicaid	(660,842.49)	(1,984,132.00)			(2,644,974.49)	30 I 1a1
31004	Room and Board - Managed Care	0.00	0.00			0.00	30 I 1a4
31010	Room and Board - Rest Home	0.00	0.00			0.00	30 I 1a4
31015	Medicare Cont. Allowance - Room & Board	(40,864.76)	(124,170.61)			(165,035.37)	30 I 1a3
31032	Medicare Recoupment	2,162.69	1,607.75			3,770.44	30 I 1a3

31033	Medicaid Recoupment	(1,973.16)	(3,258.59)		(5,231.75)	30 I 1a1
35001	Physical Therapy	(57,856.07)	(128,790.65)		(186,646.72)	30 II 1b3
35002	Medical Supply	0.00	0.00		0.00	30 IIa6
35005	Vending Machines	0.00	0.00		0.00	30 IIa6
35006	Pharmacy Supplies	(4,078.58)	(25,450.74)		(29,529.32)	30 II 1b1
35007	Clinical Services	(105.26)	(2,680.00)		(2,785.26)	30 II 1b6
35008	Laboratory Services	0.00	0.00		0.00	30 II 1b6
35009	Diagnostic Services (EKG/Xray)	0.00	0.00		0.00	30 II 1b6
35010	Speech Therapy	(13,455.93)	(48,692.21)		(62,148.14)	30 II 1b4
35011	Occupational Therapy	(55,035.82)	(215,284.24)		(270,320.06)	30 II 1b5
35015	Oxygen - Private	0.00	0.00		0.00	30 II 1b7
35016	Oxygen - Medicare	0.00	0.00		0.00	30 II 1b7
35030	Medicare Contractual Allowance - Therapy	56,834.34	179,351.39		236,185.73	30 II 1b, 4b, 5b
35031	Medicare Contractual Allowance - Other	2,415.89	23,179.81		25,595.70	30 II 1d, 4d, 5d
35032	Medicare Contractual Allowance - Supplies	0.00	0.00		0.00	30 II 6
35033	Medicaid Contractual Allowance - Supplies	0.00	3,579.45		3,579.45	30 II 6
35035	Contractual Allowance - HMO/Insurance/Ma	6,987.95	12,833.35		19,821.30	30 II 6
35054	Hairdresser & Barber	0.00	0.00		0.00	30 2.1
35098	Misc. Income - Other	(0.43)	(1,125.12)	(40.00)	(1,165.55)	See Attached
36001	Interest Income	0.00	(0.02)		(0.02)	30 IV 5
36500	Gain (Loss) on Sale of Assets	0.00	0.00		0.00	30 IV 8
41001	Salaries - Administrator	0.00	79,704.88	9,599.41	(4,864.73)	10 A2.3
41002	Salaries - Clerical	5,980.28	19,694.53	1,510.70	(740.58)	10 A4
41003	Salaries - Accounting	12,118.06	46,989.18	1,459.05	(1,018.23)	10 A11b
41004	Salaries - Social Services/Admissions	15,359.54	40,574.65	5,228.75	(4,605.79)	10 A12m
41005	Salaries - Management	0.00	0.00		0.00	10A2
41006	Salaries - Maintenance	4,554.99	32,958.32	4,539.69	(528.26)	10 A7b
41007	Salaries - Projects	2,221.94	0.00		2,221.94	10 A7b
41008	Salaries - Staff Development	2,941.71	528.00		3,469.71	10 A12b2
41009	Salaries - Beautician	0.00	0.00		0.00	10A9
41010	Employee Physicals	737.50	5,186.50		5,924.00	16 m13
41011	Pre-employment Screen	1,039.42	4,230.04		5,269.46	16 m13
41015	FICA - Employer	39,180.53	112,132.28		151,312.81	15 1a4
41016	Unemployment - Federal	475.70	2,889.07		3,364.77	15 1a3
41017	Unemployment - State	2,096.99	30,157.18		32,254.17	15 1a3
41020	Insurance - Workmen's Comp	(20,370.40)	50,249.25		29,878.85	15 1a1
41021	Insurance - Group Medical	44,960.69	107,537.36		152,498.05	15 1a5
41023	Insurance - Group Life & Disability	2,479.04	9,912.79		12,391.83	15 1a6
41022	Insurance - FMLA	0.00	0.00		0.00	15 1a5
41024	Pension Expense	2,579.96	7,075.84		9,655.80	15 1a7
41025	Other Employee Benefits	2,557.84	1,566.82		4,124.66	See Attached
41026	Corporate Fee - Non-reimbursable Costs	12,512.79	25,718.81		38,231.60	16 m13 28 #23 1
41027	Corporate Management Fee	86,064.00	156,157.63	411.06	242,632.69	16 m12
41028	Healthport Indirect	0.00	0.00	6,051.00	6,051.00	16 m13
41029	Auto Repair & Maintenance.	0.00	19.56		19.56	16l.6
41030	Travel - Motor Vehicle	1,392.73	8,237.40		9,630.13	16 1.4
41031	Conventions & Meetings	0.00	0.00		0.00	16 1.5

41032	Education & Seminars	809.57	3,190.63	50.00		4,050.20	16 1.5	
41033	Auditing Fees	1,398.51	4,500.63			5,899.14	15 1d	See Attached
41034	Point Click Care Fees	1,839.78	7,067.79			8,907.57	16 m13	
41035	Legal Services	0.30	5.00		(5.30)	0.00	15 1e	See Attached
41036	Legal Fees Collections - Probate Fees	220.00	(220.00)			0.00	13b6	
41037	Consulting Fees - Other	1,660.00	5,530.00			7,190.00	See Attached	
41038	Licenses & Fees	600.00	1,290.00	150.00		2,040.00	16 m13	
41039	Dues & Memberships	1,123.60	3,669.80			4,793.40	See Attached	See Attached
41040	Subscriptions	530.25	4,792.65	3.24		5,326.14	16 m9	
41041	Advertising - Public Relations	1,218.35	6,073.19		(115.00)	7,176.54	16 m3	28 #18
41042	Advertising - Help Wanted	85.00	2,455.25		(85.00)	2,455.25	16 m1	
41043	Supplies - Social Service	0.00	27.99			27.99	20 5j	
41044	Supplies - Beauty Shop	0.00	0.00			0.00	13m6	
41045	Supplies - Medical Records	0.00	0.00			0.00	16 m5	
41046	In Service Fees	0.00	0.00			0.00	16 1.5	
41047	Transportation - Patients	(6.00)	126.00			120.00	16 1.1	29 #28
41048	CNA Registration & Validation	73.00	0.00			73.00	16 1.1	
41050	Office Supplies & Printing	1,002.06	9,359.67	960.34		11,322.07	15 lg	
41051	Postage	841.10	2,444.36			3,285.46	16 m7	
41052	Telephone	4,365.14	12,961.27			17,326.41	15 1h	
41053	Rent	75,000.00	144,000.00			219,000.00	22 9	
41054	Insurance - Package	13,730.86	42,987.78			56,718.64	27 14a	
41057	Equipment Lease	1,561.68	5,682.94			7,244.62	22 6a	
41060	Purchased Services & Repair	12,501.61	61,363.63	6,993.16		80,858.40	22 6a	
41061	Maintenance & Repair Supplies	4,793.19	17,691.22	862.44		23,346.85	22 6a	
41062	Fuel - Plant Operation	10,080.67	20,638.44			30,719.11	22 6b	
41063	Gas - Plant Operation	1,424.42	4,793.41			6,217.83	22 6b	
41064	Electric - Plant Operation	9,784.07	30,151.46			39,935.53	22 6c	
41065	Water & Sewerage	3,099.04	12,819.52			15,918.56	22 6d	
41066	Refuse Removal / Recyclables	4,468.85	1,733.90	70.36		6,273.11	22 6f	
41067	Corp Office Building Maintenance	0.00	0.00			0.00	Corp Only	
41070	Taxes - Real Estate	9,196.26	27,872.91			37,069.17	22 10b	
41071	Taxes - Personal Property	681.63	2,069.85			2,751.48	22 10c	
41075	Bad Debt	26,328.93	0.00			26,328.93	15 1c	28 #9
41080	Donations	0.00	(40.00)	40.00		0.00	16m10	
41086	Sales Tax	0.00	375.00		(375.00)	0.00	16m13	
41087	Bank Charges/Penalties/Fees	0.00	87.00	49.00		136.00	16 m13	28 #23 4
41090	Miscellaneous Expense	65.06	1,420.29	131.67	(16.00)	1,601.02	See Attached	See Attached
41091	Resident Reimbursements	0.00	0.00			0.00	16m13	
41095	C.O.N. Expense	0.00	0.00			0.00	16m13	
45001	Salaries - R.N. (CCNH)	113,997.77	270,873.40	19,856.08	(22,285.61)	382,441.64	10 A12b1	
45002	Salaries - L.P.N. (CCNH)	71,541.91	218,003.96	8,418.20	(10,307.49)	287,656.58	10 A12c	
45003	Salaries - Aides (CCNH)	142,284.77	394,481.08	15,117.76	(23,609.96)	528,273.65	10 A12d	
45004	Salaries - Assistant D.O.N.	7,496.89	1,568.49			9,065.38	10 A12a	
45005	Salaries - D.O.N.	25,757.94	66,499.91	3,613.41	(2,725.47)	93,145.79	10A12a	
45006	Inactive Salaries (see A/C 70046)	0.00	0.00			0.00	N/A	
45007	Salaries - R.N. (RHNS/HFA)	0.00	0.00			0.00	10 A12b1	

45008	Salaries - L.P.N. (RHNS/HFA)	0.00	0.00		0.00	10 A12c	
45009	Salaries - Aides (RHNS/HFA)	0.00	0.00		0.00	10 A12d	
45010	Salaries - Infection Control	440.58	5,980.94		6,421.52	10 A12b2	
45011	Salaries - Nursing Administration	0.00	0.00		0.00	10 A2.3	
45014	Salaries - R.N. / L.P.N. - Light Duty	0.00	0.00		0.00	10 A12b2	
45015	Salaries - C.N.A. - Light Duty	0.00	0.00		0.00	10 A12d	
45016	Salaries - Other Nursing - Light Duty	0.00	0.00		0.00	10 A12d	
45017	Salaries - MDS Coordinator	13,417.63	33,641.34	2,499.75	(3,036.87)	46,521.85	10 A12b2
45022	Purchased Services - HPS (RN-CCNH)	3,105.00	2,946.00		(6,051.00)	0.00	13 B11a
45023	Purchased Services - HPS (LPN-CCNH)	0.00	0.00		0.00	0.00	13 B11b
45024	Purchased Services - HPS (CNA-CCNH)	0.00	0.00		0.00	0.00	13 B11c
45025	Equipment Lease Nursing	0.00	0.00		0.00	0.00	20 5c
45032	Purchased Services - HPS (RN-RHNS)	0.00	0.00		0.00	0.00	13 B11a
45033	Purchased Services - HPS (LPN-RHNS)	0.00	0.00		0.00	0.00	13 B11b
45034	Purchased Services - HPS (CNA-RHNS)	0.00	0.00		0.00	0.00	13 B11c
45035 ...	Purchased Services - R.N. (CCNH)	0.00	(8.00)	8.00		0.00	13 B11a
45036 ...	Purchased Services - L.P.N. (CCNH)	0.00	(8.00)	8.00		0.00	13 B11b
45037 ...	Purchased Services - Aides (CCNH)	0.00	3,916.50			3,916.50	13 B11c
45041	Purchased Services - Other	0.00	0.00			0.00	13 B12
45045	Nursing Station Supplies	(4.47)	19.16	30.53		45.22	20 5j
45046	Prescription Drugs - Medicare	17,658.93	24,098.56		(3,682.21)	38,075.28	20 5a 30 #27
45047	Prescription Drugs - Medicaid	6,610.92	10,060.52		(2,655.84)	14,015.60	20 5a
45048	Prescription Drugs - Private	4,641.49	9,566.75			14,208.24	20 5a 30 #27
45049	Prescription Drugs Managed Care	3,257.36	2,030.28		(1,495.50)	3,792.14	20 5a 30 #27
45050	Medical Supplies	13,758.83	54,102.24	108.46		67,969.53	20 5c
45051	Medicare Part B Billable	0.00	0.00			0.00	205c
45052	Medical Equipment Purchases	3,069.41	(514.21)	252.05		2,807.25	20 5c
45055	O.T.C. Medical Supply	702.50	2,926.47		(86.47)	3,542.50	20 5c
45058	Rehab Service Supplies	519.92	0.00		(519.92)	0.00	205j
45060	Oxygen - Private	45.60	3,501.24			3,546.84	20 5e2 29 #32
45061	Oxygen - Medicare	1,620.54	699.50		(642.35)	1,677.69	20 5e2 29 #32
45062	Oxygen - Medicaid	640.16	539.00			1,179.16	20 5e2
45063	Oxygen - Managed Care	0.00	0.00			0.00	20 5e2 29 #32
45065	I.V. Therapy Services	1,103.38	1,438.79		(898.66)	1,643.51	20 5j 29 #34
45070	Laboratory Services	0.00	0.00			0.00	20 5h 29 # 30
45075	Diagnostic Services	501.29	12,445.78	5,461.16	(169.94)	18,238.29	20 5f 29 # 29
50001	Salaries - Dietitians	1,303.65	6,106.25		(51.27)	7,358.63	10 A5a
50002	Salaries - Chefs, Cooks	26,359.95	65,033.25	6,304.00	(7,695.32)	90,001.88	10 A5c
50003	Salaries - Helpers, Dishwashers	20,938.54	47,239.12	3,152.27	(5,566.94)	65,762.99	10 A5c
50004	Salaries - Food Service Supervisor	7,629.05	32,995.75	1,669.90	(1,504.12)	40,790.58	10 A5b
50005	Salaries - Dietary - Light Duty	0.00	0.00			0.00	10 A5c
50030	Consultant Fee - Dietary	0.00	0.00			0.00	13B1
50035	Purchased Services - Dietary	126.56	945.65			1,072.21	18 2b
50036	Equipment Lease - Dietary	0.00	0.00			0.00	18 2a1
50040	Supplies - Dietary	3,025.83	10,928.61	35.67		13,990.11	18 2a2
50041	Other Expenses - Dietary	0.00	45.25			45.25	18 2a2
50050	Food Supplies - HPC/Thurston	20,565.35	72,554.88			93,120.23	18 2a1

50051	Food Supplies - Dairy	2,344.49	8,470.21			10,814.70	18 2a1	
50052	Food Supplements	618.44	1,906.24			2,524.68	18 2a1	
50053	Enteral Feeding Supplies	57.76	78.20			135.96	18 2a1	
50054	Food Supplies - Other	763.16	1,830.30			2,593.46	18 2a1	
50055	Foods Supplies - Rebates	0.00	0.00			0.00	18 2a1	
55001	Salaries - Laundry	3,102.50	3,245.51			6,348.01	10 A8b	
55002	Salaries - Laundry Supervisor	4,692.75	0.00		(4,692.75)	0.00	10 A8a	
55004	Salaries - Laundry - Light Duty	0.00	0.00			0.00	10 A8b	
55030	Purchased Service - Laundry	6,748.16	26,964.42		(609.26)	33,103.32	19 4b	
55031	Personal Laundry	0.00	0.00			0.00	19 3b	
55035	Linen & Bedding Supplies	0.00	551.13			551.13	19 3a4	
55036	Equipment Lease Laundry	0.00	0.00			0.00	19 3d	
55040	Laundry Supplies	377.03	1,847.74			2,224.77	19 3a1	
60001	Salaries - Housekeeping	26,958.63	69,814.26	1,242.79	(4,930.31)	93,085.37	10 A6b	
60002	Salaries - Housekeeping Supervisor	0.00	1,418.69	3,697.10		5,115.79	10A6a	
60003	Salaries - Housekeeping - Light Duty	0.00	0.00			0.00	10 A6b	
60030	Purchased Services - Housekeeping	0.00	0.00			0.00	20 4b	
60035	Supplies - Housekeeping	1,688.15	15,309.05			16,997.20	20 4a	
65001	Salaries - Recreation	18,534.25	38,840.66	5,754.65	(6,122.88)	57,006.68	10 A12h	
65030	Supplies - Recreation	133.04	742.94			875.98	20 5i	
65035	Other Expenses - Recreation	5,352.67	18,994.43	209.77		24,556.87	20 5i	
70010	Medical Director	6,000.00	20,000.00			26,000.00	13 B8a	
70011	Medical Staff/URC Meeting	0.00	0.00			0.00	13 B8b	
70012	Other Physician Fees	0.00	472.41	158.49	(298.23)	332.67	13 B8e	
70015	Pharmacist Fees	3,017.16	5,458.94		(765.72)	7,710.38	13 B3	
70025	Prescription Drugs Only	0.00	0.00			0.00	N/A	
70030	Personal Laundry	0.00	0.00			0.00	N/A	
70035	Dental Service	1,602.00	5,517.00			7,119.00	13 B2	
70036	Podiatrist Fees	0.00	0.00			0.00	13 B4	
70040	Hairdresser/Barber	0.00	0.00			0.00	16m6	
70047	Purchased Services - Physical Therapist	23,037.69	51,811.72			74,849.41	13 5a	
70048	Purchased Services - Speech Therapist	0.00	0.00			0.00	13 B9a	
70049	Purchased Services - Occupational Therapist	0.00	0.00			0.00	13 B10a	28 #6
70050	Inactive	0.00	0.00			0.00	N/A	
70052	Rehab. Services Supplies	133.91	2,187.44			2,321.35	20 5j	29 # 34
70060	Salaries - Rehab Director	9,383.86	62,543.78	2,310.40	(1,746.81)	72,491.23	10 A12e	
70062	Salaries - Therapy Technicians	23.76	0.00			23.76	10 A12e	
70065	Salaries - Physical Therapy Assistant	0.00	380.00			380.00	10 A12e	
70066	Salaries - Per Diem PT Assistant	0.00	966.75			966.75	10 A12e	
70067	Salaries - Physical Therapist	36.45	27,010.63	465.78		27,512.86	10 A12e	
70068	Salaries - Per Diem Physical Therapist	3,139.90	4,210.66	0.45	(0.45)	7,350.56	10 A12e	
70070	Salaries - Certified Occupational Therapist	209.59	7,166.87			7,376.46	10 A12g	28 #3
70071	Salaries - Per Diem Certified OT	1,194.11	6,874.89			8,069.00	10 A12g	28 #3
70072	Salaries - Occupational Therapist	13,561.92	3,462.70			17,024.62	10 A12g	28 #3
70073	Salaries - Per Diem Occupational Therapist	880.57	2,993.00			3,873.57	10 A12g	28 #3
70075	Salaries - Speech Therapist	6,178.97	26,381.43	924.00		33,484.40	10 A12f	
70076	Salaries - Per Diem Speech Therapist	75.00	3,245.75			3,320.75	10 A12f	

71050	User Fee	79,161.00	240,174.00		319,335.00	15 1k3	
76000	Interest	73.87	1,080.27		1,154.14	27 12D	29 #49
78010	Salaries - Owner	3,409.00	0.00		3,409.00	36 G1	
79010	Depreciation of Non Moveable Equipment	252.27	645.92	(489.81)	408.38	22 7c	
79011	Depreciation of Moveable Equipment	3,725.97	8,708.36	85.02	12,519.35	22 7d	
79015	Depreciation of Auto & Truck	0.00	0.00		0.00	31B7	
79025	Amortization of Leasehold Improvements.	11,701.43	33,361.11	(51.21)	45,011.33	22 8a	
82010	CT State Income Tax	0.00	250.00		250.00	15 j1	
82050	Provider Specific Tax	0.00	0.00		0.00	15j1	

\$1,113,810.73 (1,113,810.73)
Variance (must be \$0.00) 0.00

Total Assets 1,439,249.21
Total Liabilities (1,548,740.76)
Total Revenue (4,118,299.83)
Total Expenses 4,390,111.82

Analysis Accounts

Cost Report References

		Report Page/Line #	Self Disallow Page/Line #
35098 Misc. Income - Other	1,165.55		
Meal Revenue	45.00	30 IV 1	28 #24
Account W/O	507.51	30 IV 4	29 #43
Prior Period W/O	0.43		
Rebates			
C.N.A Class & Book	320.00		
Medical Records	35.10	30 IV 8	
941 Tax Refund	257.51		
Total Misc. Income - Other	1,165.55		
41001 Salaries - Administrator	84,439.56		
Administrator	84,439.56	10 A2	
Asst Administrator/AIT	0.00	10 A3	
Total Administrator	84,439.56		
41025 Employee Benefits	4,124.66		
Holiday Parties	2,000.00	16 12	
Employee gifts/ recognition	2,124.66	16 13	28 #23 2
Total Employee Benefits	4,124.66		
41037 Consulting Fees - Other	7,190.00		
Social Worker	0.00	13 B3	
Data Integrity Auditor	3300	13 B12	

Purchasing Consultant	2053		
Admissions Discharge Consultant	1837		
Total Consulting Fees - Other	7,190.00		
45041 Purchase Service - Other	0.00		
Pharmacy Consult		16 m13	28 #23 5
Wound Consultant		16 m13	28 #23 6
Total Consulting Fees - Other	0.00		
41090 Misc. Expense	1,601.02		
Resident Expenses	158.67		28 #23 5
Prior Period Adj/Account W/O	1,442.35		28 #23 6
Settlement	0.00		
State Penalty	0.00		
User Fee Audit Expense	0.00		
SUTA Tax	0.00		
Total Misc. Expense	1,601.02		
70012 Physician Fees	332.67		
Psychiatrist	0.00	13 B8de	
Eye Doctor	193.67	13 B8de	
Audiology	139.00		
Total Physician Fees	332.67		
41041 Advertising - Public Relations	7,176.54		
Public Relations	7,176.54	16 m3	28 #18
Directory Advertising	0.00		
Total Advertising - Public Relations	7,176.54		
41052 Telephone	17,326.41		
Telephone & Beepers	17,326.41	15 1h1	
Cell Phones	0.00	15 1h2	
Total Telephone	17,326.41		
<i>(check G/L account 41052 for possible cell or beeper reclass J/E)</i>			
41039 Dues & Membership	4,793.40		
Dues & Membership	4,544.40	16 m8	
Chamber of Commerce	249.00	16 m8a	28 #23 3
Total Dues & Membership	4,793.40		
<i>(most homes should have, may need to check other accounts)</i>			

**Chesterfields Health Care Center
Cost Year 2017**

J/E #	DB	AMOUNT	ACCOUNT TITLE	CR	AMOUNT	Reverse CY 2017
1	41025		Other Employee Benefits			
	41060	217.06	Purchased Services & Repair			
	41061	23.20	Maintenance & Repair Supplies			
	41066	70.36	Refuse Removal / Recyclables			
	45045	30.53	Nursing Station Supplies			
	41050	9.63	Office Supplies & Printing			
	41040	3.24	Subscriptions			
	41041		Advertising - Public Relations			
	50040	16.21	Supplies - Dietary			
	65030		Supplies - Recreation			
	65035	4.77	Other Expenses - Recreation			
	45050		Medical Supplies			
			Sales Tax	41086	375.00	
			Allocate Sales Tax			
2	20601	76,185.42	Accrued PTO			
			Salaries - Clerical	41002	361.30	
			Salaries - Accounting	41003	973.75	
			Salaries - Social Service	41004	4,283.29	
			Salaries - Maintenance	41006		
			Salaries - RN	45001	15,777.56	
			Salaries - LPN	45002	6,574.53	
			Salaries - CNA	45003	17,134.72	
			Salaries - DNS	45005	1,263.89	
			Salaries - Infection Control	45010		
			Salaries - Nursing Administration	45011		
			Salaries - MDS	45017	2,635.80	
			Salaries - Dietitians	50001		
			Salaries - Chef, Cooks	50002	6,340.79	
			Salaries - Dietary Aid, Dishwasher	50003	4,180.52	
			Salaries - Food Service Suprv	50004	1,028.92	
			Salaries - Laundry Supervisor	55002	4,692.75	
			Salaries - Laundry	55001		
			Salaries - Housekeeping	60001	3,838.83	
			Salaries - Housekeeping Supervisor	60002		
			Salaries - Recreation	65001	5,351.51	
			Salaries - Rehab Director	70060	1,746.81	
			Salaries - PT Tech	70062		
			Salaries - Per Diem Physical Therapist	70068	0.45	
			Reverse 12/16 PTO Accrual			
3	41002	1,510.70	Salaries - Clerical			
	41003	1,459.05	Salaries - Accounting			
	41004	5,228.75	Salaries - Social Service			
	41006	4,539.69	Salaries - Maintenance			
	45001	19,856.08	Salaries - RN			
	45002	8,418.20	Salaries - LPN			
	45003	15,117.76	Salaries - CNA			
	45004		Salaries - ADNS			
	45005	3,613.41	Salaries - DNS			

	45010		Salaries - Infection Control			
	45011		Salaries - Nursing Admin			
	45017	2,499.75	Salaries - MDS			
	50001		Salaried - Dietician			
	50002	6,304.00	Salaries - Chef, Cooks			
	50003	3,152.27	Salaries - Dietary Aid, Dishwasher			
	50004	1,669.90	Salaries - Food Service Suprv			
	55001		Salaries - Laundry			
	60001	1,242.79	Salaries - Housekeeping			
	60002	3,697.10	Salaries - Housekeeping Supervisor			
	65001	5,754.65	Salaries - Recreation			
	70060	2,310.42	Rehab Coordinator			
	70067	465.78	Salaries - Physical Therapist			
	70068	0.45	Salaries - Per Diem Physical Therapist			
	70072		Salaries - Occupational Therapist			
	70075	924.00	Salaries - Per Diem Speech Therapist			
			Accrued PTO	20601	87,764.75	
			Accrue 9/30/17 PTO			
4	41027	411.06	Corporate Management Fee			
4			Due Affiliate - Corporate	20200	411.06	
			Allocate Interest Income			
5	41001	9599.41	Salaries - Administrator			
5			Due Affiliate	20200	9599.41	
			Record admin Salary			
6	41028	6,051.00	Healthport Indirect			
6			Purchased Services - HPS (RN-CCNH)	45022	6,051.00	
6	45035	8.00	Purchased Services - R.N. (CCNH)			
6	45036	8.00	Purchased Services - L.P.N. (CCNH)			
			Misc Expense	41090	16.00	
6	45075	171.86	Diagnostic Services			
6			Other Physician Fees	70012	171.86	
6	41090	126.37	Misc Expense			
6			Other Physicians Fee	70012	126.37	
6	70012	32.12	Diagnostic Services			
6			Diagnostic Services	45075	32.12	
6	41080	40.00	Donations			
6			Misc Income	35098	40.00	
6	41090	5.30	Miscellaneous Expense			
			Legal Services	41035	5.30	
			Reclass			
7			Advertising - Help Wanted	41042	85.00	
7			Diagnostic Services	45075	22.11	
7			Diagnostic Services	45075	22.11	
7			Advertising - Public Relations	41041	115.00	

7			Maintenance & Repair Supplies	41061	642.35	
7			Prescription Drugs - Medicare	45046	3,682.21	
7			Prescription Drugs - Medicaid	45047	2,655.84	
7			Prescription Drugs - Managed Care	45049	1,495.50	
7			O.T.C. Medical Supply	45055	86.47	
7			Rehab Service Supplies	45058	519.92	
7			I.V. Therapy Services	45065	898.66	
7			Diagnostic Services	45075	93.60	
7			Purchased Service - Laundry	55030	609.26	
7			Pharmacist Fees	70015	765.72	
7	22050	11,693.75	Accrued Other Expenses			
			To reverse captured 2016 expenses.			
8	16301	417,086.00	Step up			
8			Movable equip	15502	417,086.00	
			Step up allocation			
9	15501	1906.75	Non-movable equipment			
9			Movable Equipment	15502	1906.75	
			Walk in cooler			
10	15502	3,074.00	Movable Equipment			
10			Retained Earnings	28000	3,074.00	
			Payroll Equip from Corp			
11	28000	300.00	Retained Earnings			
11			Movable Equipment	15502	300.00	
			Sale of mixer			
12	15502	713.82	Movable Equipment			
12	16501	1041	Leasehold Improve			
			Retained Earnings	28000	1754.82	
			To allocate Sales Tax			
13	15502	1732.04	Movable Equipment			
13			Non-movable equipment	15501	1732.04	
			Adjust Acc Depr to prior year			
14	15502	1263.44	Acc. Amortization Leasehold Imp.			
14	15502	955.18	Acc. Amortization Leasehold Imp.			
14	15502	512.05	Leasehold Deposits			
14	28000	9415.19	Retained Earnings			
14	16501	10,130.00	Leasehold Improvements			
14			Leasehold Improvements	16501	9415.19	
14			Non Moveable Equipment	15501	1263.44	
14			Fixed Asset Proceeds Clearing Account	15501	955.18	
14			Retained Earnings	28000	512.05	
14			Retained Earnings	28000	10130.00	
14	17002	415669.6	Acc. Depreciation Moveable Equipment			
14	17005	10318.08	Acc. Amortization Leasehold Imp.			
14	17001	1931.41	Acc. Depreciation Non Moveable Equipment			
14			Retained Earnings	28000	427,919.09	
14	17005	51.21	Acc. Amortization Leasehold Imp.			
14			Amortization of Leasehold Improvements.	79025	51.21	
14						

14	17001	489.81	Acc. Depreciation Non Moveable Equipment			
			Depreciation of Non Moveable Equipment	79010	489.81	
14	79011	85.02	Depreciation of Equip Movable			
14			Acc. Depreciation Moveable Equipment	17002	85.02	
			To adjust accounts per prior years			
15	41032	50	Education & Seminars			Yes
15	41038	150	Licenses & Fees			Yes
15	41050	950.71	Office Supplies & Printing			Yes
15	41060	6776.08	Purchased Services & Repair			Yes
15	41087	49	Bank Charges/Penalties/Fees			Yes
15	45050	108.46	Medical Supplies			Yes
15	45052	252.05	Medical Equipment Purchases			Yes
15	45075	5289.3	Diagnostic Services			Yes
15	70012	126.37	Other Physician Fees			Yes
15	41061	839.24	Maintenance & Repair Supplies			Yes
15	65035	205	Other Expenses - Recreation			Yes
15	50040	19.46	Supplies - Dietary			Yes
15			Accrued Other Expenses	22050	14,815.67	Yes
			To capture 2017 expenses.			
16	20200	4,864.73	Salaries - Nursing Admin			
16			Salaries - Infection Control	41001	4,864.73	
			Reclass			
17			Salaries - Clerical	41002	379.28	
17			Salaries - Accounting	41003	44.48	
17			Salaries - Social Service	41004	322.50	
17			Salaries - Maintenance	41006	528.26	
17			Salaries - Recreation	65001	771.37	
17			Salaries - RN	45001	6,508.05	
17			Salaries - LPN	45002	3,732.96	
17			Salaries - CNA	45003	6,475.24	
17			Salaries - DNS	45005	1,461.58	
17			Salaries - MDS	45017	401.07	
17			Salaried - Dietician	50001	51.27	
17			Salaries - Chef, Cooks	50002	1,354.53	
17			Salaries - Dietary Aid, Dishwasher	50003	1,386.42	
17			Salaries - Food Service Suprv	50004	475.20	
17			Salaries - Housekeeping	60001	1,091.48	
17	20501	24,983.69	Accrued Payroll			
			To reverse 2016 Accrue Wage Enhancement			
		1,113,810.73	TOTALS		1,113,810.73	

Trial Balance	1,113,810.73	0.00	0	(1,113,810.73)
Variance	0			0

Facility: Chesterfields Health Care Center
 Cost Year 9/30/2017
 Reconciliation of Revenue, Expenses, Balance Sheet

	<u>Expenses</u>	<u>Revenue</u>	<u>Assets</u>	<u>Liabilities</u>
Per Trial Balance	4,390,112	4,118,300	1,439,249	1,548,741
Per Cost Report	4,386,703	4,118,300	1,694,658	1,804,150
Difference	3,409	0	255,409	255,409
21035-21060 - Payroll W/H			1,035	1,035
10401-10403 Exchange				
35098- Meal Revenue				
20110- A/P-Patient Exchange			4,082	4,082
20218 - Due Affiliate			250,292	250,292
78010 - Owners Salary	3,409			
13002 - Prepaid Ins				
Difference	3,409	0	255,409	255,409
	0	0	(0)	(0)

Chesterfields
Fixed Asset Schedule
9/30/2017

Asset Class	Asset ID	Asset Description	Place in Service Date	Cost Basis	LTD Depreciation Amour	Net Book Value	YTD Depreciation Amount		
							10/1/16 - 12/31/16	1/1/17 - 9/30/17	
Non Moveable Equipment									
NME-5	2412003	Refrigerator Evaporation Coil	2/1/2012	1,263.44	1,263.44	-	63.15	126.34	
NME-5	2412005	Dishwasher Repairs	3/6/2012	955.18	955.18	-	47.76	95.50	
NME-5	2413013	Repair on Resident Tub(Arjo)	1/1/2013	1,961.21	1,667.05	294.16	98.03	294.21	
NME-15	2409003	reclassified walk in work (Classic Construc	12/1/2000	940.00	940.00	-	-	-	
NME-15	2409004	reclassified walk in (United East Foodservi	12/1/2000	19,438.28	19,438.28	-	-	-	
NME-10	2409001	Arjo(Whirlpool Tub)	5/1/1994	7,416.50	7,416.50	-	-	-	
NME-10	2409002	United(Dishwasher)	8/1/1994	3,811.71	3,811.71	-	-	-	
NME-10	2409223	Ice Machine	9/7/2010	1,732.04	1,255.67	476.37	43.33	129.87	

Non Moveable Equipment as of 09/30/17				37,518.36	36,747.83	770.53	252.27	645.92
Depreciation 10/1/16 - 9/30/17								898.19

Cost Report Adjustments:

		Cooler wiring (Precision Electrical)	3/1/2001	\$1,906.75				\$127.12
2409223		CJLC Relcass Ice Machine	9/7/2010	(\$1,732.04)				(\$173.20)
2412003		Refrigerator Evaporation Coil - 2012 CJLC Reclass	2/1/2012	(\$1,263.44)				(\$252.69)
2412005		Dishwasher Repairs - 2012 CJLC Reclass	3/6/2012	(\$955.18)				(\$191.04)
Adjusted Balance @ 9/30/16				35,474.45				\$408.38
Prior Additions				\$35,474.45				\$408.38
Current Additions				\$0.00				\$0.00

Asset Class	Asset ID	Asset Description	Place in Service Date	Cost Basis	LTD Depreciation Amour	Net Book Value	YTD Depreciation Amount		
							10/1/16 - 12/31/16	1/1/17 - 9/30/17	
Moveable Equipment									
ME-10	2409013	Acquisition Equipment	9/1/1993	480,000.00	480,000.00	-	-	-	
ME-12	2409039	Saybrook(Files)	5/1/1994	1,231.72	1,231.72	-	-	-	
ME-12	2409040	Saybrook(Furniture)	6/1/1994	736.70	736.70	-	-	-	
ME-12	2409041	American(Furniture)	9/1/1994	750.80	750.80	-	-	-	
ME-12	2409042	American(Furniture)	9/1/1994	644.00	644.00	-	-	-	
ME-12	2409043	American(Furniture)	9/1/1994	555.00	555.00	-	-	-	
ME-12	2409044	Hood(10/1/1994	880.75	880.75	-	-	-	
ME-12	2409045	American(Furniture)	10/1/1994	555.00	555.00	-	-	-	
ME-12	2409046	RO-VIC(10/1/1994	518.08	518.08	-	-	-	
ME-12	2409047	MGM Transp(Furniture)	11/1/1994	376.02	376.02	-	-	-	
ME-15	2409054	United(Kitchen Equipment)	12/1/1994	3,999.38	3,999.38	-	-	-	
ME-12	2409048	Falcon(Furniture)	12/1/1994	1,817.37	1,817.37	-	-	-	
ME-12	2409049	Akin(Furniture)	12/1/1994	7,075.14	7,075.14	-	-	-	
ME-12	2409050	American(Furniture)	12/1/1994	500.50	500.50	-	-	-	
ME-12	2409051	Akin(Furniture)	12/1/1994	1,075.08	1,075.08	-	-	-	
ME-12	2409052	McCabe(Office Furniture)	12/1/1994	8,108.70	8,108.70	-	-	-	
ME-12	2409053	Jacobson(Furniture)	12/1/1994	1,117.13	1,117.13	-	-	-	
ME-5	2409006	WHEELCHAIR (MOS)	1/1/1995	575.00	575.00	-	-	-	

ME-10	2409015	REHAB FURNISHINGS (MOS)	1/1/1995	5,137.80	5,137.80	-	-	-
ME-5	2409007	WHEELCHAIR (NORTHEAST MED)	9/1/1995	540.60	540.60	-	-	-
ME-10	2409016	EXTRACTOR(RO-VIC)	12/1/1995	1,835.92	1,835.92	-	-	-
ME-15	2409055	PATIENT LIFT (RED LINE)	4/1/1996	690.64	690.64	-	-	-
ME-10	2409017	ICE MACHINE (UNITED)	6/1/1996	2,040.50	2,040.50	-	-	-
ME-15	2409056	PATIENT LIFT (RED LINE)	9/1/1996	899.00	899.00	-	-	-
ME-20	2409074	CHART RACK (CARSTENS)	11/1/1996	704.71	704.71	-	-	-
ME-15	2409057	W/C SCALE FLOORHUGGER (RED LINE)	11/1/1996	2,223.03	2,223.03	-	-	-
ME-10	2409020	food processor (United)	9/1/1998	1,306.48	1,306.48	-	-	-
ME-10	2409022	reach-in fridge (United)	4/1/1999	2,554.60	2,554.60	-	-	-
ME-15	2409058	mattress (Red Line)	7/1/1999	1,028.83	1,028.83	-	-	-
ME-5	2409008	burnisher (RoVic, Inc.)	11/1/2000	1,398.54	1,398.54	-	-	-
ME-10	2409023	4 tables 1of2 pmt (American of Martinsvi	11/1/2000	620.35	620.35	-	-	-
ME-15	2409059	60 overbed tables (Claflin)	12/1/2000	5,880.26	5,880.26	-	-	-
ME-15	2409060	60 overbed tables tax reclass	12/1/2000	352.82	352.82	-	-	-
ME-15	2409061	residents' furniture (Triple A Supplies,	12/1/2000	22,163.39	22,163.39	-	-	-
ME-15	2409062	55 beds, 5 electric beds(Invacare)	1/1/2001	21,196.83	21,196.83	-	-	-
ME-15	2409063	60 head/foot boards (Claflin)	1/1/2001	5,625.00	5,625.00	-	-	-
ME-15	2409064	63 cabinets, 38 dressers (Claflin)	1/1/2001	15,585.00	15,585.00	-	-	-
ME-15	2409065	4 tables (American of Martinsville)	1/1/2001	620.36	620.36	-	-	-
ME-15	2409066	26 dressers, 60 mirrors, 5 armoires (Cla	2/1/2001	16,613.00	16,613.00	-	-	-
ME-15	2409067	finance charge for 60 head/foot boards)	2/1/2001	56.25	56.25	-	-	-
ME-15	2409068	cooler wiring (Precision Electrical)	3/1/2001	1,906.75	1,906.75	-	-	-
ME-10	2409024	public area furniture (CIT Group)	5/1/2001	1,388.00	1,388.00	-	-	-
ME-10	2409025	20qt counter mixer (TriMark United East)	11/1/2001	2,098.80	2,098.80	-	-	-
ME-15	2409069	60 head/foot boards (Claflin)	12/1/2001	337.50	337.50	-	-	-
ME-15	2409070	63 cabinets, 38 dressers (Claflin)	12/1/2001	935.10	935.10	-	-	-
ME-15	2409071	26 dressers, 60 mirrors, 5 armoires (Cla	12/1/2001	996.78	996.78	-	-	-
ME-10	2409027	Reliant power lift/digital scale (Direct	9/1/2003	1,912.95	1,912.95	-	-	-
ME-10	2409028	33 prints (Architectural Woodworking)	9/1/2003	3,113.88	3,113.88	-	-	-
ME-15	2409072	electric bed (Simmons Healthcare)	11/1/2003	948.59	901.17	47.42	15.81	47.43
ME-10	2409029	2 food tray carts (Tri Mark United East)	11/1/2003	3,084.60	3,084.60	-	-	-
ME-10	2409030	sara lift (ARJO, Inc.)	8/1/2004	3,620.61	3,620.61	-	-	-
ME-10	2409031	hot food cart (TriMark United East)	11/1/2004	4,213.50	4,213.50	-	-	-
ME-15	2409073	60 footboards (Claflin)	4/1/2005	3,332.87	2,721.87	611.00	55.51	166.68
ME-10	2409032	Hoyer lift (Direc Supply Equipment)	8/1/2005	3,226.64	3,226.64	-	-	-
ME-10	2409033	manual slicer (Triple A Supplies, Inc.)	4/1/2006	3,877.11	3,877.11	-	-	-
ME-10	2409034	digital scale (Invacare)	8/1/2006	756.90	756.90	-	-	-
ME-10	2409035	cisco router (JKS Systems, LLC)	9/1/2006	3,801.27	3,801.27	-	-	-
ME-5	2409010	network cable drops (A&R Communications,	11/1/2006	667.80	667.80	-	-	-
ME-5	2409011	install router (JKS Systems, LLC)	12/1/2006	757.50	757.50	-	-	-
ME-10	2409036	muscle stimulator (Sammons Preston)	3/1/2009	4,010.93	3,308.96	701.97	100.31	300.78
ME-5	2409012	10 32" LCD TVs (Kaplan Computer)	10/1/2009	5,247.00	5,247.00	-	-	-
ME-10	2409037	steamtable (Triple A Supplies, Inc.)	10/1/2009	1,967.44	1,623.15	344.29	49.14	147.60
ME-10	2409038	refrigerator (Sid Miller's Appliance)	12/1/2009	444.60	366.84	77.76	11.07	33.39
ME-5	2409221	Flat Screen TVs	12/3/2009	4,536.69	4,536.69	-	-	-
ME-15	2409220	Headboards/Footboards	6/7/2010	2,469.80	1,193.71	1,276.09	41.17	123.48

	Payroll Equipment	\$3,074.00	\$0.00
2409223	CJLC Relcass Ice Machine	\$1,732.04	\$173.20
2412003	Refridgerator Evaporation Coil	\$1,263.44	\$252.69
2412005	Dishwasher Repair	\$955.18	\$191.04
Adjusted Balance @ 9/30/17		\$344,529.09	\$12,519.35
	Prior Additions	\$323,809.66	\$7,794.98
	Retired (See Attached)	\$0.00	\$0.00
	Current Additions	20,719.43	4,724.37

Asset Class	Asset ID	Asset Description	Place in Service Date	Cost Basis	LTD Depreciation Amour	Net Book Value	YTD Depreciation Amount	
							10/1/16 - 12/31/16	1/1/17 - 9/30/17
Leasehold Improvements								
LHI-20	2409171	Classic(Electrical)	7/1/1994	4,000.00	4,000.00	-	-	-
LHI-5	2409075	Wilson(Painting)	8/1/1994	7,670.00	7,670.00	-	-	-
LHI-10	2409098	Manardi(Water Heater)	8/1/1994	535.00	535.00	-	-	-
LHI-5	2409076	Wilson(Painting)	12/1/1994	7,583.00	7,583.00	-	-	-
LHI-5	2409078	Brewsters(Wallpaper)	12/1/1994	844.08	844.08	-	-	-
LHI-5	2409079	Roberge(Painting)	12/1/1994	8,268.00	8,268.00	-	-	-
LHI-5	2409080	Wilson(Painting)	12/1/1994	7,625.00	7,625.00	-	-	-
LHI-5	2409081	Wilson(Painting)	12/1/1994	7,625.00	7,625.00	-	-	-
LHI-5	2409082	Roberge(Painting)	12/1/1994	18,126.00	18,126.00	-	-	-
LHI-15	2409121	Kenyon(Architect)	12/1/1994	1,040.00	1,040.00	-	-	-
LHI-15	2409122	Kenyon(Architect)	12/1/1994	1,410.17	1,410.17	-	-	-
LHI-15	2409123	Kenyon(Architect)	12/1/1994	375.60	375.60	-	-	-
LHI-15	2409124	Precision(Electrical)	12/1/1994	5,000.00	5,000.00	-	-	-
LHI-15	2409125	Institutional(Handrails)	12/1/1994	7,033.81	7,033.81	-	-	-
LHI-15	2409126	Classic (Renovation)	12/1/1994	30,000.00	30,000.00	-	-	-
LHI-15	2409127	Precision(Electrical)	12/1/1994	2,500.00	2,500.00	-	-	-
LHI-15	2409128	Brewsters(Wallpaper)	12/1/1994	1,633.71	1,633.71	-	-	-
LHI-15	2409129	Classic(Ceiling)	12/1/1994	375.00	375.00	-	-	-
LHI-15	2409130	Classic (Renovation)	12/1/1994	50,000.00	50,000.00	-	-	-
LHI-15	2409131	Precision(Electrical)	12/1/1994	3,666.00	3,666.00	-	-	-
LHI-15	2409132	Standard(Electrical)	12/1/1994	597.76	597.76	-	-	-
LHI-15	2409133	Precision(Electrical)	12/1/1994	817.13	817.13	-	-	-
LHI-15	2409134	Precision(Electrical)	12/1/1994	4,675.60	4,675.60	-	-	-
LHI-15	2409135	Classic (Renovation)	12/1/1994	38,605.00	38,605.00	-	-	-
LHI-15	2409136	Victor Rome(Window Treatments)	12/1/1994	9,209.60	9,209.60	-	-	-
LHI-12	2409120	Canton(Sign)	12/1/1994	1,272.00	1,272.00	-	-	-
LHI-10	2409100	Design(Interior Design)	12/1/1994	2,400.00	2,400.00	-	-	-
LHI-10	2409101	Zettergren(Flooring)	12/1/1994	2,395.60	2,395.60	-	-	-
LHI-10	2409102	Institutional(Wallguards)	12/1/1994	603.64	603.64	-	-	-
LHI-10	2409103	Benson(Floor Covering)	12/1/1994	23,674.75	23,674.75	-	-	-
LHI-15	2409137	EMERGENCY LIGHTS (PERSISION)	4/1/1995	546.96	546.96	-	-	-
LHI-10	2409104	CUBICLE CURTAINS/TRACKS (ROME)	4/1/1995	745.71	745.71	-	-	-
LHI-5	2409083	INTERIOR DESIGN CONSULT (DRG)	6/1/1995	2,400.00	2,400.00	-	-	-
LHI-15	2409138	ENGINEERING CONSULT (JACOBSON)	6/1/1995	2,030.27	2,030.27	-	-	-
LHI-15	2409139	AIR CONDITIONING (MACRI)	8/1/1995	8,832.00	8,832.00	-	-	-

LHI-15	2409140	AIR CONDITIONING (MACRI)	8/1/1995	7,260.00	7,260.00	-	-	-
LHI-15	2409142	ENGINEERING CONSULT (JACOBSON)	8/1/1995	7,932.59	7,932.59	-	-	-
LHI-15	2409143	SEPTIC SYSTEM (A&W SANITATION)	8/1/1995	29,773.49	29,773.49	-	-	-
LHI-15	2409141	AIR CONDITIONING (MACRI)	9/1/1995	12,408.00	12,408.00	-	-	-
LHI-15	2409144	AIR CONDITIONING (MACRI)	11/1/1995	2,900.00	2,900.00	-	-	-
LHI-15	2409145	AIR CONDITIONING (MACRI)	12/1/1995	7,600.00	7,600.00	-	-	-
LHI-15	2409146	ENGINEERING CONSULT (JACOBSON)	12/1/1995	587.07	587.07	-	-	-
LHI-15	2409147	SEPTIC SYSTEM (A&W SANITATION)	12/1/1995	1,792.50	1,792.50	-	-	-
LHI-10	2409105	WINDOWS (WINDOWIZARD)	2/1/1996	673.44	673.44	-	-	-
LHI-15	2409148	SEPTIC REPAIR (RHODES)	3/1/1996	742.00	742.00	-	-	-
LHI-20	2409172	FIRE ALARM SYST (ALARM SYT)	6/1/1996	901.00	901.00	-	-	-
LHI-15	2409149	AIR CONDITONER (ENVIR ENG)	7/1/1996	1,685.00	1,685.00	-	-	-
LHI-20	2409173	CIRC WATER PUMP (DANIELS)	5/1/1997	1,130.60	1,130.60	-	14.14	28.26
LHI-20	2409174	Roof repair (Allied)	2/1/1998	713.58	686.80	26.78	8.95	26.73
LHI-20	2409175	Magnetic door lock-dining room (Precisio	8/1/1998	700.00	673.78	26.22	8.72	26.28
LHI-20	2409176	Magnetic door lock-dining room (Precisio	9/1/1998	700.00	673.78	26.22	8.72	26.28
LHI-20	2409177	underground oil tank (Taraco)	4/1/1999	41,475.68	37,846.57	3,629.11	518.4	1,555.38
LHI-20	2409178	tank perifersals (various)	4/1/1999	3,759.37	3,430.40	328.97	47.03	140.94
LHI-20	2409179	tank electric hookup (Precision)	5/1/1999	1,590.00	1,450.92	139.08	19.83	59.67
LHI-20	2409180	backflow prev-sprinkler (FPT)	6/1/1999	4,112.80	3,752.96	359.84	51.38	154.26
LHI-20	2409181	tank electric hookup (Precision)	7/1/1999	1,810.48	1,652.00	158.48	22.66	67.86
LHI-10	2409106	kitchen window (Yeager)	8/1/1999	500.00	500.00	-	-	-
LHI-5	2409084	carpeting (Commerical Flooring)	7/1/2000	32,012.00	32,012.00	-	-	-
LHI-20	2409182	stone work (Nod Construction LLC)	7/1/2000	1,590.00	1,371.42	218.58	19.83	59.67
LHI-5	2409085	concrete work for walkin (Classic Constr	9/1/2000	1,400.00	1,400.00	-	-	-
LHI-5	2409086	flooring-resident rooms(American Floor C	9/1/2000	6,921.08	6,921.08	-	-	-
LHI-20	2409183	misc wiring (Precision Electrical)	9/1/2000	1,157.52	998.36	159.16	14.5	43.38
LHI-5	2409087	deposit (Victor Rome)	10/1/2000	7,265.00	7,265.00	-	-	-
LHI-20	2409184	roof & repairs (Allied Roofing)	10/1/2000	26,280.12	22,666.63	3,613.49	328.51	985.50
LHI-20	2409185	additional roof repairs (Allied Roofing)	11/1/2000	3,143.96	2,711.68	432.28	39.3	117.90
LHI-5	2409088	cubicle curtains (Victor Rome)	12/1/2000	3,510.72	3,510.72	-	-	-
LHI-5	2409089	drapes/bedspreads (Victor Rome Contract	1/1/2001	4,627.14	4,627.14	-	-	-
LHI-20	2409186	generator repairs (Huntington Power Equi	3/1/2001	1,220.70	991.89	228.81	15.23	45.81
LHI-20	2409187	generator repairs Central Electric & Gen	3/1/2001	2,962.17	2,406.75	555.42	37.05	111.06
LHI-20	2409188	roof & repairs (Allied Roofing)	3/1/2001	2,387.33	1,939.76	447.57	29.82	89.55
LHI-20	2409189	roof & repairs (Allied Roofing)	3/1/2001	809.01	657.31	151.70	10.12	30.33
LHI-25	2409195	chimney replacement/repair (Salvatore Ba	4/1/2001	3,640.00	2,365.97	1,274.03	36.43	109.17
LHI-15	2409150	2 gate valves hot water system (HiPoint	9/1/2002	2,210.10	2,210.10	-	36.82	73.67
LHI-10	2409107	Vulcan gas range (Kittredge Equipment Co	9/1/2002	4,810.28	4,810.28	-	-	-
LHI-15	2409151	hot water heater (DiDato's Oil Co., Inc.	11/1/2002	1,400.00	1,400.00	-	23.31	46.69
LHI-15	2409152	replace drywell (A&W Sanitation Co., Inc	2/1/2003	2,460.89	2,337.84	123.05	41.03	123.03
LHI-5	2409090	actuator for heating system (HiPoint Hea	3/1/2003	916.90	916.90	-	-	-
LHI-10	2409108	voltage sensor repair (Huntington Power	4/1/2003	1,449.50	1,449.50	-	-	-
LHI-15	2409153	magnetic door lock-front door (Precision	5/1/2003	1,272.00	1,208.43	63.57	21.17	63.63
LHI-10	2409109	sand/finish hardwood floors (Gardner Har	6/1/2003	2,040.50	2,040.50	-	-	-
LHI-15	2409154	magnetic door lock-unit 1 (Precision Ele	9/1/2003	750.00	712.53	37.47	12.47	37.53
LHI-10	2409110	relay-time delay for generator (Huntingt	9/1/2003	1,510.13	1,510.13	-	-	-

LHI-10	2409111	restore cornice moldings (Avalanche Plas	11/1/2003	1,643.00	1,643.00	-	-	-
LHI-15	2409155	Wanderguard-ambulance door (Senior Techn	12/1/2003	1,064.51	1,011.27	53.24	17.78	53.19
LHI-15	2409156	replacement coil-hot water heater (HiPoi	12/1/2003	6,524.06	6,197.83	326.23	108.78	326.16
LHI-15	2409157	Wanderguard-wiring amb door (Precision E	1/1/2004	620.10	547.80	72.30	10.29	31.05
LHI-15	2409158	engineering consultant (Nathan L. Jacobs	10/1/2004	2,222.21	1,963.01	259.20	37	111.15
LHI-5	2409091	wallpaper (surface materials)	12/1/2004	3,652.07	3,652.07	-	-	-
LHI-5	2409092	soil air evaluation (Nathan L Jacobson &	7/1/2005	761.18	761.18	-	-	-
LHI-5	2409093	soil air evaluation (Nathan L Jacobson &	9/1/2005	1,502.89	1,502.89	-	-	-
LHI-10	2409112	walkway-empl pkg lot 50%(Clean Cut Lawnc	5/1/2006	1,521.10	1,521.10	-	-	-
LHI-10	2409113	walkway-empl pkg lot bal(Clean Cut Lawnc	8/1/2006	1,521.10	1,521.10	-	-	-
LHI-15	2409159	sewage disposal system (OspreyEnvironmen	9/1/2006	1,000.00	750.06	249.94	16.63	50.04
LHI-15	2409160	sewage disposal system final (OspreyEnvi	11/1/2006	5,100.00	3,824.97	1,275.03	85.03	254.97
LHI-10	2409114	Fire Suppression System (Roybal and Sons	1/1/2007	940.75	940.75	-	23.52	47.00
LHI-15	2409161	Septic System Hydraulic Analysis (Osprey	2/1/2007	1,900.00	1,298.40	601.60	31.63	95.04
LHI-15	2409162	sewage disposal system: test pits, preli	4/1/2007	1,500.00	1,024.97	475.03	25.03	74.97
LHI-10	2409115	Reversal JE: fire suppression system (Ro	5/1/2007	940.75	940.75	-	23.52	47.00
LHI-25	2409196	retainer for sewer work (Osprey Environm	8/1/2007	1,250.00	512.53	737.47	12.47	37.53
LHI-15	2409163	sewer work (Osprey Environmental)	11/1/2007	2,000.00	1,366.63	633.37	33.34	99.99
LHI-15	2409164	siding (DiGiorgi Roofing and Siding)	11/1/2007	8,822.00	6,028.33	2,793.67	147.04	441.09
LHI-10	2409116	windows (Peter L. Brown)	11/1/2007	25,840.00	25,840.00	-	646.03	1,292.00
LHI-10	2409117	windows (Peter. L. Brown)	1/1/2008	25,840.00	23,901.97	1,938.03	646.03	1,937.97
LHI-15	2409167	siding (DiGiorgi Roofing and Siding)	2/1/2008	26,468.00	16,321.87	10,146.13	441.17	1,323.36
LHI-15	2409168	siding (DiGiorgi Roofing and Siding)	2/1/2008	26,469.00	16,322.55	10,146.45	441.15	1,323.45
LHI-15	2409169	siding (DiGiorgi Roofing and Siding)	2/1/2008	26,468.00	16,321.87	10,146.13	441.17	1,323.36
LHI-10	2409118	windows (Peter. L. Brown)	2/1/2008	30,576.00	28,282.80	2,293.20	764.4	2,293.20
LHI-15	2409165	hardware to refurbish Wilcox House (Kamc	3/1/2008	3,378.08	2,083.21	1,294.87	56.28	168.93
LHI-15	2409166	hardware to refurbish Wilcox House (Kamc	3/1/2008	118.46	73.09	45.37	1.96	5.94
LHI-10	2409119	white gutter and gutter screen (Peirpont	3/1/2008	7,494.73	6,932.64	562.09	187.33	562.14
LHI-25	2409197	sprinkler - walk-in freezer (Simplex Gri	11/1/2008	2,606.52	964.42	1,642.10	26.05	78.21
LHI-25	2409198	sprinkler heads (Simplex Grinnell)	11/1/2008	3,732.78	1,381.10	2,351.68	37.35	111.96
LHI-25	2409199	sprinkler - canopies (Simplex Grinnell	11/1/2008	6,674.81	2,469.67	4,205.14	66.74	200.25
LHI-25	2409200	sprinkler - obstruction investigation (S	11/1/2008	1,113.00	411.81	701.19	11.13	33.39
LHI-25	2409201	sprinkler - canopies (Simplex Grinnell	11/1/2008	2,539.76	939.75	1,600.01	25.36	76.23
LHI-25	2409202	sprinkler - canopies (Simplex Grinnell	11/1/2008	3,771.99	1,395.61	2,376.38	37.75	113.13
LHI-25	2409203	sprinkler - canopies (Simplex Grinnell	11/1/2008	2,348.15	868.87	1,479.28	23.46	70.47
LHI-15	2409170	septic system (Osprey Environmental)	11/1/2008	500.00	308.33	191.67	8.31	25.02
LHI-20	2409190	kitchen sinks (HPC Foodservice)	2/1/2009	3,317.91	1,368.63	1,949.28	41.52	124.38
LHI-20	2409191	septic/sewer connection (A&W Sanitation	7/1/2009	22,717.00	9,370.73	13,346.27	284	851.85
LHI-20	2409192	septic/sewer connection (A&W Sanitation	7/1/2009	21,667.00	8,937.65	12,729.35	270.83	812.52
LHI-20	2409193	septic/sewer connection (Osprey Environm	8/1/2009	2,000.00	824.97	1,175.03	25.03	74.97
LHI-20	2409194	septic/sewer connection (A&W Sanitation	10/1/2009	20,616.00	8,504.10	12,111.90	257.7	773.10
LHI-8	2409094	parking lot paving dwnpmt (Clean Cut Law	11/1/2009	10,737.50	10,737.50	-	335.54	671.08
LHI-8	2409095	parking lot paving final pmt (Clean Cut	12/1/2009	10,737.50	10,737.50	-	335.54	671.08
LHI-15	2409204	Septic System	12/30/2009	6,153.30	3,384.36	2,768.94	102.51	307.71
LHI-10	2409210	Roof Repairs	12/31/2009	975.89	805.09	170.80	24.42	73.17
LHI-10	2409209	Roof Repairs	1/31/2010	1,590.00	1,152.75	437.25	39.75	119.25
LHI-10	2409206	Electronic Keypad Lock- Laundry Door	2/5/2010	1,298.50	941.41	357.09	32.47	97.38

LHI-15	2409215	Mosaic tiles	4/23/2010	114.10	55.13	58.97	1.94	5.67
LHI-20	2409205	Plumbing - Rehab Bathrooms	4/26/2010	1,284.82	465.71	819.11	16.09	48.15
LHI-10	2409217	Misc Bathroom Fixtures	5/3/2010	159.19	115.45	43.74	3.95	11.97
LHI-10	2409216	Versa Bond, Towel Ring	5/4/2010	178.21	129.24	48.97	4.41	13.41
LHI-15	2409218	Vanity Basin	5/5/2010	84.77	40.96	43.81	1.42	4.23
LHI-15	2409219	Grab Bar	5/11/2010	95.40	46.11	49.29	1.59	4.77
LHI-20	2409211	Install Shower	5/14/2010	838.76	304.02	534.74	10.53	31.41
LHI-20	2409212	Repipe Shower Valve	5/14/2010	729.90	264.61	465.29	9.14	27.36
LHI-20	2409213	Sinks and Faucets	5/14/2010	1,267.96	459.62	808.34	15.88	47.52
LHI-20	2409207	Remodel Bathrooms, Bedrooms, Flooring	5/24/2010	9,646.00	3,496.66	6,149.34	120.59	361.71
LHI-20	2409224	Capitalized Labor on Renovation	9/30/2010	2,504.96	908.08	1,596.88	31.29	93.96
LHI-20	2409236	Project Manager Salary	10/1/2010	8,751.00	3,172.22	5,578.78	109.41	328.14
LHI-15	2409231	Design Consulting Services	10/1/2010	262.86	127.02	135.84	4.38	13.14
LHI-15	2409233	Floor Tile and Grout	10/1/2010	415.02	200.64	214.38	6.88	20.79
LHI-5	2409227	Interior Painting and Prep	10/5/2010	2,544.00	2,544.00	-	-	-
LHI-5	2409232	Design Consulting Services	10/7/2010	416.00	416.00	-	-	-
LHI-5	2409225	Interior Painting and Prep	10/25/2010	2,597.00	2,597.00	-	-	-
LHI-5	2409226	Interior Painting and Prep	10/26/2010	2,915.00	2,915.00	-	-	-
LHI-10	2409229	Building Entrance Sign	11/2/2010	1,497.25	1,085.56	411.69	37.41	112.32
LHI-10	2409246	Final Pmt Building Entrance Sign	11/2/2010	1,497.25	1,085.56	411.69	37.41	112.32
LHI-10	2409228	50% Dwnpmt Sattellite TV	11/15/2010	4,463.93	3,236.34	1,227.59	111.59	334.80
LHI-5	2409230	Interior Painting	12/1/2010	2,014.00	2,014.00	-	-	-
LHI-5	2409235	Gravel - Employee Parking Lot	12/10/2010	1,152.75	1,152.75	-	-	-
LHI-10	2409237	1st Install. Satellite TV	12/14/2010	411.70	298.48	113.22	10.3	30.87
LHI-5	2409234	Gravel - Employee Parking Lot	12/16/2010	1,272.00	1,272.00	-	-	-
LHI-5	2409241	Painting	1/14/2011	4,717.00	4,717.00	-	-	-
LHI-10	2409238	2nd Install. Satellite TV	1/14/2011	411.70	257.31	154.39	10.3	30.87
LHI-10	2409239	3rd Install. Satellite TV	2/11/2011	411.70	257.31	154.39	10.3	30.87
LHI-10	2409242	4th Install. Satellite TV	3/14/2011	411.70	257.31	154.39	10.3	30.87
LHI-10	2409248	5th Install. Satellite TV	5/16/2011	411.70	257.31	154.39	10.3	30.87
LHI-10	2409251	6th Install. Satellite TV	6/1/2011	411.70	257.31	154.39	10.3	30.87
LHI-10	2409252	7th Install. Satellite TV	6/1/2011	413.06	258.16	154.90	10.35	30.96
LHI-10	2409253	8th Install. Satellite TV	7/11/2011	413.06	258.16	154.90	10.35	30.96
LHI-10	2409258	9th Install Satellite TV	8/1/2011	411.70	257.31	154.39	10.3	30.87
LHI-10	2409267	10th Install. Satellite TV	9/1/2011	413.06	258.16	154.90	10.35	30.96
LHI-10	2409268	11th Install. Satellite TV	9/1/2011	413.06	258.16	154.90	10.35	30.96
LHI-5	2409259	Paint Dining and Patient Rooms	9/30/2011	2,924.62	2,924.62	-	-	-
LHI-5	2409260	Paint Dining and Patient Rooms	9/30/2011	2,924.62	2,924.62	-	-	-
LHI-5	2409261	Paint Dining and Patient Room	9/30/2011	2,339.70	2,339.70	-	-	-
LHI-5	2409262	Paint Dining and Patient Rooms	9/30/2011	2,339.70	2,339.70	-	-	-
LHI-5	2409263	Paint Patient and Dining Rooms	9/30/2011	2,818.27	2,818.27	-	-	-
LHI-5	2409264	Paint Dining and Patient Rooms	9/30/2011	2,499.22	2,499.22	-	-	-
LHI-15	2409269	Design Consulting	9/30/2011	1,376.39	573.53	802.86	22.91	68.85
LHI-5	2409282	Painting - Resident Room	10/1/2011	530.00	530.00	-	-	-
LHI-5	2409284	Generator Repairs	10/1/2011	5,814.92	5,814.92	-	-	-
LHI-5	2409286	Generator Repairs	10/1/2011	1,313.01	1,313.01	-	-	-
LHI-10	2409287	Boiler Repairs	10/1/2011	2,242.09	1,401.27	840.82	56.09	168.12

LHI-5	2409270	Painting - Dining and Patient Rooms	10/12/2011	3,988.12	3,988.12	-	-	-
LHI-5	2409275	50% Dep. Dining Rm Polyurethane Finish	10/15/2011	908.00	908.00	-	-	-
LHI-5	2409283	Generator Repairs	10/18/2011	3,161.25	3,161.25	-	-	-
LHI-5	2409285	Generator Repairs	10/18/2011	7,896.49	7,896.49	-	-	-
LHI-5	2409276	Final Pmt Dining Rm Polyurethane Finish	10/24/2011	907.00	907.00	-	-	-
LHI-15	2409279	Design Consulting Services	11/11/2011	1,632.00	680.03	951.97	27.17	81.63
LHI-10	2409272	Roofing Materials	11/14/2011	1,400.00	875.03	524.97	34.97	105.03
LHI-10	2409273	Lighting Fixtures - Dining Room	11/15/2011	1,181.92	738.70	443.22	29.54	88.65
LHI-10	2409280	Pictures, Mirrors	12/28/2011	512.05	320.08	191.97	12.78	38.43
LHI-10	2412001	12th Install. Satellite TV	1/1/2012	413.06	216.85	196.21	10.35	30.96
LHI-10	2412002	Hot Water Heater	1/26/2012	5,375.00	2,821.86	2,553.14	134.39	403.11
LHI-20	2412006	70 ft of Cast Iron Pipe-Resident Bathrm.	3/13/2012	3,596.25	943.97	2,652.28	44.99	134.82
LHI-5	2412009	labor for tile floor	3/21/2012	1,388.12	1,388.12	-	69.36	138.83
LHI-5	2412009B	labor for tile floor	4/2/2012	1,400.84	1,400.84	-	70.02	140.08
LHI-5	24112009A	tile floor (home depot)	4/5/2012	445.06	445.06	-	22.23	44.51
LHI-10	2412004	75 % Install. Telephone System	4/16/2012	6,873.93	3,608.78	3,265.15	171.87	515.52
LHI-10	2412004A	25% install telephone system	4/16/2012	2,291.31	1,202.90	1,088.41	57.32	171.81
LHI-10	2412004B	telephone system	4/16/2012	170.16	89.37	80.79	4.24	12.78
LHI-10	24122004C	telephone system	4/19/2012	34.03	17.82	16.21	0.88	2.52
LHI-5	2412009C	tile floor	5/4/2012	287.34	287.34	-	14.36	28.73
LHI-15	2412011	Oct-Nov Interior Design Consulting	12/6/2012	700.00	245.02	454.98	11.66	35.01
LHI-10	2412010	Sand & Finish of Wood Flooring(Artek)	12/17/2012	3,028.00	1,589.67	1,438.33	75.73	227.07
LHI-5	2413012	Upstairs Carpeting(Home Depot)	4/24/2013	1,452.33	1,234.53	217.80	72.58	217.89
LHI-10	2413015	air conditioner (perfectemp) 50% down	7/5/2013	5,565.00	2,365.17	3,199.83	139.08	417.42
LHI-10	2413015A	air conditioning balance (perfectemp)	7/5/2013	4,565.00	1,940.11	2,624.89	114.14	342.36
LHI-5	2414016	REMOVE WALLPAP COMPD SAND PAINT (KEII	12/13/2013	1,230.68	1,046.08	184.60	61.55	184.59
LHI-5	2414017	REMOVE WALLPAP COMPD SAND PAINT (KEII	1/9/2014	1,596.37	1,037.67	558.70	79.78	239.49
LHI-15	2414018	DINING & REC RM REMODEL FINISH WK(KEIFI	2/26/2014	733.28	158.85	574.43	12.26	36.63
LHI-5	2414019	WALL COVERING -PAINT (THKEIFER)	3/10/2014	2,028.49	1,318.54	709.95	101.41	304.29
LHI-15	2414024	FLOORING (COMMERCIAL FLOOR CONCEPTS)	4/7/2014	56,320.66	12,202.79	44,117.87	938.7	2,816.01
LHI-5	2414021	PAINTE INTERIOR OF FACILITY (STICH PAINT)	5/31/2014	11,774.54	7,653.43	4,121.11	588.75	1,766.16
LHI-20	2414022	METAL DOORS INSTALL (THKEIFER)	8/25/2014	462.19	75.14	387.05	5.74	17.37
LHI-15	2415027	SHOWER ROOM CARPENTRY (THKEIFER)	12/16/2014	700.20	151.71	548.49	11.67	35.01
LHI-15	2415028	SHOWER ROOM CARPENTRY (THKEIFER)	12/22/2014	210.36	45.58	164.78	3.49	10.53
LHI-10	2415031	Install of Nurse Call System(Raintech)	1/1/2015	3,511.36	790.05	2,721.31	87.8	263.34
LHI-10	2415032	Install New Radiator in Generator	1/1/2015	6,447.47	1,450.69	4,996.78	161.18	483.57
LHI-20	2415026	CERAMIC TILE INSTALL (ANTONIO's)	1/11/2015	3,429.79	385.84	3,043.95	42.88	128.61
LHI-15	2416035	Metal Railings Installed Outside	3/11/2016	800.00	66.63	733.37	8.24	39.96
LHI-15	2416035A	Metal Railings Installed Outside	3/11/2016	800.00	66.63	733.37	8.24	39.96
LHI-15	2416035B	Metal Railings Installed Outside	3/11/2016	800.00	66.63	733.37	8.24	39.96
LHI-15	2416035C	Metal Railings Installed Outside	3/11/2016	205.00	17.09	187.91	2.09	10.26
LHI-20	2416037	A/C Repair-Blower Wheels, Fan, Bearings	6/16/2016	5,796.08	362.25	5,433.83	66.88	217.35
LHI-10	2416039	Cathodic Protection for Oil Storage Tank	10/15/2016	2,600.00	325.03	2,274.97	130	195.03

Leasehold Improvements as of 09/30/17

1,096,541.18

866,871.36

229,669.82

11,701.43

33,361.11

Depreciation 10/1/16 - 9/30/17

45,062.54

Cost Report Adjustments:

2414016	Remove Wallpap Compd Sand Paint (Keifer)	12/13/2013	\$1,230.68	
2409280	Reclass to ME Pictures, Mirrors	12/28/2011	(\$512.05)	(\$51.21)
	Reclass Sales Tax 12/94		\$835.81	\$0.00
	Reclass Sales Tax 12/94		\$204.37	\$0.00
	Adjusted Balance @ 9/30/17		1,098,299.99	\$45,011.33
	Prior Additions		1,095,696.99	\$44,686.30
	Delete Duplicate Addition			\$0.00
	Current Additions		2,600.00	325.03