

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	
Address (No. & Street, City, State, Zip Code) 189 Alps Road, Branford, CT 06405	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 997C	RHNS	(Specify)	Medicare Provider 9977
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Medicaid Provider Numbers:	CCNH 07-5296	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care	997C	9/30/2017	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for CSC Enterprises, Inc. d/b/a Branford Hills 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) JANET WOXLAND			Printed Name (Owner) CHARLES F SHELTON, JR		
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 CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 189 Alps Road, Branford, CT 06405				
Report Prepared By RENEE P GRAILICH, CPA, DIRECTOR OF FINANCE	Phone Number 203-483-4402	Date 2/15/2018		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-481-6221		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center		Address (No. & Street, City, State, Zip) 189 Alps Road, Branford, CT 06405		
License Numbers:	CCNH 997C	RHNS (Specify)	Medicare Provider No. 9977	
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 Janet A. Woxland		Nursing Home Administrator's License No.:	001516	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Charles F. Shelton, Jr		License No.:	211	

General Information and Questionnaire
Corporate Owners

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills He	License No. 997C	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	Business Address		State(s) in Which Incorporated	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	189 Alps Road, Branford, CT 06405		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Charles F. Shelton, Jr	29 Blackstone Avenue, Branford, CT 06405	resident/Treasur	99	
Doris J. Shelton	29 Blackstone Avenue, Branford, CT 06405	Secretary	1	
Names of Stockholders Owning at Least 10% of Shares				
Charles F. Shelton, Jr	29 Blackstone Avenue, Branford, CT 06405	resident/Treasur	99	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health C	997C	9/30/2017	3B	37

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

Owner(s) of Facility

NOT APPLICABLE

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health	License No. 997C	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
Outpatient Therapy, Respiratory Therapy and BHHCC Pharmacy				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Cen			997C	9/30/2017			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
Accelerated Care, 13828 Coll Center Road, Chicago, IL 60963	<input type="radio"/>	<input checked="" type="radio"/>	PT and OT equipment		As needed			14,181
ADP, PO Box 7247-0372 Philadelphia, PA 19170-0372	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks	05/01/03	Cancelled 6/17			10,741
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machines	10/01/98	Monthly			2,862
Telehealth Services, PO Box 890115, Charlotte, NC 28289-0115	<input type="radio"/>	<input checked="" type="radio"/>	Televisions		Cancelled 10/16			1,926
	<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"/>						
							Total ***	29,710

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

General Information and Questionnaire
Accounting Basis

Name of Facility CSC Enterprises, Inc. d/b/a Branfor	License No. 997C	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 1 O'Connor Davies 2 John Watts, CPA 3 O'Connor Davies 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Rd, Wethersfield, CT 06109 525 Bridgeport Ave, Shelton, CT 6484
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Services Provided by This Firm (*describe fully*)

1 Accounting and Financial Reporting	\$ 17,000
2 Medicare Cost Report	\$ 3,000
3 Corrected Medicare Cost Report	\$ 3,450
4	\$
	Charge for Services Provided
	\$ 23,450

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Expenditures Other Than Salaries - A & G

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Ciulla & Donofrio, LLP 2 Murtha Cullina LLP 3 Mark White, US Marshall 4 5	Telephone Number 203-239-9829 860-240-6000
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Address (*No. & Street, City, State, Zip Code*)
 1 127 Washington Ave PO Box 219, North Haven, CT 06473
 2 PO Box 150435, Hartford CT 06115
 3 Branford, CT 06405
 4
 5

Services Provided by This Firm (*describe fully*)

1 Personal Property Tax Appeal	\$ 1,062
2 Employee issues	\$ 169
3 Collection issues	\$ 25
4	\$
5	\$
	Charge for Services Provided
	\$ 1,256

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Expenditures Other Than Salaries - A&G Line 1e

Annual Report of Long-Term Care Facility

CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of		
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C		9/30/2017				8	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	190	190			190	190			190	190		
B. On last day of THIS report period	190	190			190	190			190	190		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	183	183			183	183			181	181		
B. As of midnight of THIS report period	178	178			181	181			178	178		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,523	4,523			3,528	3,528			995	995		
B. Medicaid (Conn.)	50,787	50,787			37,756	37,756			13,031	13,031		
C. Medicaid (other states)												
D. Private Pay	9,552	9,552			7,212	7,212			2,340	2,340		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	64,862	64,862			48,496	48,496			16,366	16,366		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	17	17			17	17						
B. Other Bed Reserve Days	90	90			41	41			49	49		
5. Total Resident Days (3G + 4A + 4B)	64,969	64,969			48,554	48,554			16,415	16,415		

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills He			License No. 997C			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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	16		128			34							
Per Diem Rate													
a. One bed rm.						505.00							
b. Two bed rms.	601.85		239.94			462.50							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								16,558	16,558				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								631	631				
C. Other								302	302				
D. Total Physical Therapy Treatments								17,491	17,491				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								721	721				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								56	56				
C. Other								12	12				
D. Total Speech Therapy Treatments								789	789				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								13,256	13,256				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								830	830				
C. Other								189	189				
D. Total Occupational Therapy Treatments								14,275	14,275				

Report of Expenditures - Salaries & Wages

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	License No. 997C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input 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)	166,727	2,280				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	188,570	2,096				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	669,633	16,481				
5. Dietary Service						
a. Head Dietitian	73,318	2,144				
b. Food Service Supervisor	76,044	2,115				
c. Dietary Workers	773,102	48,586				
6. Housekeeping Service						
a. Head Housekeeper	62,568	1,442				
b. Other Housekeeping Workers	433,945	31,376				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	78,206	2,195				
b. Other Maintenance Workers	108,616	5,096				
8. Laundry Service						
a. Supervisor	31,273	724				
b. Other Laundry Workers	209,477	12,741				
9. Barber and Beautician Services						
10. Protective Services	200,294	14,082				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	268,573	4,777				
b. RN						
1. Direct Care	1,094,702	30,700				
2. Administrative**	128,819	6,064				
c. LPN						
1. Direct Care	1,580,710	60,669				
2. Administrative**	159,358	4,214				
d. Aides and Attendants	2,901,306	193,929				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	225,384	9,882				
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	164,615	6,406				
n. Marketing						
o. Other (Specify) See Attached Schedule	205,932	8,650				
<i>A-13. Total Salary Expenditures</i>	9,801,172	466,649				

* 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
Admissions Coordinator	\$ 83,018	2,208				
Medical Records	\$ 47,829	2,013				
Nursing Scheduler	\$ 34,173	2,169				
Unit Secretary	\$ 40,912	2,260				
Total	\$ 205,932	8,650	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy Patient Care	\$ 103,840	1,888				
Therapy Services Consultant	\$ 7,258	112				
Total	\$ 111,098	2,000	\$ -	-	\$ -	-

**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
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center				997C	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	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center				997C	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***										
Janet A. Woxland	166,727				Administrator	2,280	A2			
Section IV - Assistant Administrators										
Charles F. Shelton, Jr	188,570			Auto Exp See Pg 28	Assistant Administrator	2,096	A3			

*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		
CSC Enterprises, Inc. d/b/a Branford Hills Health C	997C	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	20,979	156				
3. Pharmacist	15,905	268				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	740,923	6,622				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	66,000	208				
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)						
9. Speech Therapist						
a. Resident Care	95,926	745				
b. Other						
10. Occupational Therapist						
a. Resident Care	661,974	5,671				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	111,098	2,000				
B-13 Total Fees Paid in Lieu of Salaries	1,712,805	15,670				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health	997C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 228,249	228,249		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 128,045	128,045		
4. Social Security (F.I.C.A.)	\$ 701,662	701,662		
5. Health Insurance	\$ 946,472	946,472		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 26,064	26,064		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 19,202	19,202		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 275,008	275,008		
d. Accounting and Auditing	\$ 23,450	23,450		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 1,281	1,281		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 245,823	245,823		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 34,959	34,959		
2. Cellular Phones	\$ 6,291	6,291		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 5,088	5,088		
3. Resident Day User Fee	\$ 1,226,307	1,226,307		
Subtotal	\$ 3,867,901	3,867,901		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care	997C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		3,867,901	3,867,901		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	18,493	18,493		
3. Gifts to Staff and Residents	\$	13,936	13,936		
4. Employee Travel	\$	710	710		
5. Education Expenses Related to Seminars and Conventions	\$	13,030	13,030		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	10,517	10,517		
7. Other (<i>Specify</i>) See Attached Schedule	\$	24,320	24,320		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	8,359	8,359		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	24,384	24,384		
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	\$	10,896	10,896		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	15,641	15,641		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	190	190		
9. Subscriptions	\$	6,299	6,299		
10. Contributions*** See Attached Schedule	\$	3,491	3,491		
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	185,674	185,674		
13. Other (<i>Specify</i>) See Attached Schedule	\$	32,051	32,051		
C-14 Total Administrative & General Expenditures	\$	4,235,892	4,235,892		

* 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)
Travel and Entertainment	\$ 12,320		
Board of Director Fees	\$ 12,000		
Total Other Travel and Entertainment	\$ 24,320	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotions	\$ 24,384		
Total Other Advertising	\$ 24,384	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 13,171		
ALTCFM	\$ 255		
ACHCA	\$ 360		
CATRD	\$ 40		
Virginia Johnson, Treasurer	\$ 20		
CT Bar Association	\$ 280		
Shoreline Eldercare Alliance	\$ 150		
American Express	\$ 1,365		
Total Dues	\$ 15,641	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Branford Garden Club	\$ 50		
Branford Rotary Club	\$ 156		
Campaign for Blackstone	\$ 1,000		
Bike MS	\$ 35		
Feed Branford Kids	\$ 50		
Friends of Madison Youth LLC	\$ 250		
GHS Hockey Booster Club	\$ 100		
Guilford Art Center	\$ 500		
Guilford Rotary	\$ 600		
Orchard House Adult Day Care	\$ 250		
Senate Republican Lead.Comm	\$ 250		
State Democrats Victory Pac	\$ 250		
Total Contributions	\$ 3,491	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
License -Admin - CSFJR	\$ 225		
License - Elevator Renewal	\$ 480		
License - Admin - Janet Woxland	\$ 205		
License - Eash Shore District Health Dept	\$ 450		
License - CT RN -Margaret Welch	\$ 110		
License - CT RN - Janet Woxland	\$ 110		
License - Dept of Consumer Protection	\$ 50		
Annual Report - CSC Enterprises (2 yrs)	\$ 300		
License - Boiler/furnace license & inspection fees	\$ 480		
Cable Internet Charges	\$ 4,041		
Ethernet Internet Charges	\$ 3,374		
Cable TV LW3	\$ 22,226		
Total Other Administrative and General	\$ 32,051	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
CSC Enterprises, Inc. d/b/a Branford Hills	997C	9/30/2017	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 #
Point Right Inc PO box 4110 Woburn, MA 01888	840	computer	P16 LM11
Ricoh USA PO 27577 Philadephia PA 15182	2,903	copier maintenance	P16 LM11
SNP Technologies 2319 Whitney Ave Hamden CT 06508	2,553	computer	P16 LM11
Unemployment Tax Mgt Corp Lakeside Office Park Wakefield MA 01880	3,920	UE tax review	P16 LM11
Engineer Systems Integrators LLC 150 W Main St Branford, CT 06405	319	computer	P16 LM11
NRC Health PO 809030 Chicago, IL 60680	6,982	Management consulting	P16 LM11

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

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

Name of Facility		License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care		997C	9/30/2017	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 596,430	596,430			
2. Non-Food Supplies	\$ 117,554	117,554			
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 683	683			
c. Management Services**	\$ _____				
d. Other (Specify) _____	\$ _____				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 714,667	714,667			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility		License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care C		997C	9/30/2017		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	31,684	31,684		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Laundry Supplies		\$	18,554	18,554		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	50,238	50,238		
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
CSC Enterprises, Inc. d/b/a Branford Hills Health		997C	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. \$	52,867	52,867		
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)	\$	52,867	52,867		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$	537,693	537,693		
2.	Purchased from Omnicare	\$	20,916	20,916		
b.	Medicine Cabinet Drugs	\$				
c.	Medical and Therapeutic Supplies	\$	392,967	392,967		
d.	Ambulance/Limousine****	\$	336	336		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	58,571	58,571		
f.	X-rays and Related Radiological Procedures****	\$	18,240	18,240		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	52,265	52,265		
i.	Recreation	\$	31,855	31,855		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	67,286	67,286		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	1,180,129	1,180,129		

* 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)
Glucose Monitoring Supplies (See pg 29a)	\$ 1,767		
Nursing Purchased Services	\$ 4,000		
Social Services Supplies	\$ 95		
Resident Personal needs (see pg 29a)	\$ 6,795		
PT supplies	\$ 4,760		
OT supplies	\$ 117		
IV supplies (see pg 29a)	\$ 29,098		
IV supplies HMO (see pg 29a)	\$ 20,654		
Total Other Resident Care	\$ 67,286	\$ -	\$ -

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

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			License No. 997C		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
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<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
CSC Enterprises, Inc. d/b/a Branford Hills He	997C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 83,162	83,162				
b. Heat	\$ 86,556	86,556				
c. Light & Power	\$ 163,223	163,223				
d. Water	\$ 51,977	51,977				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 29,709	29,709				
f. Other (<i>itemize</i>)	\$ 185,095	185,095				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 599,722	599,722				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 24,577	24,577				
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 77,582	77,582				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 102,159	102,159				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 199,585	199,585				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 199,585	199,585				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 479,215	479,215				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 172,059	172,059				
c. Personal property taxes	\$ 17,566	17,566				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 970,584	970,584				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Equipment Rentals (non-lease)	\$ 1,495		
Maintenance Purchased Services	\$ 139,193		
Refuse Removal	\$ 41,383		
Interior decorating	\$ 3,024		
Total Other Repairs and Maintenance	\$ 185,095	\$ -	\$ -

Depreciation Schedule

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			License No. 997C			Report for Year Ended 9/30/2017			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			356,248		356,248	156,039	SL	Var	24,097				
2. Disposals (attach schedule)			(25,207)		(25,207)	(19,007)	SL	Var					
3. Acquired during this report period (attach schedule)			9,600		9,600		SL	15	480				
A-4. Subtotal										24,577			
B. Building and Building Improvements													
1. Acquired prior to this report period			6,746,906		6,746,906								
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period			181,006		181,006	181,006							
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,635,460		1,635,460	1,268,736	SL	Var	69,375	
b. Disposals (attach schedule)						(96,168)		(96,168)	(78,801)				
c. Acquired during this report period (attach schedule)						119,599		119,599		SL	Var	8,207	
D-3. Subtotal													77,582
E. Total Depreciation													102,159

CSC Enterprises, Inc. d/b/a Branford Hills 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:				
12/20/2016	Sidewalk Repair	\$ 9,600	15	\$ 480
Total additions for Land Improvement		\$ 9,600		\$ 480 *
Deletions:				
	Irrigation installation	\$ (4,187)		
	Paving parkin lot	\$ (6,678)		
	Parking lot sealcoating	\$ (14,342)		
Total deletions for Land Improvement		\$ (25,207)		\$ - **

*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 Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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

2/6/2017	FRP Room 212	\$ 1,081	5	\$ 144
2/2/2017	resident room phones/wiring/cables/switches, etc	\$ 47,431	10	\$ 3,162
3/2/2017	Rm 201 strip wp/patching, prep	\$ 1,569	5	\$ 183
3/8/2017	FRP Rm 201	\$ 1,081	5	\$ 126
1/19/2017	New Training Room	\$ 3,447	15	\$ 153
4/5/2017	Room 202	\$ 1,634	5	\$ 163
4/21/2017	FRP Room 202	\$ 1,081	5	\$ 108
5/13/2017	FRP Room 205	\$ 1,081	5	\$ 90
5/5/2017	Room 205	\$ 1,569	5	\$ 131
5/23/2017	Roof Replacement East Building	\$ 104,778	20	\$ 1,746
5/24/2017	Roofing Project - Lift & Reset RTU's	\$ 9,369	10	\$ 312
6/19/2017	Room 204	\$ 1,081	5	\$ 72
6/2/2017	Room 204	\$ 1,569	5	\$ 105
7/1/2017	Avigilon 12TB NVR/dome/installation/configuration/etc	\$ 12,761	5	\$ 638
7/25/2017	Room 206	\$ 1,569	5	\$ 52
8/6/2017	Room 206	\$ 1,081	5	\$ 36
8/17/2017	Solar Roof Project	\$ 179,705	10	\$ 2,995
9/21/2017	Roofing Project - Lift & Reset RTU's - gas piping	\$ 7,220	10	\$ 60
9/25/2017	Room 208	\$ 1,569	5	\$ 26
9/27/2017	Infrared Scans of power distribution system	\$ 2,723	5	\$ 45
8/17/2017	Architect plans for solar roof project	\$ 3,500	10	\$ 58
Total additions for Leasehold Improvermer		\$ 444,101		\$ 14,958 *
Deletions:				
	Fire Alarm Communicator	\$ (1,950)		
	Timeclock cables & installation	\$ (3,339)		
	Timeclocks & Attendance	\$ (5,039)		
	Fire System Upgrade	\$ (11,642)		
	L.W. Stonework - truck & hoe rental	\$ (2,396)		
	Carpeting	\$ (3,029)		
	Carpeting	\$ (2,448)		
	Carpeting	\$ (2,505)		
	Gas Range	\$ (1,411)		
	Roofing work on sunporch	\$ (2,812)		
	Wallpaper	\$ (550)		
	Wallpaper	\$ (2,600)		
	Sprinkler heads	\$ (6,238)		
	Wallpaper	\$ (750)		
	Com. vinyl tile - Playcare	\$ (4,985)		
	Removal of trees	\$ (6,572)		
	Recondition Alarm System	\$ (3,116)		
	Security Camera	\$ (3,246)		
	1 Aluminum Window	\$ (4,199)		
	Flooring and Labor	\$ (2,761)		
	Painting	\$ (21,448)		
	Painting	\$ (4,758)		
	Telecom Wiring 100 Pair feed	\$ (4,187)		
	9 x 12 Aluminum Vestibule	\$ (12,545)		
	Vestibule Glass	\$ (3,109)		
	Remove Collapsed Loading Dock Roof	\$ (2,705)		
	Ledgewood Rm 261 strip wallpaper, prime, prep	\$ (821)		
	Surveillance System	\$ (29,293)		
	Security Camera	\$ (1,749)		
	AC Units	\$ (399)		
	Kitchen Air Unit	\$ (7,150)		
	Kitchen Air Unit	\$ (3,080)		
	1st Floor Renovation	\$ (772)		
	HVAC Controls 2nd. Floor	\$ (766)		
	Interior Source BH 1st fl remodel	\$ (641)		
	Door - Boiler Room	\$ (61)		
Total deletions for Leasehold Improvermer		\$ (165,073)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization 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				4,619,334	3,227,755			184,627	
2. Disposals (attach schedule)				(165,073)	(133,270)				
3. Acquired during this report period (attach schedule)				444,101				14,958	
C-4. Subtotal									199,585
D. Total Amortization									199,585

* 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 CSC Enterprises, Inc. d/b/a Branford H	License No. 997C	Report for Year Ended 9/30/2017	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		01/01/80		
2. Date Structure Completed		01/01/80		
3. If NOT Original Owner, Date of Purchase		N/A		
4. Date of Initial Licensure		Est 1980		
5. Total Licensed Bed Capacity		190		
6. Square Footage		Est 80,109		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable		
b. Date Mortgage Obtained		03/02/11		
c. Interest Rate for the Cost Year		3.04%		
d. Term of Mortgage (number of years)		23		
e. Amount of Principal Borrowed		4,725,477		
f. Principal balance outstanding as of 9/30/17		3,908,481		
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
CSC Enterprises, Inc. d/b/a Branford		997C	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
CSC Enterprises, Inc. d/b/a Branford		997C		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)				\$	11,494	11,494	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	11,494	11,494	
14. Insurance							
a. Insurance on Property (buildings only)				\$	18,917	18,917	
b. Insurance on Automobiles				\$	4,459	4,459	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	117,888	117,888	
2. Fire and Extended Coverage				\$	121	121	
3. Other (Specify) Bond				\$	282	282	
14d. Total Insurance Expenditures (14a + b + c)				\$	141,667	141,667	
15. Total All Expenditures (A-13 thru C-14)				\$	19,471,237	19,471,237	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C	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.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 84,061	84,061		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 661,974	661,974		
7.			Other - See attached Schedule	\$ 103,840	103,840		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ 6,943	6,943		
9.			Bad Debts	\$ 275,008	275,008		
10.			Accounting & Legal	\$ 6,450	6,450		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 4,757	4,757		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 472	472		
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)	\$ 10,517	10,517		
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$ 3,491	3,491		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 92,557	92,557		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$ 2,259	2,259		
Subtotal (Items 1 - 26)				\$ 1,252,329	1,252,329		

* 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	A4	In-House Counsel related to owner 100% disallowed	\$ 81,400		
10	A4	Director of Financial Analysis Non-Facility Work disallowed	\$ 2,661		
Total Other Salaries Adjustment			\$ 84,061	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Respiratory Therapy Contract	\$ 103,840		
Total Other Fees Adjustments			\$ 103,840	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L2	Employee parties and food	\$ 13,193		
16	L3	Employee gifts	\$ 6,514		
16	L7	Owner Travel & Entertainment	\$ 25,022		
16	M8	Rotary Dues	\$ 190		
16	M3	Marketing	\$ 28,495		
29B		Outpatient therapy overhead	\$ 323		
29C		Pharmacy overhead	\$ 2,679		
29D		Business park utilities/maintenance/related to sub-lease	\$ 3,811		
16	M11	Administrative Consultant - Medicare	\$ 12,330		
Total Other A&G Adjustments			\$ 92,557	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,252,329	1,252,329		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 558,608	558,608		
28.			Ambulance/Limousine	\$ 336	336		
29.			X-rays, etc	\$ 18,240	18,240		
30.			Laboratory	\$ 52,265	52,265		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 58,571	58,571		
33.			Occupational Therapy	\$ 117	117		
34.			Other - See Attached Schedule	\$ 58,962	58,962		
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	\$ 1,316	1,316		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 16,798	16,798		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 2,017,542	2,017,542		

*** 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.

CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J	Glucose Monitoring Supplies	\$ 1,767		
20	5J	Patient Personal Needs	\$ 7,463		
20	5J	IV Supplies	\$ 49,752		
30	II 6a	EKG Medicare	\$ (20)		
Total Other Ancillary Costs			\$ 58,962	\$ -	\$ -

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)
27	14B	Auto Insurance	\$ 4,459		
29B		Outpatient Therapy overhead	\$ 131		
29B		Outpatient therapy fair rent	\$ 190		
29C		Pharmacy overhead	\$ 1,088		
29C		Pharmacy fair rent	\$ 1,572		
29D		Business park rent related to sub-lease	\$ 9,358		
29D					
Total Other Property Adjustments			\$ 16,798	\$ -	\$ -

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hill	997C	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>)	\$ 20,993,633	20,993,633			
b. Medicaid Room and Board Contractual Allowance **	\$ (8,783,646)	(8,783,646)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,241,428	2,241,428			
b. Medicare Room and Board Contractual Allowance **	\$ 559,226	559,226			
4. a. Private-Pay Residents and Other	\$ 4,073,906	4,073,906			
b. Private-Pay Room and Board Contractual Allowance **	\$ 43,616	43,616			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 745,416	745,416			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 209,342	209,342			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 30,480	30,480			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 1,923,073	1,923,073			
b. Physical Therapy - Medicare Contractual Allowance **	\$ 574,804	574,804			
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 297,996	297,996			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 103,162	103,162			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 1,768,672	1,768,672			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 555,053	555,053			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ 264,587	264,587			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (5,686,998)	(5,686,998)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 19,913,750	19,913,750			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 2,052	2,052			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ (106,821)	(106,821)			
V. Total Other Revenue (1 thru 8)	\$ (104,769)	(104,769)			
VI. Total All Revenue (III +V)	\$ 19,808,981	19,808,981			

* 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)
	Oxygen Medicare A	\$ 2,917		
	Xray Medicare A	\$ 20,415		
	Labs Medicare A	\$ 72,177		
	EKG Medicare A	\$ 19		
	OP Medicare Contractural Allowance	\$ (5,981)		
	OP Cont Allow MCR B Sequester	\$ (14,486)		
	Room and Board Prior Year Medicare A	\$ 689		
	Ambulance Medicare A	\$ (1,018)		
	IV Therapy Medicare A	\$ 60,972		
	Respiratory Therapy Medicare A	\$ 127,320		
	Retroactive Medicare Settlement	\$ 1,563		
	Total Other Resident Revenue - Medicare	\$ 264,587	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Complex Medical Equipment	\$ 8,806		
	Oxygen HMO/Private	\$ 1,166		
	Contractural Allowances	\$ (5,673,209)		
	Lab HMO Current Year	\$ 16,887		
	Xray HMO Current Year	\$ 2,943		
	Room and Board Prior Year Medicaid	\$ (53,017)		
	Room and Board Prior Year Private	\$ 8,822		
	Xray Medicaid	\$ 345		
	OP contractural allowance	\$ 259		
	Total Other Resident Revenue	\$ (5,686,998)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest income - investments		\$ 2,052		
	Total Interest Income		\$ 2,052	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Investment income dividends	\$ 13,755		
	Investment change in FMV	\$ 76,744		
	Investment management fees	\$ (5,330)		
	Investment income capital gains/(losses)	\$ (4,143)		
	other revenue and deductions	\$ 20,000		
	rental income BHHCC Pharmacy	\$ 5,214		
	Value add fee BHHCC Pharmacy	\$ (12,000)		
	Barber & Beautician	\$ 4,007		
	Mgmt fees Blackstone Assoc	\$ (49,900)		
	Mgmt fees Minetta LLC	\$ (49,900)		
	Mgmt fees Trison LLC	\$ (49,900)		
	Gain/(loss) on disposal of assets	\$ (55,368)		
	Total Other Revenue	\$ (106,821)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hi	997C	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,228,651
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,894,397
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	25
4. Inventories			\$	160,900
5. Prepaid Expenses			\$	199,327
a. Unexpired Insurance	65,263			
b. Sewer Use Fee	7,829			
c. Computer/Communications Support	5,088			
d. Prepaid Health Insurance	116,542			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	142,079
Employee Loans and Advances	9,530			
IRS Section 759 Deposit	132,549			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,625,379
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	340,641	\$	179,031
	Accum. Depreciation	161,610		Net
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			Net
4. Leasehold Improvements	*Historical Cost	4,898,362	\$	1,604,292
	Accum. Depreciation	3,294,070		Net
5. Non-Movable Equipment	*Historical Cost	181,006	\$	
	Accum. Depreciation	181,006		Net
6. Movable Equipment	*Historical Cost	1,658,891	\$	391,372
	Accum. Depreciation	1,267,519		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	467,614
Capitalized Management Fee	51,500			
CR vs FS	416,114			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,642,309

* 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
CSC Enterprises, Inc. d/b/a Branford Hi	997C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	7,267,688
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	6,746,906		
	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)			\$	6,746,906
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>			\$	133,294
Name and Address		Amount	Loan Date	
Stephen J Shelton 161 Denison Dr Guilford CT 06443		91,706		
7. Other Assets <i>(itemize)</i>			\$	12,888
Deposits		12,888		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	146,182
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	14,160,776

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Hea		License No. 997C	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	515,127
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>)				\$	651,923
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	3,630
6. Accrued Payroll Taxes Payable				\$	
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>)				\$	576,133
Accrued Stockholder Dividend		175,000	401(k) - Employee	2,933	
Accrued Nursing Home User Fee		312,674	Loans - 401(k)	(3,352)	
Accrued Sales Tax		423	Deferred Income	17,904	
Accrued Property Tax		70,551			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,746,813

* 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 CSC Enterprises, Inc. d/b/a Branford Hills H		License No. 997C	Report for Year Ended 9/30/2017	Page 34	of 37		
Account				Amount			
Total Brought Forward:				1,746,813			
Liabilities (cont'd)							
B. Long-Term Liabilities							
1. Loans Payable-Equipment (<i>itemize</i>)				\$			
Name of Lender	Purpose	Amount	Date Due				
2. Mortgages Payable						\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)						\$	
Name and Address of Lender	Amount	Loan Date					
4. Other Long-Term Liabilities (<i>itemize</i>)						\$ 270,179	
Bank of America Loan 7	63,246						
Bank of America Loan 9	80,889						
Bank of America Loan 10	99,374						
CL&P Energy Efficiency Loan	26,670						
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 270,179			
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,016,992			

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

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford H	997C	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	6,746,906
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			\$	6,746,906
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,061,212
6. Gain or Loss for Period	10/1/2016	thru	9/30/2017	\$ 334,666
7. Total Net Worth			\$	5,396,878
C. Total Reserves and Net Worth			\$	12,143,784
D. Total Liabilities, Reserves, and Net Worth			\$	14,160,776

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hill	997C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	6,241,818
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	19,808,981
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	19,471,237
D. Net Income or Deficit			\$	337,744
E. Balance			\$	19,808,981
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
CR vs FS Depreciation/Amortization				(3,080)
2. Other <i>(itemize)</i>				
Stockholder Dividends				(301,000)
F-3. Total Additions			\$	(304,080)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	19,504,901
				09/30/17

I. Preparer's/Reviewer's Certification

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills	License No. 997C	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				
Address			Phone Number	