

February 9, 2017

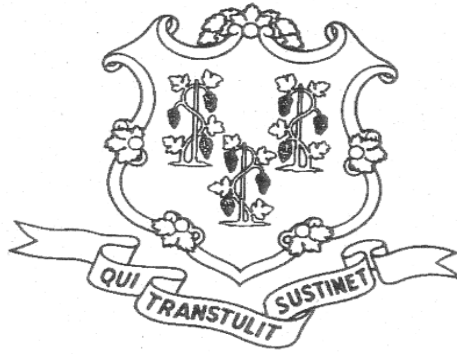
Mr. Chris LaVigne, Director
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

Enclosed please find the 2016 Medicaid Cost Report for The Bradley Home (the Home).

In preparing this cost report, we did not perform any disallowances for the administrator or assistant administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy for the SNF, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We did reduce RN and LPN salary cost in the RCH down to the CNA rate and believe this reduced amount is reimbursable. Land additions in the amount of \$111,670 included on page 31, building improvement additions in the amount of \$136,761 included on page 23a, and moveable equipment additions in the amount of \$1,377 included on page 23a are non-allowable assets for fair rental purposes. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) The Bradley Home	
Address (No. & Street, City, State, Zip Code) 320 Colony Street, Meriden, CT 06451	
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 checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2157-C	RHNS	Residential Care Home 1377-RCH	Medicare Provider 07-5439
------------------	----------------	------	-----------------------------------	------------------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
----------------------------	------	------	---------

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) The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	Page 1	of 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 The Bradley Home [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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) Molly H. Savard			Printed Name (Owner)		
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 The Bradley Home		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 320 Colony Street, Meriden, CT 06451				
Report Prepared By Blum, Shapiro & Company, P.C.		Phone Number 203-944-2100	Date 2/9/2017	
Item	Total	CCNH	RHNS	Residential Care Home
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)-235-5716		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) The Bradley Home		Address (No. & Street, City, State, Zip) 320 Colony Street, Meriden, CT 06451		
License Numbers:	CCNH 2157-C	RHNS	Residential Care Home 1377-RCH	Medicare Provider No. 07-5439
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 checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Molly H. Savard		Nursing Home Administrator's License No.:	000886	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Anne M. Dembski		License No.:	1179	

**General Information and Questionnaire
 Corporate Owners**

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	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	
The Bradley Home	320 Colony Street, Meriden, CT 06451		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

2015-2016: OFFICERS

SR. GEORGEANN VUMBACO, CHAIRPERSON
215 METACOMET DRIVE
MERIDEN, CT 06450
C 203-886-8961
H 203-634-3994 gmv1@cox.net

DONNA JONES, IMMEDIATE PAST CHAIRPERSON
559 NEW HANOVER AVENUE
MERIDEN, CT 06451
H 203-237-4721 rajones33@cox.net
C 203-605-9316

DAVID CARABETTA, 1st VICE CHAIRPERSON
601 WINDING RIDGE
SOUTHINGTON, CT 06489
C 203-537-3223 djcarabetta@gmail.com

DENNIS CENEVIVA, 2nd VICE CHAIRPERSON
721 BROAD STREET
MERIDEN, CT 06450
W 203-237-8808
C 203-623-2568
dennis.ceneviva@snet.net

JOSEPH FEEST, SECRETARY
15 SPRUCE STREET
MERIDEN, CT 06451
H 203-634-8861
W 203-237-0241 joe@ferrignoinsurance.com

WILLIAM HYDE, TREASURER
35 WASHINGTON AVENUE
SO. MERIDEN, CT 06451
W 203-281-0522
H 203-238-3433 WilliamH@dlperthrothco.com

DIRECTORS:

ENRICO BUCCILLI
51 MORLEY DRIVE
MERIDEN, CT 06450
C 203-886-7792
H 203-238-0167 ebuccilli@cox.net

RICHARD CARABETTA
R J CARABETTA & CO.
35 PLEASANT STREET
MERIDEN, CT 06450
W 203-238-9500 rcarabetta@snet.net

DOMINICK CARUSO
111 WOODFIELD ROAD
SOUTHINGTON, CT 06489
H-860-628-5293
C- 203-313-9848 dominickcaruso18@gmail.com

KATHERINE CLEMENTS
400 PECK LANE
CHESHIRE, CT 06410
C 203-980-5915
H 203-272-8934 kclements1031@gmail.com

WALLIE FELICIANO
131 WILDWOOD ROAD
MERIDEN, CT 06450
W 475-227-7526
H 860-989-1018 wfeliciano@infindexgroup.com

EDWARD HABERLI
E. HABERLI ELECTRIC, LLC
125 RESEARCH PARKWAY SUITE 1
MERIDEN, CT 06450-7124
W 203-235-5653
H 203-631-2611 ed@ehaberlielectric.com

JOHN HOGARTH
20 BERNADETTE LANE
DURHAM, CT 06422
H 860-349-1254
C 860-490-0658 jfhogarth@comcast.net

DOREEN MARINARO
ION BANK
500 WEST MAIN STREET
MERIDEN, CT 06451 dmarinaro@ionbank.com

GEORGE MCGOLDRICK
91 HARVARD AVENUE
MERIDEN, CT 06451
W 203-235-9900
C 203-668-4416 gmcgoldrickaia@cox.net

DEBORAH L. MOORE
155 RIDGEWOOD AVENUE
NORTH HAVEN, CT 06473
W 203-630-4045
C 203-215-1933 debmoore27@att.net

SCOTT PORYANDA
ONE PRESTIGE DRIVE
MERIDEN, CT 06450
W 203-639-8636
C 203-509-1558 scott@cce95.com

SHEILA SPELLACY
110 BEVERY DRIVE
MERIDEN, CT 06451
C 860-604-0501
H 203-235-6706 sheilspell@aol.com

MICHELLE THIBEAULT
DIVERSIFIED PHYSICAL THERAPY, LLC
1260 EAST MAIN STREET
MERIDEN, CT 06450 –
H 203-265-0098
W 203-630-3939 Michelle@dpt.necoxmail.com

General Information and Questionnaire Individual Proprietorship

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	Page 3B	of 37
--------------------------------------	-----------------------	------------------------------------	------------	----------

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

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	Page 4	of 37
--------------------------------------	-----------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
United Bank	286 Maple Ave Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>		United Bank Loan	Pg 33/A2, Pg 34/B4	2,213,409	2,213,409
United Bank	286 Maple Ave Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>		Interest Expense	Pg 27/12D	23,268	23,268
United Bank	286 Maple Ave Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>		Interest Capitalized	Pg 31/B9	28,234	28,234
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.
** Provide the percentage amount of revenue received from non-related parties.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	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 (<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? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Patient days were used for A&G, dietary, laundry, housekeeping, maintenance, and property costs. Please refer to the cover letter for further details on the allocation method.				
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.				
A non-related party operates a child daycare program in a building that is owned and located on the grounds of the Facility. The Facility owns residential rental properties (41, 58, and 64 Wilcox Street).				

**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 The Bradley Home			License No. 2157-C	Report for Year Ended 9/30/2016			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						
N/A	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input 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 The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	Page 7	of 37
--------------------------------------	-----------------------	------------------------------------	-----------	----------

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

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06107
--	--

Services Provided by This Firm (*describe fully*)

1 Audit, 990, Medicaid and Medicare Cost Reports	\$ 37,059
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 37,059

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wigin and Dana LLP 2 Ceneviva Law Firm, LLC 3 4 5	Telephone Number 203-498-4400 203-237-8808
---	--

Address (*No. & Street, City, State, Zip Code*)
 1 One Century Tower, 265 Church Street #14, New Haven, CT
 2 721 Broad Street, Meriden, CT 06450
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Resident matters - \$54, roof replacement discussion- \$55, HIPAA and Medicare matters - \$967,	\$
2 and Denial letters research - \$1,427	\$ 2,503
3 Closing Costs for United Bank Loan	\$ 750
4	\$
5	\$
	Charge for Services Provided
	\$ 3,253

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

Schedule of Resident Statistics

Name of Facility The Bradley Home		License No. 2157-C			Report for Year Ended 9/30/2016				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	104	30		74	104	30		74	104	30		74
B. On last day of THIS report period	104	30		74	104	30		74	104	30		74
2. Number of Residents												
A. As of midnight of PREVIOUS report period	78	30		48	78	30		48	74	30		44
B. As of midnight of THIS report period	74	27		47	74	30		44	74	27		47
3. Total Number of Days Care Provided During Period												
A. Medicare	961	961			771	771			190	190		
B. Medicaid (Conn.)	7,961	7,961			5,813	5,813			2,148	2,148		
C. Medicaid (other states)												
D. Private Pay	7,846	1,497		6,349	5,931	1,167		4,764	1,915	330		1,585
E. State SSI for RCH	10,970			10,970	8,320			8,320	2,650			2,650
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	27,738	10,419		17,319	20,835	7,751		13,084	6,903	2,668		4,235
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	86	86			58	58			28	28		
B. Other Bed Reserve Days	458	12		446	458	12		446				
5. Total Resident Days (3G + 4A + 4B)	28,282	10,517		17,765	21,351	7,821		13,530	6,931	2,696		4,235

Schedule of Resident Statistics (Cont'd)

Name of Facility The Bradley Home			License No. 2157-C			Report for Year Ended 9/30/2016			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	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(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	Residential Care Home		
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	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	1		22		4		15	32					
Per Diem Rate													
a. One bed rm.	PPS		224.15		375.00		140.00	114.27					
b. Two bed rms.	PPS		224.15		375.00		140.00	114.27					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									4,316	2,125		2,191	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									542	542			
D. Total Physical Therapy Treatments									4,858	2,667		2,191	
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									125	91		34	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									19	19			
D. Total Speech Therapy Treatments									144	110		34	
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,321	2,669		1,652	
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									490	490			
D. Total Occupational Therapy Treatments									4,811	3,159		1,652	

Report of Expenditures - Salaries & Wages

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	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	Residential Care Home	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)	77,603	807			131,008	1,363
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	45,051	807			76,053	1,363
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	121,024	4,951			204,310	8,359
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	27,601	786			46,596	1,328
c. Dietary Workers	210,875	13,681			355,994	23,095
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	28,776	792			48,578	1,338
b. Other Maintenance Workers	26,689	1,600			45,056	2,700
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services	16,134	1,135			27,237	1,917
10. Protective Services	43,204	2,870			72,937	4,844
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	90,363	1,591			32,880	579
b. RN						
1. Direct Care	393,586	10,792			158,827	4,449
2. Administrative**	75,932	1,744				
c. LPN						
1. Direct Care	153,062	5,178			104,320	3,331
2. Administrative**						
d. Aides and Attendants	540,486	29,337			132,422	9,290
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	59,614	2,306			100,640	3,894
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	10,373	322			17,512	544
n. Marketing						
o. Other (Specify)						
See Attached Schedule	33,453	1,625			36,090	1,891
<i>A-13. Total Salary Expenditures</i>	1,953,828	80,325			1,590,458	70,283

* 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		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
VAN DRIVER WAGES	\$ 13,498	791			\$ 22,787	1,335
MED SECRETARY WAGES	\$ 19,955	834			\$ 13,303	556
Total	\$ 33,453	1,625	\$ -	-	\$ 36,090	1,891

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Gastroenterologit, Optical, Audiology	\$ 1,738	Disallowed			\$ 2,933	Disallowed
Total	\$ 1,738	-	\$ -	-	\$ 2,933	-

**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
The Bradley Home				2157-C	9/30/2016				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	Residential Care Home							
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
The Bradley Home				2157-C		9/30/2016			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	Residential Care Home							
Section III - Administrators***										
Molly H. Savard	77,603		131,008			2,170	a2			
Section IV - Assistant Administrators										
Anne M. Demski	45,051		76,053			2,170	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		
The Bradley Home	2157-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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	7,679	190			12,964	322
2. Dentist	11,163	Disallowed			18,846	Disallowed
3. Pharmacist	3,851	59			1,284	20
4. Podiatrist	1,722	Disallowed			2,906	Disallowed
5. Physical Therapy						
a. Resident Care	75,851	980			41,951	542
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	8,928	57			15,072	96
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) Cardiologist	126	Disallowed			212	Disallowed
9. Speech Therapist						
a. Resident Care	10,152	137			1,408	19
b. Other						
10. Occupational Therapist						
a. Resident Care	91,615	1,166			38,501	490
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	9,699	145				
2. Administrative***						
b. LPN						
1. Direct Care	41,356	828				
2. Administrative***						
c. Aides	98,148	3,791				
d. Other						
12. Other (Specify) See Attached Schedule	1,738				2,933	
B-13 Total Fees Paid in Lieu of Salaries	362,029	7,354			136,076	1,488

* 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 The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2016		Page 14a	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Carol Reiss, 50 Brookside Place, Cheshire, CT 06410	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
New England Dental, 533 S Broad St., Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
CT Oral & Maxiofacial, 546 S Broad St #2a, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Jeffrey Krahlung, 12 Curtis St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
David Hergott, 166 S Broad St, Meriden, CT 6450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
David Hyman, 130 E Main St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Kevin Langan, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Mehran Massoumi, 80 Shunpike Rd, Cromwell, CT 06416	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Agata Cieslik, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Levy Dental Group, 921 State Street, New Haven, CT 06511	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Meriden Dental Group, 35 Pleasant St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Premier Dental Group, 727 Broad St, Meriden, CT 04650	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, 6 Thompson Rd, East Windsor, CT 06088	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. William Mitchard, 576 E Main Street, Meriden, CT 06450	Podiatry	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Preferred Therapy Solutions, 850 Silas Deane Highway, Wethersfield, CT 06109	PT/ST/OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Cliff Martell, 377 Broad St, Meriden, CT 06450	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. David Taraskevich, 237 Liberty St, Meriden, CT 06450	Assistant Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Cardiology Associates of Central Connecticut, 1062 Barnes Rd, Wallingford, CT 06492	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MAXIM Health Care Service, 12558 Collections Center Drive, Chicago IL	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Keep Me Home, PO Box 510, East Berlin, CT 06023	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Favorite Nurses, PO Box 803356, Kansas City, MO 64180	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Nurse Network, 653 Main St, Plantsville, CT 06479	RN/LPN/CNA Pool	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Connecticut GI, 455 Lewis Avenue, Meriden, CT 06451	Gastroenterology	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Advanced Optical, 546 S Broad St, Meriden, CT 06450	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Eye Health Professionals	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Walsh & Massari, 86 W Main Street, Meriden, CT 06451	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A		

Giosa & Brown Pulmonary, 455 Lewis Ave, Meriden, CT 06451	Pulmonary	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Connecticut Dermatology, 233 Broad Street, Milford, CT 06460	Dermatology	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Healthdrive Audiology, 888 Worcester St, Wellesley, MA 02482	Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Eyewear Gallery	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Dr. Nimrod Lavi, 330 Orchard St, New Haven, CT 06511	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A
CT Integrated Neuro & Spine, 455 Lewis Ave, Meriden, CT 06451	Neurologist	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Dr. Berkley, 546 S Broad St, Meriden, CT 06450	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Hartford Healthcare	Optical	<input type="radio"/>	<input checked="" type="radio"/>	N/A
SDX Dysphagia Experts	Dysphagia Professionals	<input type="radio"/>	<input checked="" type="radio"/>	N/A
		<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
The Bradley Home	2157-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 84,299	46,449		37,850
2. Disability Insurance	\$ 13,393	7,380		6,013
3. Unemployment Insurance	\$ 8,288	4,567		3,721
4. Social Security (F.I.C.A.)	\$ 249,783	137,630		112,153
5. Health Insurance	\$ 400,745	220,810		179,935
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,714	3,148		2,566
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 82,374	45,388		36,986
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 31,122	17,148		13,974
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 37,059	13,786		23,273
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,253	1,210		2,043
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 10,664	3,967		6,697
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,976	5,943		10,033
2. Cellular Phones	\$ 2,522	938		1,584
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*	\$ (6,221)	(2,314)		(3,907)
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 204,563	204,563		
Subtotal	\$ 1,143,534	710,614		432,920

* 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
The Bradley Home	2157-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	1,143,534	710,614		432,920	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	3,551	1,321	2,230	
4. Employee Travel	\$	8,791	3,270	5,521	
5. Education Expenses Related to Seminars and Conventions	\$	8,873	3,301	5,572	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	6,338	2,358	3,980	
7. Other (<i>Specify</i>) See Attached Schedule	\$	376	140	236	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	10,748	3,998	6,750	
4. Fund-Raising***	\$	4,843	1,802	3,041	
5. Medical Records	\$	3,206	1,193	2,013	
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	3,127	1,163	1,964	
7. Postage	\$	2,537	944	1,593	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	10,372	3,858	6,514	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	549	204	345	
9. Subscriptions	\$	844	314	530	
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>)	\$	67,971	25,285	42,686	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	42,587	15,842	26,745	
C-14 Total Administrative & General Expenditures	\$	1,318,247	775,607	542,640	

* 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	Residential Care Home
Employee Recognition - Disallowed	\$ 140		\$ 236
Total Other Travel and Entertainment	\$ 140	\$ -	\$ 236

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Marketing - Disallowed	\$ 3,998		\$ 6,750
Total Other Advertising	\$ 3,998	\$ -	\$ 6,750

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 3,126		\$ 5,276
NCCDP	\$ 74		\$ 126
ALTCFM	\$ 89		\$ 151
AMEX	\$ 134		\$ 226
BJ's Wholesale	\$ 19		\$ 31
CAHCF	\$ 130		\$ 220
Costco	\$ 41		\$ 69
ACHCA	\$ 231		\$ 389
CATRD	\$ 15		\$ 25
Total Dues	\$ 3,858	\$ -	\$ 6,514

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Personnel Expense	\$ 1,430		\$ 2,415
Fidelity Bond	\$ 372		\$ 628
Admin - Licenses	\$ 630		\$ 1,063
Admin - Miscellaneous - Disallowed	\$ 28		\$ 47
Volunteer Expense	\$ 201		\$ 338
Directors and Officers Liability	\$ 3,668		\$ 6,193
Bank Service Charge - Disallowed	\$ 424		\$ 716
Consulting Service Fees	\$ 3,698		\$ 6,243
Penalty Expense - Disallowed	\$ 1		\$ 2
Professional Fees - Pension	\$ 5,390		\$ 9,100
Total Other Administrative and General	\$ 15,842	\$ -	\$ 26,745

Schedule C-1 - Management Services*

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2016	18	37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 303,370	112,854		190,516
2. Non-Food Supplies	\$ 40,641	15,118		25,523
3. Other (<i>Specify</i>) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	\$ _____			
c. Management Services**	\$ _____			
d. Other (<i>Specify</i>) _____ Miscellaneous	\$ 104	39		65
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 344,115	128,011		216,104
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$9,693
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				p. 30, IV1
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 The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2016		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
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. \$				
	b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	95,926	35,684		60,242
	c. Management Services**	\$				
	d. Other (<i>Specify</i>)	\$				
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	95,926	35,684		60,242
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
The Bradley Home		2157-C	9/30/2016		20	37
Item		Total	CCNH	RHNS	Residential Care Home	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	13,827	5,144		8,683
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. \$	138,041	51,351		86,690
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$	1,091	406		685
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	152,959	56,901		96,058
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$	55,235	20,547		34,688
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	5,614	2,088		3,526
c.	Medical and Therapeutic Supplies	\$	20,815	7,743		13,072
d.	Ambulance/Limousine****	\$	1,773	660		1,113
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	28,178	28,178		
f.	X-rays and Related Radiological Procedures****	\$	798	297		501
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$	1,176	437		739
i.	Recreation	\$	15,259	5,676		9,583
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	107,821	40,109		67,712
5K.	Total Resident Care Expenditures (5a - 5j)	\$	236,669	105,737		130,932

* 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	Residential Care Home
Resident - Miscellaneous - Disallowed	\$ 11		\$ 19
Resident - Neurologist - Disallowed	\$ 6		\$ 10
Resident Hospital Charges - Disallowed	\$ 73		\$ 123
Resident Clothing - Disallowed	\$ 121		\$ 205
Resident - Insurnace Premiums - Disallowed	\$ 3,383		\$ 5,710
Resident - Burial Expenses - Disallowed	\$ 19,235		\$ 32,473
Resident - Misc - Disallowed	\$ 7,995		\$ 13,497
Resident - Medical Supplies Charged - Disallowed	\$ 4,922		\$ 8,310
Resident - Support Equip - Disallowed	\$ 4,155		\$ 7,015
Resident - Medical Doctor - Disallowed	\$ 137		\$ 232
Resident - Orthopedic - Disallowed	\$ 70		\$ 119
Total Other Resident Care	\$ 40,109	\$ -	\$ 67,712

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

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2016			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	Residential Care Home	Pg	Line
Art Pardew	341 Bradley Avenue, Meriden, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Lawn care services	13,960		23,566	22	6f
Aegis Energy Services	P.O. Box 2511, Springfield, MA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Co-gen maintenance	4,929		8,321	22	6f
Otis Elevator	105 Industrial Park Rd, Vernon CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Maintenance of elevators	6,869		11,595	22	6f
Siemens Industry	P.O. Box 2134, Carol Stream, IL	<input type="radio"/>	<input checked="" type="radio"/>	N/A	HVAC Maintenance	7,680		12,966	22	6f
Simplex Grinnell	P.O. Box 371170 M, Pittsburgh, PA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Maintenance and repair support	6,632		11,196	22	6f
ASG Information Technologies	477 South Broad Street, Meriden, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT support, repair, monitoring, equipment	15,039		25,389	16	m11
Healthcare Services Group	3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry services and staff	35,684		60,242	19	3b
Healthcare Services Group	3220 Tillman Drive, Bensalem, PA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Housekeeping services and staff	51,351		86,690	20	4b
PointClickCare Technologies, Inc.	Suite 155, Bloomington, MN	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer software support	9,445		15,945	16	m11
		<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 The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 34,911	12,987			21,924	
b. Heat	\$ 85,139	31,672			53,467	
c. Light & Power	\$ 84,398	31,396			53,002	
d. Water	\$ 56,344	20,960			35,384	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>) See Attached Schedule	\$ 178,437	66,379			112,058	
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 439,229	163,393			275,836	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 304,852	113,405			191,447	
c. Non-Movable Equipment	\$ 11,253	4,186			7,067	
d. Movable Equipment	\$ 98,421	36,613			61,808	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 414,526	154,204			260,322	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ (1,106)	(411)			(695)	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 413,420	153,792			259,628	

* 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	Residential Care Home
Rental Costs - Disallowed	\$ 7,864		\$ 13,277
Rental Property Maintenance Expense - Disallowed	\$ 355		\$ 600
Medical Waste Expense	\$ 122		\$ 205
Medical Equipment and Repairs	\$ 2,432		\$ 4,105
Dietary Equipment	\$ 676		\$ 1,142
Dietary Maintenance and Renovation	\$ 6,164		\$ 10,405
Maintenance - Contracts	\$ 29,715		\$ 50,164
Maintenance - Lawn Care	\$ 17,958		\$ 30,315
Recreation - Maintenance	\$ 188		\$ 318
Maintenance - Renovation	\$ 155		\$ 261
Resident - Room Needs	\$ 750		\$ 1,266
Total Other Repairs and Maintenance	\$ 66,379	\$ -	\$ 112,058

Depreciation Schedule

Name of Facility The Bradley Home			License No. 2157-C			Report for Year Ended 9/30/2016			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													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			8,535,545		8,535,545	4,798,729	SL	Various	303,115				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)			145,877		145,877		SL	Various	1,737				
B-4. Subtotal										304,852			
C. Non-Movable Equipment													
1. Acquired prior to this report period			56,263		56,263	938	SL	Various	11,253				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										11,253			
		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. GMC Truck		X		10	98	25,503		25,503	25,503	SL	5		
b. Ford Van		X		8	1	38,310		38,310	38,310	SL	5		
c. Buick Century		X		7	15	3,500		3,500	175	SL	5	700	
d.													
2. Movable Equipment													
a. Acquired prior to this report period					Var	2,613,431		2,613,431	2,174,212	SL	Various	93,530	
b. Disposals (attach schedule)						(365)		(365)		SL			
c. Acquired during this report period (attach schedule)						40,115		40,115		SL	Various	4,191	
D-3. Subtotal													98,421
E. Total Depreciation													414,526

The Bradley Home
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*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:				
8/16/2016	41 Wilcox Ave - Paint Interior - Disallowed	\$ 3,650	5	\$ 122
8/23/2016	41 Wilcox Ave - Refinish Hardwood Floors - Disallowed	\$ 3,700	10	\$ 31
8/22/2016	41 Wilcox Ave - Raise Stairwell Railing & Replace - Disallowed	\$ 1,875	15	\$ 10
8/23/2016	41 Wilcox Ave - Materials to Refinish Floor - Disallowed	\$ 1,750	5	\$ 29
6/24/2016	41 Wilcox Ave - Building - Disallowed	\$ 106,777	30	\$ 890
7/26/2016	58 Wilcox Ave - Paint Interior - Disallowed	\$ 4,750	5	\$ 158
7/26/2016	58 Wilcox Ave - Refinish Hardwood Floors - Disallowed	\$ 3,250	10	\$ 54
7/26/2016	58 Wilcox Ave - Materials to Refinish Floor - Disallowed	\$ 1,817	10	\$ 30
9/20/2016	64 Wilcox Ave - Paint Interior - Disallowed	\$ 4,200	5	\$ -
8/15/2016	64 Wilcox Ave - Front Porch Improvements - Disallowed	\$ 3,200	15	\$ 36
9/20/2016	64 Wilcox Ave - Materials for Painting - Disallowed	\$ 792	10	\$ -
2/19/2016	Corian Molding Caps	\$ 9,116	15	\$ 355
5/25/2016	58 Wilcox Ave - Window Improvement - Disallowed	\$ 1,000	15	\$ 22
Total additions for Building Improvement		\$ 145,877		\$ 1,737 *
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 Equipmen		\$ -		\$ -

**

*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:				
11/6/2015	Lenovo Desktop PC	\$ 987	5	\$ 181
11/6/2015	Lenovo Desktop PC	\$ 987	5	\$ 181
10/28/2015	eMAR/Pharmacy Integration Project	\$ 6,200	5	\$ 1,137
1/6/2016	Smartlinx Solutions - Software Integration	\$ 9,625	5	\$ 1,444
2/22/2016	Lenovo Desktop and Lenovo Tower Comp	\$ 2,634	5	\$ 307
10/14/2015	6 Framed Art Matte	\$ 2,160	7	\$ 309
10/17/2015	4 Black Frames	\$ 900	7	\$ 118
11/11/2015	5 Wheelchairs	\$ 821	7	\$ 108
4/28/2016	Upholster 2 Recliners	\$ 2,550	7	\$ 152
5/4/2016	Toilets & Sinks	\$ 2,189	20	\$ 46
5/25/2016	Toilets & Sinks	\$ 1,664	20	\$ 28
5/28/2016	Upholster 2 Recliners	\$ 2,550	7	\$ 121
7/28/2016	64 Wilcox Ave - Refrigerator and Stove - Disallowed	\$ 1,377	10	\$ 23
7/25/2016	WanderGuard Door Sensor	\$ 1,519	7	\$ 36
9/28/2016	Folding Chairs & Rack	\$ 1,177	7	\$ -
9/28/2016	Patio Chairs & Tables	\$ 2,775	7	\$ -
Total additions for Movable Equipmen		\$ 40,115		\$ 4,191 *
Deletions:				
9/30/2016	Credit on 10 Toilets	\$ 365	20	\$ -
Total deletions for Movable Equipmen		\$ 365		\$ - **

*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:				
Total additions for Leasehold Improvermer		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvermer		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility The Bradley Home			License No. 2157-C		Report for Year Ended 9/30/2016			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. N/A									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. N/A									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	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		Donated		
2. Date Structure Completed		04/20/05		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		1936 or 1965		
5. Total Licensed Bed Capacity		104		
6. Square Footage		44,000		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing		4th Mortgage		
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 The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2016			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home		
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
The Bradley Home		2157-C		9/30/2016			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
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) Term Loan				\$ 26,908	10,010		16,898	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 26,908	10,010		16,898	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 31,141	11,584		19,557	
b. Insurance on Automobiles				\$ 6,175	2,297		3,878	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 6,039	2,247		3,792	
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 43,355	16,128		27,227	
15. Total All Expenditures (A-13 thru C-14)				\$ 7,113,219	3,761,119		3,352,100	

D. Adjustments to Statement of Expenditures

Name of Facility The Bradley Home				License No. 2157-C	Report for Year Ended 9/30/2016	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 236,289	17,031		219,258
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 130,116	91,615		38,501
7.			Other - See attached Schedule	\$ 97,952	14,748		83,204
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 750	279		471
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,802	670		1,132
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	10	a4, a5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 18,290	6,804		11,486
16.	16	L4, L	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 5,605	2,085		3,520
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 10,748	3,998		6,750
19.	15	1k&2	Income Tax / Corporate Business Tax	\$ (6,221)	(2,314)		(3,907)
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 3,127	1,163		1,964
23.			Other - See attached Schedule	\$ 34,982	9,781		25,201
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 9,693	3,606		6,087
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)				\$ 543,133	149,468		393,665

* 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	Residential Care Home
10	A9	Barber and Beauty Wages	\$ 16,134		\$ 27,237
10	12a	DON Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 24,627
10	12b	RN Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 109,040
10	12c	LPN Salary in Excess of RCH Aide Hourly Wage Rate (see attachment 28b)			\$ 56,839
10	7b	Maintenance Salary Allocated to Rental Properties (see attachment 28b)	\$ 897		\$ 1,515
Total Other Salaries Adjustment			\$ 17,031	\$ -	\$ 219,258

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8a	Medical Director - RCH			\$ 15,072
13	B5a	Physical Therapy - RCH			\$ 41,951
13	B3	Pharmacist - RCH			\$ 1,284
13	B2	Dental Consultant	\$ 11,163		\$ 18,846
13	B4	Podiatrist Consultant	\$ 1,722		\$ 2,906
13	B8e	Cardiologist Consultant	\$ 126		\$ 212
13	B12	Gastroenterologist, Optical, Audiology	\$ 1,738		\$ 2,933
Total Other Fees Adjustments			\$ 14,748	\$ -	\$ 83,204

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	8a	Dues to Chamber of Commerce	\$ 204		\$ 345
15	1a3, 1a4	FICA/FUTA Benefits for Disallowed RCH Nursing Salaries (see attachment 28b)			\$ 14,131
16	m13	Penalties	\$ 1		\$ 2
16	m13	Miscellaneous Expenses	\$ 28		\$ 47
15	1a1-1a9	Related Benefits for Disallowed Salaries (see attachment 28b)	\$ 6,233		\$ 5,079
16	L7	Employee Recognition	\$ 140		\$ 236
16	m13	Bank Service Charges	\$ 424		\$ 716
16	m13	Personnel Expense	\$ 1,430		\$ 2,415
16	13	Employee Gifts	\$ 1,321		\$ 2,230
Total Other A&G Adjustments			\$ 9,781	\$ -	\$ 25,201

Maintenance Supervisor/Staff Rental Property Disallowance

Reported Salary	149,099	Page 10, lines 7a/7b
Reported Hours	<u>6,430</u>	
Hourly Rate	\$ 23.19	
Hours Worked on Rental Properties	104	(2 hours per week)
Disallowance	<u>\$ 2,412</u>	P. 28a

Employee Benefits Disallowance

Total salaries page 10 3,544,286 page 10, total salary expense

Total Benefits	875,718	page 15, lines 1a1-1a9
Less: Benefits Specifically Disallowed	<u>-</u>	Page 28, Line 8
Remaining Benefits	<u>875,718</u>	
Benefits as % of salaries	<u>24.7%</u>	

Disallowance:

Barber & Beauty salaries	43,371	page 10, line 9
Maintenance salaries	<u>2,412</u>	(see above)
Associated benefits @ 24.7%	<u>11,312</u>	P. 28a

Nursing Salaries Disallowance

RCH Aide Hourly Rate:

Salary page 10	\$ 132,422	
Hours	<u>9,290</u>	
Average Hourly Rate	<u>\$ 14.25</u>	

DON Salary in Excess of RCH Aide Hourly Rate

DON RCH Hours	579	
Allowable Hourly Rate	\$ 14.25	
Allowable Salary	\$ 8,253	
Reported RCH Salary	<u>\$ 32,880</u>	
Disallowance	<u>\$ 24,627</u>	P. 28a

RN Wages in Excess of RCH Aide Hourly Rate

RN RCH Hours	4,914	
Allowable Hourly Rate	\$ 14.25	
Allowable Salary	\$ 70,045	
Reported RCH Salary	<u>\$ 179,085</u>	
Disallowance	<u>\$ 109,040</u>	P. 28a

The Bradley Home

09/30/16

LPN Wages in Excess of RCH Aide Hourly Rate

LPN RCH Hours	3,331	
Allowable Hourly Rate	\$ 14.25	
Allowable Salary	\$ 47,481	
Reported RCH Salary	\$ 104,320	
Disallowance	<u>\$ 56,839</u>	P. 28a

Nursing Benefits Disallowance (FICA & FUTA only)

DON RCH Salary Disallowance	\$ 24,627	
RN RCH Salary Disallowance	\$ 109,040	
LPN RCH Salary Disallowance	<u>\$ 56,839</u>	
Total RCH Salary Disallowances	\$ 190,505	
Total RCH Salaries Page 10	<u>\$ 1,610,716</u>	
% Disallowed	11.83%	
RCH FICA Page 15	\$ 113,401	
RCH FUTA Page 15	<u>\$ 6,080</u>	
Total RCH FICA/FUTA	\$ 119,481	
% Disallowed	11.83%	
FICA/FUTA Disallowance	<u>\$ 14,131</u>	P. 28a

Medical Director Disallowance

SNF Salary p. 13 line 8a	\$ 8,928	
SNF Hours p. 13 line 8a	57	
Hourly Rate	\$ 156.63	
Allowable Rate	<u>\$ 161.57</u>	
Disallowance	<u>\$ -</u>	P. 28a

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

Name of Facility				License No.	Report for Year Ended	Page	of
The Bradley Home				2157-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 543,133	149,468		393,665
Page 20 - Resident Care Supplies***							
27.	20	5a1	Prescription Drugs	\$ 55,235	20,547		34,688
28.	20	5d	Ambulance/Limousine	\$ 1,773	660		1,113
29.	20	5f	X-rays, etc	\$ 798	297		501
30.	20	5h	Laboratory	\$ 1,176	437		739
31.	20	5c	Medical Supplies	\$ 7,263	2,702		4,561
32.	20	5e	Oxygen (non emergency)	\$ 28,178	28,178		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 107,821	40,109		67,712
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 809	301		508
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	\$ 31,310	11,647		19,663
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14a	Property Insurance	\$ 771	287		484
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	\$ 28,428	10,575		17,853
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)			\$ 806,695	265,209		541,487

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
18	2a1	Alcoholic beverages	\$ 671		\$ 1,132
30	IV8	Miscellaneous income	\$ 1,451		\$ 2,450
27	12D	Loan interest - see attachment 29b	\$ 8,453		\$ 14,271
Total Other Adjustments			\$ 10,575	\$ -	\$ 17,853

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

The Bradley Home

09/30/16

Loan Interest Disallowance

Liberty Bank Loan:

Original loan amount	1,500,000	
Amount used for lighting upgrade	<u>162,838</u>	2014 Addition
% allowable	11%	
2016 Interest	<u>3,640</u>	Pg. 27 line 12D
Disallowance	3,245	P. 29a

United Bank Loan:

Original loan amount	2,213,409	
Amount used for lighting upgrade	<u>162,838</u>	
% allowable	7%	
2016 Interest (before interest capitalization)	<u>51,502</u>	
Allowable	3,789	
Capitalized to CIP	28,234	
Disallowance	19,479	P. 29a

Total Disallowance **22,724** P. 29a

The Bradley Home

09/30/16

Depreciation Disallowance

Asset #	Description	Cost	Life	Depreciation	
<i>Building/Building Improvements:</i>					
324	Renovation of 1st Floor - 64 Wilcox Ave	19,992	15	1,333	Year 2 of 15
325	64 Wilcox Ave - Property	97,500	15	6,500	Year 2 of 15
349	41 Wilcox Ave - Paint Interior	3,650	5	122	Year 1 of 5
350	41 Wilcox Ave - Refinish Hardwood Floors	3,700	10	31	Year 1 of 10
351	41 Wilcox Ave - Raise Stairwell Railing & Replace	1,875	15	10	Year 1 of 15
353	41 Wilcox Ave - Materials to Refinish Floor	1,750	5	29	Year 1 of 5
354	41 Wilcox Ave - Building	106,777	30	890	Year 1 of 30
355	58 Wilcox Ave - Paint Interior	4,750	5	158	Year 1 of 5
356	58 Wilcox Ave - Refinish Hardwood Floors	3,250	10	54	Year 1 of 10
357	58 Wilcox Ave - Materials to Refinish Floor	1,817	10	30	Year 1 of 10
358	64 Wilcox Ave - Paint Interior	4,200	5	-	Year 1 of 5
360	64 Wilcox Ave - Materials for Painting	792	10	-	Year 1 of 10
359	64 Wilcox Ave - Front Porch Improvements	3,200	15	35	Year 1 of 10
379	58 Wilcox Ave - Window Improvement	1,000	15	22	Year 1 of 15
				<u>9,214</u>	Page 29, Line 39
<i>Moveable Equipment:</i>					
334	3 Salon Chairs	599	7	86	Year 2 of 7
336	Donated Buick Century	3,500	5	700	Year 2 of 5
369	64 Wilcox Ave - Refrigerator and Stove	1,377	10	23	Year 1 of 10
				<u>809</u>	Page 29, Line 35

Annual Report of Long-Term Care Facility

CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016			Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 4,613,368	3,005,583		1,607,785		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,581,880)	(1,254,474)		(327,406)		
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 360,375	360,375				
b. Medicare Room and Board Contractual Allowance **	\$ (219,176)	(219,176)				
4. a. Private-Pay Residents and Other	\$ 1,485,750	590,200		895,550		
b. Private-Pay Room and Board Contractual Allowance **	\$ (207,518)	(71,814)		(135,704)		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 36,475	36,475				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 1,263			1,263		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 145	145				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 416,793	416,793				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 993	993				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (2,508)	(2,508)				
4. a. Speech Therapy - Medicare	\$ 39,260	39,260				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 477,316	477,316				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 1,515	1,515				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$ (350,661)	(350,661)				
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 5,071,510	3,030,022		2,041,488		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 9,693	3,606		6,087		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 2,067	769		1,298		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 18,062	6,719		11,343		
8. Other (Specify)	\$ 3,009,318	1,119,466		1,889,852		
V. Total Other Revenue (1 thru 8)	\$ 3,039,140	1,130,560		1,908,580		
VI. Total All Revenue (III +V)	\$ 8,110,650	4,160,582		3,950,068		

* 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	Residential Care Home
30, line II 6a	MED A XRAY REV	\$ 1,475		
30, line II 6a	MED A LAB REV	\$ 1,325		
30, line II 6a	MED B LESS CONT.ADJ.	\$ (353,461)		
Total Other Resident Revenue - Medicare		\$ (350,661)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30, line IV 5	INTEREST; CHECKING		\$ 769		\$ 1,298
Total Interest Income			\$ 769	\$ -	\$ 1,298

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30, line IV 8	Investment Income	\$ 188,161		\$ 317,649
30, line IV 8	Divident/Rebate Income	\$ 868		\$ 1,466
30, line IV 8	Capital Gain/(Loss)	\$ 199,729		\$ 337,176
30, line IV 8	Unrealized (Gain)/Loss	\$ 713,867		\$ 1,205,130
30, line IV 8	Bank Fee	\$ (32,620)		\$ (55,069)
30, line IV 8	Death Benefit Proceeds	\$ 4,746		\$ 8,012
30, line IV 8	Memorial Contributions	\$ 1,097		\$ 1,853
30, line IV 8	Annual Appeal	\$ 1,650		\$ 2,785
30, line IV 8	Prior Year Revenue	\$ 6,323		\$ 10,674
30, line IV 8	Rev - RCH OTC Drugs	\$ 1,507		\$ 2,544
30, line IV 8	Miscellaneous Income - Disallowed	\$ 1,451		\$ 2,450
30, line IV 8	Sale of Scrap	\$ 91		\$ 154
30, line IV 8	Carr-House Day Care Rent	\$ 19,087		\$ 32,223
30, line IV 8	Rental Income	\$ 13,509		\$ 22,805
Total Other Revenue		\$ 1,119,466	\$ -	\$ 1,889,852

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	366,075
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	297,198
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	19,216
4. Inventories			\$	
5. Prepaid Expenses			\$	11,579
a. Prepaid Expenses	11,579			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	197,134
Resident Assets Held	41,092			
North Haven Property Deposi	156,042			
A-9. Total Current Assets (Lines A1 thru 8)			\$	891,202
B. Fixed Assets				
1. Land			\$	139,170
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>8,681,422</u>		\$	3,577,841
	Accum. Depreciation <u>5,103,581</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost <u>56,263</u>		\$	44,072
	Accum. Depreciation <u>12,191</u>	Net		
6. Movable Equipment	*Historical Cost <u>2,653,181</u>		\$	381,248
	Accum. Depreciation <u>2,271,933</u>	Net		
7. Motor Vehicles	*Historical Cost <u>67,313</u>		\$	2,625
	Accum. Depreciation <u>64,688</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	1,286,155
Construction in Progress	1,286,155			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,431,111

* 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 The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	6,322,313
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>			\$	
Investments	26,861,098		26,861,098	
6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	
Name and Address	Amount	Loan Date		
7. Other Assets <i>(itemize)</i>			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 26,861,098	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 33,183,411	

* 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 The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	143,060
2. Notes Payable (<i>itemize</i>)				\$	188,126
Current Portion of Term Loan					188,126
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>)				\$	43,415
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	18,880
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>)				\$	427,987
Residents' Assets on Deposit		41,092	Nursing Home User Fee	52,865	
Accrued Vacation and Holiday		215,305	Due to Third Party Payor	13,992	
Accrued Employee Pension		88,625			
Accrued Expenses, Other		16,108			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	821,468

* 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 The Bradley Home		License No. 2157-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				821,468	
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>)				\$ 2,025,283	
Term Loan		2,025,283			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,025,283	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,846,751	

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

Name of Facility	License No.	Report for Year Ended	Page	of
The Bradley Home	2157-C	9/30/2016	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. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	29,339,229
6. Gain or Loss for Period			\$	997,431
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	30,336,660
C. Total Reserves and Net Worth			\$	30,336,660
D. Total Liabilities, Reserves, and Net Worth			\$	33,183,411

H. Changes in Total Net Worth

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	29,339,127
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	8,110,650
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	(7,113,219)
D. Net Income or Deficit			\$	997,431
E. Balance			\$	30,336,558
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	30,336,558
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility The Bradley Home	License No. 2157-C	Report for Year Ended 9/30/2016	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 checked="" type="checkbox"/> Residential Care Home		
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				
Blum, Shapiro & Company, P.C.				
Address Address		Phone Number		
2 Enterprise Dr, Suite 302, Shelton, CT 06484		203-944-2100		