

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) McLean Health Center	
Address (No. & Street, City, State, Zip Code) 75 Great Pond Road, Simsbury, CT 06070	
Type of Facility <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) </div> <div style="width: 30%;"> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Residential Care Home </div> </div>	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider 07-5216
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Medicaid Provider Numbers:	CCNH 884-C	RHNS	ICF-IID 1712-RCH
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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) McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for McLean Health Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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) Lisa Clark			Printed Name (Owner) David Bordonaro, President	
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 McLean Health Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 75 Great Pond Road, Simsbury, CT 06070				
Report Prepared By McLean Home		Phone Number (860) 658-3759	Date 2/15/2016	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 15,140			15,140
2. Laundry wages paid	\$ 22			22
3. Housekeeping wages paid	\$ 6,521			6,521
4. Nursing wages paid	\$			
5. All other wages paid	\$ 43,591			43,591
6. Total Wages Paid	\$ 65,274			65,274
7. Total salaries paid	\$ 8,185			8,185
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 73,459			73,459

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility (860)658-3700	Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) McLean Health Center		Address (No. & Street, City, State, Zip) 75 Great Pond Road, Simsbury, CT 06070		
License Numbers:	CCNH 884-C	RHNS	Residential Care Home 1712-RCH	Medicare Provider No. 07-5216
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="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" 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 Lisa Clark		Nursing Home Administrator's License No.:	001842	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No 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	%**				
McLean Fund	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		Gifts to McLean Affiliates, Inc. through inco	Various		
The McLean Foundation, Inc.	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		Gifts to McLean Affiliates, Inc for various ex	Various		
McLean Game Refuge, Inc.	75 Great Pond Road, Simsbury, CT 06070	<input type="radio"/>	<input checked="" type="radio"/>		None - McLean Affiliates, Inc provides book	Page 10, 11b		
		<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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

The McLean Foundation, Inc., supports certain programs and capital acquisitions of the Health Center via donations and grants. The McLean Fund uses income from investments to fund a portion of the Operating Expenses. Any funding by these entities is at cost.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

See pre Cost Report Allocation w/s.

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	
McLean Health Center			884-C	9/30/2015			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
Mailfinance (Formerly Neopost), 478 Weelers Farm Rd, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter	05/24/11	Paid Quarterly	1,842		920	
	<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 ***	920

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015	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 Crowe Horwath LLP (formally Saslow, Lufkin & Buggy) 2 3 4	Address (No. & Street, City, State, Zip Code) 175 Powder Forest Dr, Simsbury, CT 06089
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Services Provided by This Firm (*describe fully*)

1 Annual Audit - McLean Affiliates, Inc. Preparation of Medicaid and Medicare Cost Reports.	\$ 46,559
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 46,559

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15, 1D - CCNH \$22,689, RCH \$300, Outpatient/Other not on Annual Report \$23,570

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggan & Dana 2 Michalik, Bauer, Silvia 3 Day Pitney, LLP 4 Shipman & Goodwin, LLP 5 Jackson & Lewis, Robinson & Cole, Ram Import	Telephone Number
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Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Review of Medical Director Agreement, review of UCONN lease, (disallowed \$8,317)	\$ 11,588
2 Collection Services, (disallowed \$3,713)	\$ 3,713
3 Trustee Issues, (disallowed)	\$ 3,044
4 UCC-3 Filing, (disallowed)	\$ 274
5 Labor relations, retirement plan review, misc, (disallowed (1,514))	\$ 3,304
	Charge for Services Provided
	\$ 21,923

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15, 1E - CCNH \$14,128, RCH \$438, Outpatient/Other not on Annual Report \$7,357

Schedule of Resident Statistics

Name of Facility McLean Health Center			License No. 884-C		Report for Year Ended 9/30/2015				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	122	119		3	122	119		3	102	99			3
B. On last day of THIS report period	92	89		3	102	99		3	92	89			3
2. Number of Residents													
A. As of midnight of PREVIOUS report period	102	99		3	102	99		3	102	99			3
B. As of midnight of THIS report period	85	82		3	102	99		3	85	82			3
3. Total Number of Days Care Provided During Period													
A. Medicare	4,940	4,940			3,716	3,716			1,224	1,224			
B. Medicaid (Conn.)	19,023	19,023			14,268	14,268			4,755	4,755			
C. Medicaid (other states)													
D. Private Pay	8,972	8,335		637	7,426	6,881		545	1,546	1,454			92
E. State SSI for RCH	365			365	273			273	92				92
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	33,300	32,298		1,002	25,683	24,865		818	7,617	7,433			184
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	54	54			51	51			3	3			
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	33,354	32,352		1,002	25,734	24,916		818	7,620	7,436			184

Schedule of Resident Statistics (Cont'd)

Name of Facility McLean Health Center			License No. 884-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input 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)				
10/16/2014	X			20						99			
6/10/2015	X			10						89			
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										8,696		273	
2nd change										7,364		202	
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	15		52		15				3				
Per Diem Rate													
a. One bed rm.	Various - RUGS Rate		244.96		471.00		182.00		182.00				
b. Two bed rms.					450.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B										891	891		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										28,431	28,431		
D. Total Physical Therapy Treatments										29,322	29,322		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										160	160		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										827	827		
D. Total Speech Therapy Treatments										987	987		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										273	273		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										11,932	11,932		
D. Total Occupational Therapy Treatments										12,205	12,205		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
McLean Health Center	884-C	9/30/2015	10	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)	127,657	1,014			1,688	13
2. Administrator(s) (Complete also Sec. III of Schedule A1)	89,310	1,317			2,766	41
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	369,588	11,577			3,730	121
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	488,817	33,434			15,140	1,036
6. Housekeeping Service						
a. Head Housekeeper	21,311	1,010			760	36
b. Other Housekeeping Workers	161,502	12,680			5,761	452
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	42,001	1,003			1,498	35
b. Other Maintenance Workers	51,118	2,040			1,823	73
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	24,210	2,047			22	2
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	41,236	811			545	11
b. Other Accountants	98,028	3,876			1,297	51
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	193,931	4,169				
b. RN						
1. Direct Care	1,440,056	40,119				
2. Administrative**	96,093	2,509			913	23
c. LPN						
1. Direct Care	429,569	12,976				
2. Administrative**						
d. Aides and Attendants	2,228,779	116,129			37,515	1,772
e. Physical Therapists	270,674	8,528				
f. Speech Therapists	31,560	605				
g. Occupational Therapists	201,642	6,929				
h. Recreation Workers	128,397	5,649				
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	72,332	2,822				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	40,177	2,067				
<i>A-13. Total Salary Expenditures</i>	6,647,988	273,311			73,458	3,666

* 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
Medical Records	\$ 40,177	2,067				
Total	\$ 40,177	2,067	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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	
McLean Health Center				884-C	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
David J. Bordonaro, CEO, President, McLean Affiliates, Inc. (Amt Claimed on C/R)	75,444		1,001	Standard Package	President, McLean Affiliates	507	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	1,567	233,189
Augusto R. Gautier, CFO, Treasurer, McLean Affiliates, Inc (Amt Claimed on C/R)	52,213		687	Standard Package	CFO, McLean Affiliates	507	10 A1	McLean Fund, Foundation, Game Refuge, & OP Services	1,567	161,376
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	
McLean Health Center				884-C	9/30/2015			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***										
Lisa Clark, Administrator, Secretary, McLean Affiliates	89,310		2,766	Standard Package	Licensed Administrator	1,358	10 A2	McLean Outpatient Allocation	722	48,975
Section IV - Assistant Administrators										

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

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

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
McLean Health Center	884-C	9/30/2015	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	45,352	1,072			1,405	33
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	51,200	1,040				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	5,400	54				
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						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	101,952	2,166			1,405	33

* 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 McLean Health Center		License No. 884-C		Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	Dietary Consultant/Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Hartford Hospital, P.O. Box 5037, Hartford, CT 06102-5037	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
The Center for Geriatric & Psychiatric Services, 55 Nye Road, Suite 102, Glastonbury, CT 06033	Psych Services to Patients	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
McLean Health Center	884-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 180,002	178,035			1,967
2. Disability Insurance	\$ 5,502	5,442			60
3. Unemployment Insurance	\$ 20,503	20,279			224
4. Social Security (F.I.C.A.)	\$ 503,741	498,236			5,505
5. Health Insurance	\$ 403,267	398,860			4,407
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 8,895	8,798			97
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 451,938	446,999			4,939
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 60,576	59,915			661
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$				
d. Accounting and Auditing	\$ 22,989	22,689			300
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 14,566	14,128			438
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 34,754	33,900			854
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 15,136	14,938			198
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 562,045	562,045			
Subtotal	\$ 2,283,914	2,264,264			19,650

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

(Carry Subtotals forward to next page)

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

McLean Health Center
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Hum Res - Training/Inservice	\$ 3,120		\$ 34
Emp Ben - Employee Health/X-Rays	\$ 944		\$ 10
Emp Ben - Pre Employment Expenses	\$ 3,429		\$ 38
Emp Ben - Total Ben Admin Exp	\$ 7,296		\$ 81
Emp Ben - Benefits Ergonomics	\$ 694		\$ 8
Emp Ben - Benefits Extended Illness	\$ 42,459		\$ 469
Emp Ben - Wkly Ben: Pens, FICA, GH - Accru	\$ (1,047)		\$ (12)
Emp Ben - Other	\$ 1,760		\$ 19
Emp Ben - Immunizations	\$ 1,260		\$ 14
Total	\$ 59,915	\$ -	\$ 661

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
McLean Health Center	884-C	9/30/2015		16	37
Item		Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		2,283,914	2,264,264		19,650
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	3,558	3,478		80
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	3,327	3,291		36
4. Employee Travel	\$	9,286	9,007		279
5. Education Expenses Related to Seminars and Conventions	\$	7,459	7,332		127
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	449	436		13
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	3,162	3,132		30
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	60,950	58,810		2,140
4. Fund-Raising***	\$				
5. Medical Records	\$	1,758	1,758		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	11,272	10,909		363
7. Postage	\$	8,030	7,925		105
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	17,083	16,608		475
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	555	538		17
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>)	\$	35,924	35,531		393
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	213,345	211,239		2,106
C-14 Total Administrative & General Expenditures		\$ 2,660,072	2,634,258		25,814

* 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
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Various Marketing Expenses (Disallowed)	\$ 58,810		\$ 2,140
Total Other Advertising	\$ 58,810	\$ -	\$ 2,140

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age	\$ 6,345		\$ 84
CHA Admin Dues	\$ 2,623		\$ 35
Vistage Dues	\$ 7,342		\$ 97
CALTC	\$ -		\$ 255
ALTCFM	\$ 78		\$ 1
Simsbury Volunteer	\$ 49		\$ 1
Russell Phillips & Assoc	\$ 171		\$ 2
Total Dues	\$ 16,608	\$ -	\$ 475

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Nursing Purchased Services	\$ 4,738		
Computer Support Fees	\$ 127,230		\$ 1,371
Nursing Professional Fees	\$ 8,921		
Health Records Storage	\$ 16,280		
Admin License Permits Registration	\$ 935		\$ 12
Admin Professional Fees	\$ 28,057		\$ 371
Accounting Bank Charges - Self Disallowed	\$ 6,272		\$ 83
Human Resources Purchased Services	\$ 1,481		\$ 16
Human Resources Equipment	\$ 469		\$ 5
Care Coord Consultants	\$ 62		\$ 1
Care Coord Equipment	\$ 722		\$ 3
Information Systems Equipment	\$ 1,914		\$ 25
Info Sys Contracted Services	\$ 10,865		\$ 144
Accretion Expense	\$ 1,406		\$ 50
State of CT - Dept of Health	\$ 997		\$ 12
State of CT - Dept of Motor Vehicles	\$ 113		\$ 2
State of CT	\$ 195		\$ 3
Capital One Bank - Self Disallowed	\$ 582		\$ 8
Total Other Administrative and General	\$ 211,239	\$ -	\$ 2,106

Schedule C-1 - Management Services*

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Sodexo Inc & Affiliates, P.O. Box 360170, Pittsburgh, PA 15251-6170	144,472	Inpatient Dietary Mgmt	Pg 18, 2b

*** 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
McLean Health Center	884-C	9/30/2015		18	37
Item	Total	CCNH	RHNS	Residential Care Home	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 326,680	316,866			9,814
2. Non-Food Supplies	\$ 42,651	41,370			1,281
3. Other (Specify) _____ Non Controllable Dietary Related	\$ 61,365	59,522			1,843
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 95,980	93,097			2,883
c. Management Services**	\$				
d. Other (Specify) _____ Dietary Controllables (Sodexo)	\$ 20,472	19,857			615
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 547,148	530,712			16,436
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*	255	246			9
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 checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.					\$98,679
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt.					\$98,679
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Pg 30, Line IV 1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input checked="" type="radio"/> Yes <input 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)					N/A

* 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 McLean Health Center		License No. 884-C	Report for Year Ended 9/30/2015		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.	7,555	7,548		7
		Amt. \$	8,698	8,499		199
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	66,378	64,384		1,994
c. Management Services**		\$				
d. Other (Specify) Laundry Supplies		\$	5,670	5,665		5
3E. Total Laundry Expenditures (3a + b + c + d)		\$	80,746	78,548		2,198
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
McLean Health Center		884-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel	42,896	41,419		1,477
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	28,482	27,501		981
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)	\$	28,482	27,501		981
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Omnicare	\$	157,647	157,647		
b.	Medicine Cabinet Drugs	\$	34,249	34,249		
c.	Medical and Therapeutic Supplies	\$	242,636	242,636		
d.	Ambulance/Limousine***	\$	4,254	4,254		
e.	Oxygen					
	1. For Emergency Use	\$	6,897	6,897		
	2. Other***	\$	16,308	16,308		
f.	X-rays and Related Radiological Procedures***	\$	28,710	28,710		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	41,610	41,610		
i.	Recreation	\$	10,787	10,393		394
j.	Other (Specify)**** See Attached Schedule	\$	18,382	18,382		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	561,480	561,086		394

* 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
Nursing Consultants	\$ 3,750		
Nursing Pharm Consultant	\$ 8,801		
Nursing Training/Inservice	\$ 265		
Rehab Supplies	\$ 2,000		
Rehab Purchased Services ST	\$ 720		
Rehab Training/Inservice	\$ 1,522		
Rehab Inpatient - Equipment	\$ 830		
Nursing Rent	\$ 73		
Rehab Publications	\$ 110		
Rehab Computer Support Fees	\$ 311		
Total Other Resident Care	\$ 18,382	\$ -	\$ -

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

Name of Facility McLean Health Center			License No. 884-C		Report for Year Ended 9/30/2015			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
See attached schedule		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 150,390	145,212			5,178	
b. Heat	\$ 45,095	43,542			1,553	
c. Light & Power	\$ 194,959	188,246			6,713	
d. Water	\$ 10,564	10,200			364	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 920	888			32	
f. Other (<i>itemize</i>)	\$ 45,881	44,301			1,580	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 447,810	432,390			15,420	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 8,583	8,248			335	
b. Building & Building Improvements	\$ 109,662	105,888			3,774	
c. Non-Movable Equipment	\$ 166,694	162,038			4,656	
d. Movable Equipment	\$ 112,427	109,755			2,672	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 397,366	385,929			11,437	
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	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 397,366	385,929			11,437	

* 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
Plant Utilities Refuse Removal	\$ 9,753		\$ 348
Plant Utilities Cable TV	\$ 22,079		\$ 787
Plant Utilities Sewer	\$ 12,469		\$ 445
Total Other Repairs and Maintenance	\$ 44,301	\$ -	\$ 1,580

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility McLean Health Center		License No. 884-C		Report for Year Ended 9/30/2015			Page 23	of 37					
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements													
1. Acquired prior to this report period		660,074		660,074	553,752	SL	Various	20,139					
2. Disposals (attach schedule)		(63,967)		(63,967)	(63,967)								
3. Acquired during this report period (attach schedule)													
A-4. Subtotal									20,139				
B. Building and Building Improvements													
1. Acquired prior to this report period		10,477,024		10,477,024	7,404,631	SL	Various	308,407					
2. Disposals (attach schedule)		(579,847)		(579,847)	(290,839)								
3. Acquired during this report period (attach schedule)		1,223,513		1,223,513		SL	Various						
B-4. Subtotal									308,407				
C. Non-Movable Equipment													
1. Acquired prior to this report period		4,944,886		4,944,886	2,908,200	SL	Various	283,199					
2. Disposals (attach schedule)		(566,158)		(566,158)	(489,094)								
3. Acquired during this report period (attach schedule)		214,779		214,779		SL	Various	20,744					
C-4. Subtotal									303,943				
		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. Prior (All OP Related)			X	Var	Var	42,442		42,442	42,442	SL	Various		
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	2,635,976		2,635,976	1,964,218	SL	Various	185,904	
b. Disposals (attach schedule)						(544,590)		(544,590)	(482,132)				
c. Acquired during this report period (attach schedule)				Var	Var	189,566		189,566		SL	Various	8,022	
D-3. Subtotal												193,926	
E. Total Depreciation													826,415

McLean Health Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
	See attached	\$ 63,967		
Total deletions for Land Improvements		\$ 63,967		\$ - **

*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:				
10/19/2015	Clinic	\$ 80,000	15	\$ -
10/19/2015	AL Plus	\$ 1,140,784	15	\$ -
6/9/2015	WiFi System Equipment Unit 1	\$ 2,728	10	\$ -
Total additions for Building Improvements		\$ 1,223,512		\$ - *
Deletions:				
	See attached	\$ 597,847		
Total deletions for Building Improvements		\$ 597,847		\$ - **

*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:				
12/16/2014	Robinson & Stair by Elev Locking Sys	20,841	10	\$ 2,084
11/20/2014	Fire Alarm Door	2,755	10	\$ 276
3/17/2015	Wireless Network Upgrade Equip Unit 1	7,067	5	\$ 1,413
2/18/2015	Blinds and Hardware in Atwater	5,980	8	\$ 748
4/14/2015	Greenhouse Door locking Swys	1,201	10	\$ -
5/13/2015	Lobby Plaque	6,403	10	\$ -
5/15/2015	WiFi Electrical Cables Unit 1	3,295	10	\$ -
6/10/2015	Boiler repairs Extends Life	3,740	10	\$ -
3/31/2015	Reclassify From 1780.048000 Rm Reno	2,514	5	\$ 503
3/31/2015	Reclassify From 1780.048000 Rm Reno	6,783	15	\$ 452
3/31/2015	Reclassify From 1780.049000 DR Reno	34,278	5	\$ 6,856
3/31/2015	Reclassify From 1780.049000 DR Reno	31,014	10	\$ 3,101
3/31/2015	Reclassify From 1780.065000 Rm Reno	23,030	5	\$ 4,606
3/31/2015	Reclassify From 1780.065000 Rm Reno	2,238	10	\$ 224
9/30/2015	Pool Painting	3,100	10	\$ -
8/25/2015	Plan for Cummins Generator	3,000	15	\$ -
9/30/2015	Unit 2 Kitchenette	2,529	10	\$ -
9/21/2015	Fire Alarm System	2,127	10	\$ -

9/30/2015	Clinic	5,000	15	\$ -
9/30/2015	AL Plus	36,365	15	\$ -
2/11/2015	Batteries Patient lifts	4,815	10	482
5/15/2015	Patient lift	6,703	10	\$ -
Total additions for Non-Movable Equipment		\$ 214,779		\$ 20,745 *
Deletions:				
	See attached	\$ 566,158		
Total deletions for Non-Movable Equipment		\$ 566,158		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility McLean Health Center			License No. 884-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="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	Unknown, Prior to 1930				
2. Date Structure Completed	1971, Additions '74,'89 & '01				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	92				
6. Square Footage	141,249				
7. Acquisition Cost					
a. Land	29,950				
b. Building	1,460,189				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
McLean Health Center		884-C	9/30/2015			26	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 McLean Health Center		License No. 884-C		Report for Year Ended 9/30/2015		Page 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 (<i>Specify</i>)				\$			
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 (<i>Specify</i>)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 31,523	30,893		630
b. Insurance on Automobiles				\$ 1,401	1,373		28
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)				\$			
2. Fire and Extended Coverage				\$			
3. Other (<i>Specify</i>) Prof & Gen Liability				\$ 37,128	36,385		743
14d. Total Insurance Expenditures (14a + b + c)				\$ 70,052	68,651		1,401
15. Total All Expenditures (A-13 thru C-14)				\$ 11,617,959	11,469,015		148,944

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
McLean Health Center				884-C	9/30/2015	28	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.	10	12g	Occupational Therapy	\$ 201,642	201,642		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	8c	Resident Care Physicians **	\$ 5,400	5,400		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 7,332	7,039		293
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 60,950	58,810		2,140
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 11,272	10,909		363
23.			Other - See attached Schedule	\$ 6,945	6,854		91
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 98,679	96,621		2,058
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)				\$	392,220	387,275	4,945

* 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
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank Charges	\$ 6,272		\$ 83
16	m13	Capital One Bank	\$ 582		\$ 8
Total Other A&G Adjustments			\$ 6,854	\$ -	\$ 91

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

Name of Facility McLean Health Center				License No. 884-C	Report for Year Ended 9/30/2015	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 392,220	387,275		4,945
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 157,647	157,647		
28.	20	5d	Ambulance/Limousine	\$ 4,254	4,254		
29.	20	5f	X-rays, etc	\$ 28,710	28,710		
30.	20	5h	Laboratory	\$ 41,610	41,610		
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 16,308	16,308		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 8,650	8,430		220
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.	30	IV4	Radio and Television Revenue	\$ 16,954	10,284		6,670
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	\$ 6,000	5,820		180
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)			\$ 672,353	660,338		12,015

*** 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.

McLean Health Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7C	To adjust 25 yr deprec taken on sprinkler written off as 5 yrs	\$ 8,430		\$ 220
Total Other Property Adjustments			\$ 8,430	\$ -	\$ 220

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	IV 8	Bookkeeping - Refuge	\$ 5,820		\$ 180
Total Other Adjustments			\$ 5,820	\$ -	\$ 180

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
McLean Health Center	884-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 8,367,903	8,302,445		65,458		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,778,627)	(3,778,627)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,337,691	2,337,691				
b. Medicare Room and Board Contractual Allowance **	\$ 367,886	367,886				
4. a. Private-Pay Residents and Other	\$ 4,165,277	4,044,738		120,539		
b. Private-Pay Room and Board Contractual Allowance **	\$ (85,111)	(89,132)		4,021		
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 144,840	144,840				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (143,786)	(143,786)				
c. Prescription Drugs - Non-Medicare	\$ 290	290				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 710,668	710,668				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (710,668)	(710,668)				
c. Physical Therapy - Non-Medicare	\$ 142,162	142,162				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (110,100)	(110,100)				
4. a. Speech Therapy - Medicare	\$ 31,326	31,326				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (31,326)	(31,326)				
c. Speech Therapy - Non-Medicare	\$ 33,412	33,412				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (10,383)	(10,383)				
5. a. Occupational Therapy - Medicare	\$ 599,662	599,662				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (599,662)	(599,662)				
c. Occupational Therapy - Non-Medicare	\$ 115,926	115,926				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (86,342)	(86,342)				
6. a. Other (<i>Specify</i>) - Medicare	\$ (511)	(511)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (26,204)	(26,204)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,434,323	11,244,305		190,018		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 98,679	96,621		2,058		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 16,954	10,284		6,670		
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 15,331	12,335		2,996		
8. Other (<i>Specify</i>)	\$ 6,000	5,820		180		
V. Total Other Revenue (1 thru 8)	\$ 136,964	125,060		11,904		
VI. Total All Revenue (III +V)	\$ 11,571,287	11,369,365		201,922		

* 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
	Xray Mcr 1 Sub	\$ 19,828		
	Xray Mcr SNF LT	\$ 589		
	Lab Mcr 1 Sub	\$ 28,895		
	Lab Mcr SNF LT	\$ 786		
	Oxygen Mcr 1 Sub	\$ 3,731		
	Oxygen Mcr SNF LT	\$ 425		
	Allow Blue Cross Med A Disc	\$ 3		
	Allow Xray Mcr 1 Sub	\$ (19,828)		
	Allow Xray Mcr Snf It	\$ (502)		
	Allow Lab Mcr 1 Sub	\$ (28,926)		
	Allow Lab Mcr SNF It	\$ (1,356)		
	Allow Oxy Mcr 1 Sub	\$ (3,731)		
	Allow Oxy Mcr SNF It	\$ (425)		
	Total Other Resident Revenue - Medicare	\$ (511)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Xray Pri 1 Sub	\$ (87)		
	Xray HMO 1 Sub	\$ 3,293		
	Lab Pvt SNF Sub	\$ (105)		
	Lab Private SNF U I Hsp	\$ 706		
	Lab HMO 1 Sub	\$ 3,758		
	Lab HMO SNF LT	\$ 1,155		
	Lab HMO SC	\$ 71		
	Oxygen Pvt 1 Sub	\$ (20)		
	Oxygen HMO SNF Sub	\$ 347		
	Oxygen HMO SNF LT	\$ 139		
	Oxygen Mdc SNF LT	\$ 8		
	Allow Ancl Mcd SNF It	\$ (5,053)		
	Allow Rehb Medicare B IP It	\$ (22,903)		
	Allow Xray HMO 1 Sub	\$ (3,293)		
	Allow Lab HMO 1 Sub	\$ (3,659)		
	Allow Lab HMO SNF It	\$ (60)		
	Allow Lab HMO sc	\$ (13)		
	Allow Oxy HMO SNF Sub	\$ (341)		
	Allow Oxy HMO SNF It	\$ (139)		
	Allow Oxy Medicaid SNF It	\$ (8)		
	Total Other Resident Revenue	\$ (26,204)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Bookkeeping - Refuge	\$ 5,820		\$ 180
	Total Other Revenue	\$ 5,820	\$ -	\$ 180

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	7,636,106
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,692,000
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	339,053
a. Prepaid Insurance	95,264			
b. Prepaid Village Expense	37,601			
c. Prepaid Expense	124,073			
d. Prepaid Property Taxes	82,115			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	807,003
CCRC Notes Receivable	214,550			
Interest in McLean Foundation	592,453			
A-9. Total Current Assets (Lines A1 thru 8)			\$	10,474,162
B. Fixed Assets				
1. Land			\$	29,950
2. Land Improvements	*Historical Cost	596,107	\$	86,183
	Accum. Depreciation	509,924	Net	
3. Buildings	*Historical Cost	11,120,690	\$	3,698,491
	Accum. Depreciation	7,422,199	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	4,593,507	\$	1,870,463
	Accum. Depreciation	2,723,044	Net	
6. Movable Equipment	*Historical Cost	2,280,950	\$	604,939
	Accum. Depreciation	1,676,011	Net	
7. Motor Vehicles	*Historical Cost	42,442	\$	
	Accum. Depreciation	42,442	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	12,814,375
CIP - Medicaid	32,883			
Net Assets - Village, Villas, Memory Care	12,781,492			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	19,104,401

* 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
McLean Health Center	884-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	29,578,563
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>)			\$	4,795,513
	Plant Replacement Trade Rec-GMO Investment	4,795,513		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	364,924
	CCRC Operating Reserve Escrow	175,049		
	CCRC Entrance Fee Escrow/Def Rev Marketing	189,875		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,160,437
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	34,739,000

* 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 McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				3,535,721	
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>)				\$ 10,299,279	
		Refundable Entry Fees	4,667,000		
		Deferred Income	5,553,000		
		Other Liabilities	79,279		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 10,299,279	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 13,835,000	

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

Name of Facility	License No.	Report for Year Ended	Page	of
McLean Health Center	884-C	9/30/2015	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			\$	20,951,598
6. Gain or Loss for Period			\$	(47,598)
				10/1/2014 thru 9/30/2015
7. Total Net Worth			\$	20,904,000
C. Total Reserves and Net Worth			\$	20,904,000
D. Total Liabilities, Reserves, and Net Worth			\$	34,739,000

H. Changes in Total Net Worth

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	19,344,192
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,571,287
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,618,885
D. Net Income or Deficit			\$	(47,598)
E. Balance			\$	19,296,594
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
To correct prior year net asset amount	649,000			
Contributions from other related entities	445,000			
Other interest income & other revenues	664,000			
Net income from other programs	333,406			
F-3. Total Additions			\$	2,091,406
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>)			\$	484,000
Purpose	Amount			
Other net asset changes	484,000			
3. Total Deductions			\$	484,000
H. Balance at End of Period			\$	20,904,000
09/30/15				

I. Preparer's/Reviewer's Certification

Name of Facility McLean Health Center	License No. 884-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input 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 Carol Barno	Title CFO	Date Signed 15-Feb-16		
Printed Name of Preparer Carol Barno				
Address Address 75 Great Pond Road, Simsbury, CT 06070		Phone Number (860) 658-3759		

Error Check

Level	Item	Reported as	
	Page 23 - Historical Cost of Land Improvements	596,107	is inconsistent with Page 31 596,107
	Page 23 - Historical Cost of Building Improvemen	11,120,690	is inconsistent with Page 31 11,120,690
	Page 23 - Historical Cost of Non-Movable Eq.	4,593,507	is inconsistent with Page 31 4,593,507
	Page 23 - Historical Cost of Motor Vehicles	42,442	is inconsistent with Page 31 42,442
	Page 23 - Historical Cost of Movable Eq.	2,280,952	is inconsistent with Page 31 2,280,950
	Page 23 - Accumulated Dep. of Land Imp.	573,891	is inconsistent with Page 31 509,924
	Page 23 - Accumulated Dep. of Building Improver	7,713,038	is inconsistent with Page 31 7,422,199
	Page 23 - Accumulated Dep. of Non-Movable Eq.	3,212,143	is inconsistent with Page 31 2,723,044
	Page 23 - Accumulated Dep. of Motor Vehicles	42,442	is inconsistent with Page 31 42,442
	Page 23 - Accumulated Dep. of Movable Eq.	2,158,144	is inconsistent with Page 31 1,676,011
	Page 25 - Total Bed Capacity	92	is inconsistent with page 8 92
	Page 23 - Non-Movable Equipment Additions	214,779	is Inconsistent with schedule 214,779
	Page 23 - Movable Additions	189,566	is Inconsistent with schedule 189,566