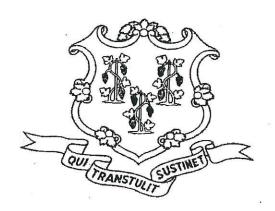
# **State of Connecticut**

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MYERS & STAUFFER LC



15/35

# **Annual Report of Long-Term Care Facility**

Cost Year 2015

		C	ost I cai 2	015					
i						Financia			
Name of Facility (as	licensed)			*:			0		
Healthcare Visions, I		wood				FEB 4	6116		
Address (No. & Stree	et, City, State, Z	Cip Code)							
31 Vauxhill Street, N	few London, CT	06320				DEPT OF SOCI	SERVICES		
Type of Facility					Of	FFICE OF COLUMN	DHAIL CLITTING		
Chronic and C Nursing Home	Convalescent e only (CCNH)	. 🗆	Rest Home wit Supervision on (RHNS)			(Specify)			
Report for Year Beginning Report for Year Ending 9/30/2015									
License Numbers:		CCNH 2077c	RHNS		(Specify)		dicare Provider 07-5335		
Medicaid Provider N	umbers:	CC 6221	CNH	RH	INS	S ICF-IID			
For Department Us	e Only						_		
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned		*		Signed a	and Notarized	Date Received

# **Table of Contents**

	LO L Cartification	1
Gener	ral Information - Administrator's/Owner's Certification	1A
Gener	ral Information - Administrator & CWATT Grant Information and Questionnaire - Data Required for Real Wage Adjustment	2 3
Gener	ral Information and Questionnaire - Type of Facility - Organization Structure	3
Gener	ral Information and Questionnaire - Partners/Members	3A
Gene	ral Information and Questionnaire - Corporate Owners	3B
Gene	ral Information and Questionnaire - Individual Proprietorship	4
Gene	ral Information and Questionnaire - Related Parties	5
Gene	ral Information and Questionnaire - Basis for Allocation of Costs	6
Gene	ral Information and Questionnaire - Leases	7
Gene	ral Information and Questionnaire - Accounting Basis	8
	dule of Resident Statistics	9
Sche	dule of Resident Statistics (Cont'd)	10
A.	Report of Expenditures - Salaries & Wages	
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	11
	Administrators and Other Relatives	
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	12
	Administrators and Other Relatives (Cont'd)	13
В.	Report of Expenditures - Professional Fees	
	Report of Expenditures - Froissional Fees  Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	14
	for Convice Resis	15
C.	Expenditures Other than Salaries - Administrative and General	16
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	17
	Schedule C-1 - Management Services	18
C.	Expenditures Other than Salaries (Cont'd) - Dietary	19
C.	Expanditures Other than Salaries (Cont'd) - Laundry	20
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	21
-	Penart of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	22
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	23
	Depreciation Schedule	24
	Amortization Schedule	25
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	26
C.	Expenditures Other than Salaries (Cont'd) - Interest	27
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	28
D.	Adjustments to Statement of Expenditures	29
D.	Adjustments to Statement of Expenditures (Cont'd)	30
F.	Statement of Revenue	31
G.	Balance Sheet	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd)	35
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	36
H.	Changes in Total Net Worth	37
<u>I.</u>	Preparer's/Reviewer's Certification	31
100000		

# State of Connecticut Annual Report of Long-Term Care Facility CSP-1 Rev.9/2002

**General Information** 

		1 1- 10 77 77 1 1	n	- 0
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	OI
INAME OF Facility (as neclised)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, E)	27
Healthcare Visions, Inc. d/b/a Beechwood	12077c	19/30/2015	1	31
Healthcare visions, mc. d/b/a becchwood	LEGITO			

#### Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Healthcare Visions, Inc. d/b/a Beechwood [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. {a}

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.

{a} Subject to Desk Audit Review

			S	Kesiden T	
Signed (Administrator)	)	Date,	Signed (Owner)	porcessy	Date
La De O	<	01/25/18	£0,0	$\alpha$	01/25/16
Printed Name (Administrator)	7	/ /	Printed Name (Owi	ier)	1 1
Kathleen A. Pajor	/		Kathleen	Pajor	81/25/16.
Subscribed and Sworn	State of	Date	Signed (Notary Pub	olic)	Comm. Expires
to before me: Sandra D Swider	CT	1-25-16	Sandra D	Swider	5,31,17
Address of Notary Public					
59 mill Lan	e, Salen	o, CT	06420	Village 1988	

(Notary Seal)

State of Connecticut Annual Report of Long-Term Care Facility CSP-1A Rev. 6/95

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

Data Required for Real Wage Adjus	tme	ent		Page 1A	of 37
Name of Facility Healthcare Visions, Inc. d/b/a Beechwood		Period Cov	ered:	From 10/1/2014	To 9/30/2015
Address of Facility 31 Vauxhill Street, New London, CT 06320					
Report Prepared By Marcum LLP		Phone Num 203-781-96		Date 1/4/2016	
Item		Total	CCNH	RHNS	(Specify)
Dietary wages paid	\$				
2. Laundry wages paid	\$	,			
3. Housekeeping wages paid	\$			21	
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
<ul> <li>7. Total salaries paid</li> <li>8. Total Wages and Salaries Paid (As per page 10 of Report)</li> </ul>	\$ \$				

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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-2 Rev. 10/2005

# General Information and Questionnaire Type of Facility - Organization Structure

		one No. of Fac 0-442-4363		Report for Ye	ar Ended	Page 2		of 37
	860			treet, City, Sto	ate 7in	<u> </u>		
Name of Facility (as shown on license)				et, New Londo		320		
Healthcare Visions, Inc. d/b/a Beechwood  CCNH		RHNS		(Specify)		Medicare	Provi	der No.
License Numbers: 2077c		Idiito		(28)		07-5335		
Type of Facility (Check appropriate box(es))								
<ul> <li>Chronic and Convalescent</li> </ul>		st Home with l pervision only			(Specify	)		
Nursing Home only (CCNH)	Suj	oci vision omy	(LCIII	10)				
Type of Ownership (Check appropriate box)					_			m .
O Proprietorship O LLC O Partnership	•	Profit Corp.	0	Non-Profit Con		Governmen	nt O	Trust
			Date	Opened	Date Clo	osed		
If this facility opened or closed during report year prov	ide:							
Has there been any change in ownership					l			
or operation during this report year?	С	Yes	0	No	If "Yes,	" explain fi	ılly.	
A Ludwitstandow	-							
Administrator  Name of Administrator				Nursing H	Iome			
Kathleen A. Pajor				Administra		1452		
				License	No.:			
Other Operators/Owners who are assistant administrat	tors (ful	l or part time)	of th	is facility.				
Name				License	No.:			
N/A								

State of Connecticut Annual Report of Long-Term Care Facility CSP-3 Rev. 10/2005

# General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page	OI I
Healthcare Visions, Inc. d/b/a B	eechwood	2077c	9/30/2015		3	37
Legal Name of Partnership/LLC		Business	Address	State(s) and Which F		
			T			20-2
Name of Partners/Members	Business Ad	ddress	,	Title	% Ov	vned
N/A			© C			
- 11 -						
		4-4				
						· American

# General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End 9/30/2015	led	Page of 3A 37
Healthcare Visions, Inc. d/b/a Beechwood	2077c	Section of the sectio	n'	
If this facility is owned or operated as a corpor	ration, provide the	ss Address	State(s) in Which	h Incorporated
Legal Name of Corporation			CT	on meorporated
Healthcare Visions, Inc. d/b/a Beechwood	06320	t, New London, CT	C1	
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
William G. White	31 Vauxhill Stree 06320	t, New London, CT	CEO	100
Diane H. White	31 Vauxhill Stree 06320	t, New London, CT	Director	
Kathleen A. Pajor	31 Vauxhill Stree 06320	t, New London, CT	ident / Exec. Dir	
Names of Stockholders Owning at Least 10% of Shares	£			
William G. White	31 Vauxhill Stree 06320	et, New London, CT	CEO	100

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

# General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of 3B 37
Healthcare Visions Inc. d/b/a Beechwood	2077c	9/30/2015	
If this facility is owned or operated as an individu	ual proprietorship, j	provide the following informs	ation.
Ov	vner(s) of Facility		
27/4			
N/A			
-			
•			

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-4 Rev. 10/2005

# General Information and Questionnaire Related Parties\*

Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	License No 207	.No. 2077c	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals receiving compensation from the facility related through	acility rel	ated through		If "Yes," provide the Name/Address and	e Name/Add	ress and
marriage, ability to control, ownership, family or business association?	less assoc	iation? ©	Yes O No	complete the information on Page 11 of the report.	ation on Pag	ge 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,	to this fa	es, cility,	ON CONTRACTOR			
related through family association, common ownership, control, or our association to any of the owners, operators, or officials of this facility?	of this f	or business acility?		If "Yes," provide the following information:	e following	information:
	Als	Also Provides Goods/Services to		Indicate Where Costs are Included		
Name of Related Business	Non-F	Non-Related Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
any	Yes	No   %**	Provided	Page # / Line #	Reported	Related Party
Victorian Management, Inc.   CT 06320	0	•	Rental of Building	Pg. 22 / Line 9	374,296	374,296
	0	0	Rental of Parking Lot	Pg. 22 / Line 9	6,600	009'6
gement, Inc.	0	0	Building Depreciation	Pg. 22 / Line 7b	168,521	168,521
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				
	0	0				

\* Use additional sheets if necessary.

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

# General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page of			
TI Warma Visions Inc. d/h/a Reechwood	2077c		9/30/2015	5 37			
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TBI	services with special Medica	id rates, costs			
must be allocated to CCNH and RHNS as follo	ws:						
Item		Method of Allocation					
Dietary			meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping		Number of	square feet serviced				
Housekeeping		Number of	hours of routine care provide	d by EACH			
Nursing		employee c	lassification, i.e., Director (or	r Charge Nurse),			
		Registered	Nurses, Licensed Practical N	urses, Aides and			
* **	Attendants						
Direct Resident Care Consultants		Number of hours of resident care provided by EACH					
specialist (See listing page 13)							
Maintenance and operation of plant		Square fee					
Property costs (depreciation)		Square fee					
Employee health and welfare		Gross sala					
Employee health and wenter							
All other General Administrative expenses  Total of Direct and Allocated Costs							
The preparer of this report must answer the following	lowing quest	ions applica	ble to the cost information pr	ovided.			
1. In the preparation of this Report, were all			If "No," explain fully why s	uch allocation was			
costs allocated as required?	Yes	O No	not made.				
N/A - Only one level of care							
N/A - Only one level of care							
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting da	ta.			
	Aponoos and	detail copy					
N/A - Only one level of care							
3. Did the Facility appropriately allocate and s	elf-disallow	direct and i	ndirect costs to non-nursing h	ome cost centers?			
(e.g., Assisted Living, Home Health, Outpa	tiont Service	s Adult Da	v Care Services, etc.)				
(e.g., Assisted Living, Home Health, Outpa	LICIT BUT VICE	s, maan Da	If "No," explain fully why s	such allocation was			
1	Yes	O No		anoution was			
			not made.				
N/A							
ä							

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

# 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

of 37 Amount Claimed 10,640 4,519 Page 9 Amount of Lease Annual 10,640 Open Ended 4,519 Open Ended Term of Report for Year Ended Lease 9/30/2015 Date of Lease\*\* 05/01/04 06/10/09 Description of Items Leased 2077c Rehab Equipment Copy Machine License No. 0 Related \* to 2 S 0 0 0 0 0 0 0 0 0 Operators, Owners, Officers Yes 0 0 0 0 0 0 0 0 0 0 Accelerated Care Plus (ACP) 13828 Collections Center should not be included in these amounts. Healthcare Visions, Inc. d/b/a Beechwood G.E. Capital P.O. Box 642111, Pittsburgh, PA 15264-Name and Address of Lessor Drive, Chicago, IL 60693 Name of Facility

Is a Mileage Log Book Maintained for All Leased Vehicles?

15,159

Total \*\*\*

% 0

O Yes

<sup>\*</sup> Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

# General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		Page 7	Ĭ	37
Healthage Visions Inc d/b/a Reed 2077c	9/30/2015				31
The records of this facility for the period covered b	y this report were maintained on the following basis:				
Accrual O Cash O Modified Cash					
O Acordar o cuer					
Is the accounting basis for this period the same as for the • Yes	If "No," explain.				
period the dame as 201	777 8 77 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
previous period? O No					
Independent Accounting Firm	Circle Code				
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)	06518			
1 Weinstein & Anastasion, P.C.	2319 Whitney Ave, Suite 2A, Hamden, CT 7 Fencove Court, Old Saybrook, CT 06475	00210			
2 Laura Daniels	555 Lond Wharf Drive, New Haven, CT 06473	511			
3 Marcum LLP	555 Lond whari Drive, New Haven, C1 665	711			
4					
Services Provided by This Firm (describe fully)		•	35,07	ľ	
1 Review of financial statements, preparation of tax returns	S	\$	4,92:		
2 Monthly Financials			6,99		-
3 Preparation of Medicaid and Medicare cost reports		<u> </u>	0,77	4	<del>-</del>
4		narge for S	Cominee	Prov	ided
	C	teti.			lucu
-		\$	46,99	1	
	his Report? If Yes, Specify Expense Classification and Line No.				
O Yes O No Page 15, Line	10				
Legal Services Information	To	elephone l	Number		
Name of Legal Firm or Independent Attorney		50-240-60			
1 Murtha Cullina	86	50-408-20	00		
2 Chubb Group	70	)8-922-95	26		
3 Transworld Systems, Inc.	,				
5					
Address (No. & Street, City, State, Zip Code)					
1 185 Asylum Street, Hartford, CT 06103					
2 82 Hopmeadow Street, Simsbury, CT 06070-	-7683				
3 P.O. Box 5505 Carol Stream, IL 60197-5505	5				
4					
5					
Services Provided by This Firm (describe fully)			10.30	00	
1 General matters & OSHA matters		\$	10,32	1.00	-
2 Employee discrimination lawsuits - Settled (Disallowed	i 50% on Pg. 28)	\$	6,38		
3 Collections (Disallowed on Pg. 28)		\$	3	74	-
4		\$			
5		\$	0- '	, D.	vidad
	C	Charge for			vided
		\$	17,0	95	
Are These Charges Reflected in the Expenditure Portion of T	This Report? If Yes, Specify Expense Classification and Line No.				
Page 15, Line	e 1e				
⊙ Yes O No					

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

# Schedule of Resident Statistics

Name of Facility			License No.	No. 2077c			Report fo 9/30/201:	Report for Year Ended 9/30/2015	þ		Page 8	of 37
leathcare visions, mc. u.v.a December					I	Period 10/	Period 10/1 Thru 6/30	30		Period 7/1 Thru 9/30	Thru 9/3	0
		Total	Total	i								
	Total All Levels	CCNH Level	RHNS	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHINS	(Specify)
1. Certified Bed Capacity					(	03			9	09		
<ul> <li>A. On last day of PREVIOUS report period</li> </ul>	09	90			00	8			3			
	09	09			09	09			09	09		
2. Number of Residents									7.0	73		
A. As of midnight of PREVIOUS report period	57	57			57	57			4C	\$		
B. As of midnight of THIS report period	58	58			\$2	54			28	58		
L C												
A. Medicare	4,771	4,771			3,577	3,577			1,194			
	9,526	9,526			7,017	7,017			2,509	2,509		
C. Medicaid (other states)												
1	2,839	2,839			2,009	2,009			830	830		
E. State SSI for RCH												
F. Other (Specify) MGD Care / Hospice	3,085	3,085			2,558	2,558			527	-		
	20,221	20,221			15,161	15,161			5,060	2,060		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	57	57			35	35			22			
B. Other Bed Reserve Days	51	51			41	41			10			
2 T. 1 D: J 1 D (2C + 44 + 4B)	20 329	20.329			15,237	15,237			5,092	5,092		

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

Schedule of Resident Statistics (Cont'd)

				T !	se No.				Report	for Year	Ended	1	Page .	01
Name of Facil								- 1		9/30/201			9	37
Healthcare Vi	sions, Ir	ic. d/b/a	Beechwood	2	077c					9/30/201	3			
				0,000	0 2	TE1 192		Van erena	0	0	Yes	0	No.	1
4 Were the	ere any c	hanges i	n the certified l	ed ca	pacity dur	ing t	ne repo	rt yea	r?	U	1 03			1
TOUS TOUR		a the foll	lowing informa	ion:										
II "YES					Ch	ange	in Bed	9		Car	pacity After	Change		
			Change	<u> </u>		ange		Gaine	4					1
Date of	CCNH	RHNS	(Specify)		Lost			Jaine	a					
						Marine C			(2)	CONTI	RHNS	(Specify)	Reason for	r Change
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	KHINS	(Specify)	Troubon	
	(-)	(-)												
_	-													
	-	$\vdash$												
	-	-												
			50.00			500 6				J ! lton	n 1 above) i	orovide the num	ber of	1
5 If there	was any	change	in certified bed	capac	ity during	the r	eport y	ear (a	s report	ted in iten	n 4 above)	provide the num	00. 0.	
DESID.	ENT D	VS for	90 days followi	ng the	change.									
KESID	ENI DI	110101	yo days remain											
			OI . ! T	ماطم	nt Dove					C	CNH	RHNS	(Spec	city)
22 22			Change in F	ceside	iii Days									
1st char						-								
2nd cha	nge													
3rd cha	nge													
4th cha	nge				20 00	1 37			_					
6. Number	r of Resi	idents an	d Rates on Sep	tembe	r 30 of Co	ost Ye	ear	_		9	elf-Pay		Other Stat	e Assisted
			Medicare		Medi	caid		╂		<del></del>	icii i uj			
				1		l		1					1	
				1		1		1		4		(0 10)	D C II	ICF-MR
1	Item		CCNH		CCNH	R	HNS	C	CCNH	R	HNS	(Specify)	R.C.H.	ICI-WIK
37 6	Residen	ta		6	29	9			1			And the same and the same	1-24-01 (1-41) 3-26(2)	and the state of the state of
	em Rate	15	二种 医皮肤 海港县		を持ち続	A STATE	计设计		5 科語	199	植類以類	<b>有工程的</b>	<b>原验者</b>	為。如此的心理學是
	bed rm.		Various	Series Control	237.94				422.00	)				
	bed rm		Various		237.94				384.00	0				
10000 111 11111			Yanous									i		
7 (200) 15 (100)	ee or mo	re												
bed	l rms.		L											1
												1		072
l .		20002 (20	m							T	OTAL	CCNH	RHNS	(Specify)
7. Total N	Number	of Physic	cal Therapy Tre	atmen	its						2,425	2,425		
1	A. Medi	care - Pa	rt B	-				_		, 治療, 疾病	<b>经验证</b>	and the large		10000000000000000000000000000000000000
	B. Medi	caid (Ex	clusive of Part	B)						是在社会的	794	794		
			ce Treatments							+				
	2. R	estorativ	e Treatments							+	18,073	18,073		
	C. Othe	r								-	21,292	continue and		
	D. Tota	l Physica	al Therapy Tre	atmen	its			-		4 2 2 4		· Personal de la companya del companya del companya de la companya		
8. Total	Number	of Speed	ch Therapy Trea	tment	S					Day Isk	293	293	The state of the s	
	A. Med	care - Pa	art B							man and the	AVE. 17 SINGS		The second state	
	B. Med	icaid (Ex	clusive of Part	B)						<b>经验</b>	102	102	a deposit historia survivi	
1	1. N	laintenai	nce Treatments							+-	102	102		
	2. R	estorativ	e Treatments							-	50/	506	;	
	C. Othe										506			<del>                                     </del>
	D. Tota	I Speech	Therapy Trea	tment	s					Annual Property	901	90		· 生物。中的科技
0 Tet-1	Number	of Occu	pational Therap	y Tre	atments									Bon Helper Ac.
9. Total	Nullinel LAUIIINEL	icare - P	art B	,							1,978	1,978	S Company	1 2 25 V 2 4 V
	A. Med	licate - P	xclusive of Part	B)				000						
	B. Med	Acietae	nce Treatments	-)							64	4 64	1	+
	1, N	laintena	ve Treatments											+
			ve rreatments								15,83			
	C. Oth	er	-tional Thomas	m Tra	atments						18,45	4 18,45	4	
	D. Tota	ıl Occup	ational Therap	y ire	umems									

# State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

	License No.	Salari	Report for Year		Page	of
Name of Facility Healthcare Visions, Inc. d/b/a Beechwood	2077c		9/30/2015		10	37
Are time records maintained by all individuals receiving con		0	Yes	0	No	
Are time records manualized by an area			Total Cost ar	d Hours		
	6					
	,				1	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
	STATE OF THE STATE	the said	<b>建一种企业</b>	<b>国际</b>		
A. Salaries and Wages*  1. Operators/Owners (Complete also Sec. I		Constitution of the Consti		The second second		
of Schedule A1)		Disallow		<b>地位的</b> 不然的		Part Hull
Administrator(s) (Complete also Sec. III	是超過模型					TO SECURITION OF THE PARTY.
of Schedule A1)	110,556	2,080		12121010101000	11.100	54 12 W 16
3. Assistant Administrator (Complete also Sec. IV		1 14 1	Act To Post To Maria	Mark Street	The state of the s	Tracker and a second
of Schedule A1)	Secretary States of the State o	or the state of the Airp		· · · · · · · · · · · · · · · · · · ·	wegerate Line E.	<b>建筑建设度</b>
4. Other Administrative Salaries (telephone	207.076	15,183	- HOUSE Property and the second	Salasa Maria	Column God Antale	Land of the Park
operator, clerks, receptionists, etc.)	397,076		CASE NO E	をはいる。	AND LINE	<b>公理</b> 克达
5. Dietary Service	in Strains	1 20 Carlon 4	Strain and the strain of the	allering September		
a. Head Dietitian     b. Food Service Supervisor						
c. Dietary Workers	272,839	16,233				
6. Housekeeping Service	<b>建筑地域的</b>	为一个一个		To real to		
a. Head Housekeeper						
b. Other Housekeeping Workers	151,391	9,658		and the second	THE STATE OF THE STATE OF	Same and
7. Repairs & Maintenance Services			<b>国际通过的</b>	Car Dark La	and the second	A RESIDENCE
a. Engineer or Chief of Maintenance	100.017	5,327	,			
b. Other Maintenance Workers	108,217	5,32				
8. Laundry Service			A DESCRIPTION OF THE PARTY OF T	department of the con-	782 300 1000 1000	
a. Supervisor	25,270	2,52	7			
b. Other Laundry Workers  9. Barber and Beautician Services	20,210					-
Protective Services						400 No. 20 TAX NO. 415
11. Accounting Services	2000年1月	<b>美国基础</b>	1000至46百万		<b>一种人名贝纳</b>	
a. Head Accountant				-		
b. Other Accountants		The state of the state of	E transfer and the second	442100000000000000000000000000000000000	2 50年(22年5年28年4	610 10 de 12 10
12. Professional Care of Residents	are in the latest	<b>Factor</b>		in The Kent	The second second	this william control
<ul> <li>a. Directors and Assistant Director of Nurses</li> </ul>	89,987	2,08	with the state of	To a second a second		100
b. RN	100 700	16.72	1	SHEWALL	i de la la companya de la companya d	
Direct Care	668,769					
2. Administrative**	180,960	4,31		1	A SERVICE SERVICE	
c. LPN	409,821			T. March & Co., of the Parkets	218000000000000000000000000000000000000	
Direct Care     Administrative**	105,025	1,,,,,,				
d. Aides and Attendants	866,404	57,22	1			
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists		0.55	10		-	
h. Recreation Workers	45,680		Control of the Contro	E Line Control	- 8.5 KD 10 FEE	<b>自在接触</b> 了第四
i. Physicians	<b>第一人主义</b>		S MALL STATE OF THE STATE OF TH	A CANADA SAN	Ch. La Company of Manager and All	ELI MURANTEN SELEM
1. Medical Director		-				
2. Utilization Review						
3. Resident Care*** 4. Other (Specify)	中国、温度等等。				M. America	
4. Onici (Specity)	SAMUEL STATE OF STATE					
j. Dentists						
k, Pharmacists				-	-	+
1. Podiatrists		1 - 2 -	19	-	-	+
m. Social Workers/Case Management	50,90	0 2,24	+/		-	
n. Marketing	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 14/12/11		F 1460 115	1 140 151	10000000000000000000000000000000000000
o. Other (Specify)		A A TANK	Carlo Assertant Phil	The second in the second		- Super-Street, and a super-
See Attached Schedule						

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)

	CC	NH	RH	NS	(Spe	ecify)
Position	S	Hours	\$	Hours	\$	Hours
t osition	-					
o and the second companies of the second		Start W. Hoferny				
	ME 5.5	No. of the second			2 1 20	9 2 3
		0 1 2	0 72		5 0	
	0.0		1 8 4			
		18 9 11 1			100 2 1	1 2 3
			-			14
				1 2 50		
		destribution als		100		
				15-1	-Fall_1 = 5 =	
					117 (2)	
CALANG TAN BUTCHES OF THE SAME OF THE SAME AS A SECOND OF THE SAME		og tilkak i jan				11
- And an acceptance are also as a reserve and	班高 茶 人员 引			Ada new 1 1 2	T W A A	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N =4 = n	8 5
		Engagement 1. 1. 1.				
	Surface, Florida Salaria	Figure 15 to 1	EN 3952-3	a nastr	1.25 Teach 19 E.	
	Milas for the New Townsia		2 . 25			Shall a R
			most deal to the			
			THE REPORT OF THE			
	电加斯特特	THE REPORT OF		Programme Section		
	THE PART WEET			7. A.		
Total	\$ -		\$ -	The same of the sa	\$ -	

### Schedule of Other Fees (Page 13)

	CC	CNH	R	HNS	(Spe	cify)
Service	\$	Hours	\$	Hours	\$	Hours
The state of the s		Partition of		A		
MDS Consultant	\$ 22,524	Monthly Fee				777
Consultant - Mutual Aid Plan	\$ 350					
Onsurant - Mutata Pasa American						
					<b>22</b>	
					Martin and and	AVAILABLE ST
				The second		
			iv Articlonya i		4 4 4 5 5	
The second secon	THE STATE OF THE STATE OF	Harrie V				
	La Marie Marie	(PEG)是15年以	FREELE SERV		17.25	70 m
		The letter test	TO THE STATE OF			1 4 4 A
		ment desiring	量数数 经营业		THE TAXA	
	Seat to the state	Tagger (Liver)	Year Wallet			1
	at March, 18-yell	161-171-12-1			Market Market	1701-11-31-11-1
			Terror property			Da Jane K
		11 71 5.02			TI .	
			-			
	\$ 22,874		s -		s -	
Total	\$ 22,074		*			

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

		4	TOOTOGE						,	
Name of Facility				License No.		Report for Year Ended	Year Ended		Page	ot :
Healthcare Visions, Inc. d/b/a Beechwood	chwood			2077c		9/30/2015				37
		Salary Paid	1							
Name	CCNH	RHINS	(Specify)	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
Section I - Operators/Owners										
William G. White (Disallowed)	92,670			See Page 28	Rental Office, CEO/President	1	A1	,		
,										
										5
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.

State of Connecticut

Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

		J	TOOTOGET	Toolord to the contract of the	TOTAL CALL				Doze	Ju
(bosses:1)				License No.		Report for Year Ended	ar Ended		rage -	5
Name of Facility (as licensed)						2100000			12	37
Healthcare Visions, Inc. d/b/a Beechwood	poowh;			2077c		9/30/2013				
		Salary Paid	1							
				Fringe Benefits and/or Other	100			114 32 55 4 5	Total	Compensation
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Worked	Received
Section III - Administrators***										
Kathleen A Paior	110,556			Group Benefits	President / Executive Director	2,080 A2	A2			
INGUIDOI (1: 1 m) or										
2.4										
Sastian W - Assistant										
Administrators										
								41		
	;  - ;		f.11 information is	T behinome of most	I se additional sheets if required.	equired.				

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

<sup>\*\*</sup> Include all other employment worked during the cost year.

<sup>\*\*\*</sup> If more than one Administrator is reported, include dates of employment for each.

# **Annual Report of Long-Term Care Facility**

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of Ex	License No.		Report for Ye	ear Ended	Page	of
ame of Facility ealthcare Visions, Inc. d/b/a Beechwood	2077	'c	9/30/2015		13	37
ealthcare Visions, inc. dibia becommod			Total Cost a	and Hours		
The state of the s						
					·~ · · · · ·	**
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee						
for service basis in lieu of salary					esalt and the set	
(For all such services complete Schedule B1)			<b>新型制造制</b>	Mark The	(Maria de la Constitución de la	No. of Later
1. Dietitian	27,143	478				
2. Dentist	6,048	14				
3. Pharmacist	5,927	91				
4. Podiatrist	AND THE REAL PROPERTY.			<b>建筑的</b>	(5x3)2522X2	
5. Physical Therapy		2. 16 55 54		WALLEY AND AND ADDRESS OF THE PARTY OF THE P	May what has	
a. Resident Care	379,808	5,458				
b. Other					-	
6. Social Worker						
7. Recreation Worker	4000		The state of the s	and the second		NAME OF STREET
8. Physicians				W. 1.1 181.7.11		是一位。
a. Medical Director (entire facility)	57,000	700	and the second supplies	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	LINE STORES ENAME	<b>建筑地域</b>
b. Utilization Review	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			entrick in		N. Alberta
(Title 18 and 19 only) monthly meeting	g					
c. Resident Care**				The same and the same and the same and		LANGE WALLE
d. Administrative Services facility	The second second		<b>有為其為是</b>			
Infection Control Committee						
(Ouarterly meetings)					+	
2. Pharmaceutical Committee	1					
(Quarterly meetings)  3. Staff Development Committee						
(Once annually)					West Transfer	- 200 of the 2
0.1 (0 '.6.)						
e. Other (Specify)  Physiatrist	16,313	109				O Unit of the Coase II
9. Speech Therapist a. Resident Care	22,533	236				
						2 19 17
b. Other		C. C. C.		1, 16	2. 是是的有效	
<ul><li>10. Occupational Therapist</li><li>a. Resident Care</li></ul>	338,709	4,731			0.22	
						//
b. Other	<b>"</b> "	1. 选择、重要				
11. Nurses and aides and attendants		1000000			学表现的意思	
a. RN	2,341	36	5			
1. Direct Care	39,359					
2. Administrative***	37,337				No. of the second	
b. LPN	882	1	7	and the second second		
1. Direct Care	002					
2. Administrative***	-		<b>†</b>			
c. Aides	+					
d. Other	English Washington	N Sales Section			* 1 - 1	
12. Other (Specify)	22,874			COLUMN TO THE PARTY OF THE PART		
See Attached Schedule  B-13 Total Fees Paid in Lieu of Salaries	918,937	-		_		

<sup>\*</sup> 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.

<sup>\*\*</sup> 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

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

# Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\*

Name of Facility	License No. 2077c		Report for Y 9/30/2015	ear Ended	Page 14	of 37
Healthcare Visions, Inc. d/b/a Beechwood  Name & Address of Individual	Full Explanation of Service	Operato	to Owners, rs, Officers	Expla		Relationship
L&M Physician Association, Inc., 265 Montauk	Physiatrist Consulting	Yes	No •	None		
Avenue, New London, CT 06320 Omnicare Inc. 1600 River Center 100 East River	Pharmacy Consulting	0	0	None		
Center Blvd. Covington Partners Pharmacy of CT, P. O. Box 9689,	Pharmacy Consulting	0	0	None		
Uniondale, NY 11555-9689 Ellen Smith, 9 Sunrise Lane, Madison, CT 06443	Dietary Consulting	0	0	None		
Michael Feltes, 25 Witch Meadow Road, Salem,	Medical Director	0	<b>⊙</b> .	None		
CT 06420 The Nurse Network of Waterford 195 Boston Post Road Waterford, CT 06385	Nursing Pool	0	0	None		
Healthdrive Medical 85 Barnes Road Suite 207 Wallingford, CT 06492	Dental	0	0	None		
Harmony Healthcare International, Inc., 430 Boston Street, Suite 104, Topsfield MA 01983	MDS Consulting	0	0	None		
Swallowing Diagnostics, LLC, P.O. Box 484, Avon, CT 06001	Speech/Language Pathology	0	0	None		
All Star Therapy, 21 Waterville Rd, Avon, CT 06001	Physical, Occupational & Speech Therapy	0	0	None		
Russell Phillips & Associates LLC, 31 Cooke Street, Plainville, CT 06062	Mutual Aid Plan Consultant	0	0	None		
		0	0			
		0	0			
		0	0			
		0	0			<u> </u>
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

# Annual Report of Long-Term Care Facility

CSP-15 Rev. 10/2005

# C. Expenditures Other Than Salaries - Administrative and General

ame of Facility License No.		Report for Ye	ar Ended	Page	of I 27
ealthcare Visions, Inc. d/b/a Beechwood 2077c	9	/30/2015		15	37
Cultivious					
Item		Total	CCNH	RHNS	(Specify)
Administrative and General	50				
a. Employee Health & Welfare Benefits	SE-25				是是在
Workmen's Compensation	\$	102,812	102,812		
Disability Insurance	\$	6,944	6,944		
3. Unemployment Insurance	\$	74,469	74,469		
4. Social Security (F.I.C.A.)	\$	255,530	255,530		
5. Health Insurance	\$	275,742	275,742	2000	
6. Life Insurance (employees only)	States	14.4			17.1
(not-owners and not-operators)	\$	3,612	3,612		
7. Pensions (Non-Discriminatory)	\$				The second control of the second
(not-owners and not-operators)	CHARLES	<b>2000年</b>			星期邊位
8. Uniform Allowance	\$	6,411	6,411		
9. Other (Specify)	\$	24,663	24,663		
See Attached Schedule		第15年			
in i Di Daviera and	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and			· · · · · · · · · · · · · · · · · · ·		
Operators (Discriminatory)*					
Operators (Discriminatory)					
c. Bad Debts*	\$	33,885	33,885		
d. Accounting and Auditing	\$	46,991	46,991		
e. Legal (Services should be fully described on Page 7)	\$	17,095	17,095		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	76,389	76,389		A Company of the Comp
h. Telephone and Cellular Phones		·提为定义	5 7 TE 1 1		
Telephone & Pagers	\$	20,357	20,357		
2. Cellular Phones	\$	4,111	4,111		
i. Appraisal (Specify purpose and	\$			e normanie alemninos	
attach copy)*				7	
unaen copy)			(1) to 10 10 10 10 10 10 10 10 10 10 10 10 10		10000000000000000000000000000000000000
j. Corporation Business Taxes (franchise tax)	\$	300	300		The second second
(Can Dage 22)					
	\$				
	\$	241	241		
2. Other ( <i>Specify</i> ) See Attached Schedule					
	\$	306,661	306,661		
3. Resident Day User Fee Subtotal	\$				

<sup>\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

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

Healthcare Visions, Inc. d/b/a Beechwood 9/30/2015

Attachment Page 15

# Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Benefits Related to Owner (Disallowed Pg. 28)	\$ 8,780	Held on the	t words the
Employee Benefits	\$ 3,248		
Employee Relations	\$ 12,635		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
			8 = ===================================
	refultive de		
	The state of the s		
Total	\$ 24,663	\$ -	\$ -

## **Schedule of Other Taxes**

Description	C	CNH	RH	NS	(Specify)
					igranija (ind.)
Sales Tax	\$	241			
					Manager 1
	Thirty In L			Compace "W	k(n)
Total	\$	241	\$	20 <b>-</b> 9	\$ -

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

CE THE	License No.		Report for Y	ear Ended	Page	of
Name of Facility	2077c		9/30/2015		16	37
Healthcare Visions, Inc. d/b/a Beechwood		T				1
		- 1				
Item			Total	CCNH	RHNS	(Specify)
	als Brought Forwar	d:	1,256,213	1,256,213		
	in Drong					
Travel and Entertainment     Resident Travel and Entertainment		\$				
		\$	18,555	18,555		
<ul><li>2. Holiday Parties for Staff</li><li>3. Gifts to Staff and Residents</li></ul>		\$	2,039	2,039		
		\$	16,021	16,021		
<ul><li>4. Employee Travel</li><li>5. Education Expenses Related to Seminars a</li></ul>	nd Conventions	\$	9,800	9,800		
111 7 / 1 -1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	reciation)	\$	15,270	15,270		
6. Automobile Expense (not purchase or depter 7. Other (Specify)		\$				
See Attached Schedule						<b>澳洲</b>
m. Other Administrative and General Expenses						
m. Other Administrative and General Expenses  1. Advertising Help Wanted (all such expenses)	es )	\$	7,309	7,309		
1 1 m 1 1 D' 1 (-11 arrole	expenses )***	\$	3,865	3,865		
	corp conser y	\$	20,372	20,372		
3. Advertising Other (Specify)*** See Attached Schedule			2000年2000年 2000年2月1日		18 E 19 F	
		\$				
		\$				
The second of the second of	e is supplied	\$	9,573	9,573		
6. Barber and Beauty Supplies (if this service directly and not by contract or fee for service)	ice)***					<b>在</b> 国际通
		\$				
7. Postage  * 8. Dues and Membership Fees to Professiona	il	\$	4,789	4,789		
Associations (Specify)						() 克拉克
See Attached Schedule					<b>第4条</b>	
8a. Dues to Chamber of Commerce & Other Non	-Allowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$	4,937	4,937	Orange entitle entry of the D	
See Attached Schedule					2000年	製作業時機
11. Services Provided by Contract (Specify and	ad Complete	\$	60,868	60,868		
Schedule C-2, Page 21 for each firm or in	ndividual)					
12. Administrative Management Services**		\$	3			
13. Other ( <i>Specify</i> )		\$	27,952	27,952		
See Attached Schedule						Land Land
C-14 Total Administrative & General Expenditure	es	9	1,457,563	1,457,563		
t D						

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 28 of the Cost Report.

### Schedule of Other Travel and Entertainment

	-		
	_		77
	71		
			3 5 37 0
		1 8	
	5-5	-8:31	12.35
F100000			
\$	\$	A 1.	\$ -
	\$	\$ - \$	\$ 0.00 - \$ 20 -

#### Schedule of Other Advertising

	1 04		
3	157	HERE WILLIAMS IN	
\$	2,026		글 이 그 그 기계
S	6,031	The life factors	
\$	750	ATTEMPT S	
\$	11,408	E / E West	
\$	20,372	s -	s -
	\$ \$ \$ \$	\$ 2,026 \$ 6,031 \$ 750 \$ 11,408	\$ 2,026 \$ 6,031 \$ 750 \$ 11,408

#### Schedule of Dues

Description	(	CCNH	RHNS	(Specify)
Description				1
ACHCA/CAHCF	\$	4,404	2.1	
ALTCFM	\$	80		
	S	305		1
HFMA		d=/=		
		BC. I		
				The Armstra
		d		1 -44 V
the compared with all the base periods are		Missa X	1 STREET	
		11 /50		1.1414-16.7
Total Dues	\$	4,789	\$	\$ -

#### Schedule of Contributions

Description		CCNH	RHNS	(Specify)
Description	The book of the second	Alteria. I su visit	1. 3. 3.	1.0
Donations	The Property State of	\$ 4,937		
Donations	THE RESERVE OF THE PARTY		From End C	K#21447
Total Contributions		\$ 4,937	\$ -	\$

## Schedule of Other Administrative and General

n data	(	CCNH	RH	NS	(S	pecify)
Description		-				
n P. L. A. Burnoyson	\$	6,370	1	11.1		
Pre Employment Expenses	\$	380			2.1	
Licensing Fees (A)	S	405	7.55	-/-		V. I
Employee Physicals	2	8,616				-7
Bank Charges (A)	s	4,292			100	
Real Estate Reduction fee	- 6	7,839				2 m 15
Settlement & Penalty Fees	3	- A.A.	25		-	1
Collection fees	\$	50	-	-		1-1-
					1	
	975 FE	12-120	180	NI	ege	
Total Other Administrative and General	S	27,952	\$	11'-	\$	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

# Schedule C-1 - Management Services\*

Name of Facility		Report for Year Ended 9/30/2015	Page of 17   37
Healthcare Visions, Inc. d/b/a Beechwood  Name & Address of Individual or	Cost of Management	Full Description of Mgmt. Service	Indicate Where Costs are Included in Annual Report Page #/Line #
Company Supplying Service N/A	Service	Provided	Report Fage #/Line #
1771			
a a			
		,	
		H	

<sup>\*</sup> 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) of Report for Year Ended Page License No. Name of Facility 37 9/30/2015 18 2077c Healthcare Visions, Inc. d/b/a Beechwood (Specify) RHNS CCNH Total Item 2. Dietary a. In-House Preparation & Service 140,452 140,452 Raw Food \$ 15,431 15,431 Non-Food Supplies 5,489 5,489 Other (Specify) **Dietary Supplies** \$ b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ c. Management Services\*\* d. Other (Specify) Total Dietary Expenditures (2a + b + c + d)161,372 161,372 (Specify) **RHNS CCNH** Total 2F. Dietary Questionnaire Resident Meals: Total no. of meals served per day:\* G. O No Is cost of employee meals included in 2E? Yes H. If yes, specify O No Did you receive revenue from employees? O Yes I. amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other If yes, specify O No than employees or residents (i.e., Board O Yes K. cost. Members, Guests) included in 2E? If yes, specify \$302 O No Is any revenue collected from these people? O Yes amt. Pg. 30, Line IV 1 Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of food (other than meals, e.g., snacks If yes, specify O No at monthly staff meetings, board meetings) O Yes cost. provided to employees included in 2E? If yes, specify O No O Yes Is any revenue collected from employees? amt. Where is the revenue received reported in the Cost Report? (Page/Line Item)

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

<sup>\*\*</sup> 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	e of Facility	L	icense 2	No. 077c		ort for Y 00/2015	ear Ended	Page 19	of   37
lealt	hcare Visions, Inc. d/b/a Beechwood		— <u> </u>						
	Item			Total	С	CNH	RHNS	(S	pecify)
	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,		Lbs.			5 214			
	gowns and other resident care items washed, ironed, and/or processed.***		xmt. \$	5,314		5,314			
	<ol><li>Employee items including uniforms, gowns, etc. washed, ironed and/or</li></ol>		Lbs.						
	processed.***	A	Amt. \$						
	3. Personal clothing of residents		Lbs.						
	washed, ironed, and/or processed.***	A	4mt. \$						
	4. Repair and/or purchase of linens.***		Lbs.						
		I	Amt. \$		_				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
	c. Management Services**	1	\$		$\perp$				
	d. Other (Specify)		\$			7,947			
3E.	Total Laundry Expenditures $(3a+b+c+d)$		\$	13,26	1	13,261			
3F.	Laundry Questionnaire  Is cost of employee laundry included in 3E?		Yes	•	No		If yes, specify cost.		
G.  H.		) ·	Yes	•	) No		If yes, specify amt.		
I.	Where is the revenue received reported in the Cos	st R	eport?		(I	Page/Line			
J.	at 1 '1 1to manage other		Yes		) No		If yes, specify cost.		
K.	Did you receive revenue from these people?	5	Yes		) No		If yes, specify amt.		
T	Where is the revenue received reported in the Co.	st R	Report?	)	()	Page/Lin	e Item)		

<sup>\*</sup> 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.

<sup>\*\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

<sup>\*\*\*</sup> 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.	Repo	ort for Year Er	nded	Page	of   37
Healthcare Visions, Inc. d/b/a Beechwood	2077c		9/30/2015		20	31
			Total	CCNH	RHNS	(Specify)
Item			Total	CCIVII	MINO	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel	\$	23,066	23,066		
1. Supplies - Cleaning (Mops,	Amt.	Φ	23,000	25,000		
pails, brooms, etc.)						
b. Purchased Services (by contract					120	
than through Management Ser	The state of the s	¢				
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)		Φ				
c. Management Services*		\$				<del> </del>
d. Other (Specify)		\$				
	(4 11 1 - 1 4)	\$	23,066	23,066		C CONTRACTOR OF THE PARTY OF TH
4E. Total Housekeeping Expenditure	s (4a + b + c + a)	<u> </u>	23,000	23,000		(在位置)
5. Resident Care (Supplies)**						
a. Prescription Drugs***		<b>o</b>	经是由原金和表表			
1. Own Pharmacy		<u>\$</u>	90.505	80,505		
2. Purchased from		Ф	80,505	80,505		<b>建设的</b>
Prescription Drugs MC & Medicare		Φ.	48,404	48,404		
b. Medicine Cabinet Drugs	·	<u>\$</u>		304,923		
c. Medical and Therapeutic Suppl	ies	<u>\$</u>	304,923	304,923		
d. Ambulance/Limousine***		Ф		With the second		
e. Oxygen		ď		interior de la Compani		
1. For Emergency Use		<u>\$</u>	24,240	24,240		
2. Other***	,	<u>Ф</u>	10,602	10,602		
f. X-rays and Related Radiologica	11:	Ф	10,002	10,002		
Procedures***	11 1 1 1 1 1	ø	· 编辑:"阿加里亚"。	2016年第四百世》(1555年)	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NA	
g. Dental (Not dentists who should	d be included under	\$				
salaries or fees)		ф.	07.711	27,711	新年4月1年19日	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
h. Laboratory***		\$		11,962		
i. Recreation		\$			-	
j. Other (Specify)****		\$	12,713	12,713		
See Attached Schedule	75 51	<b>A</b>	CO1 000	501.060	The state of the s	· 在5000000000000000000000000000000000000
5K. Total Resident Care Expenditures	s (5a - 5j)	\$	521,060	521,060	J	

<sup>\*</sup> Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

<sup>\*\*\*</sup> Facility should self-disallow the expense on Page 29 of the Cost Report.

<sup>\*\*\*\*</sup> ICFMR's should provide a detailed schedule of all Day Program Costs.

# Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Jesei peron			200
Fitle 19 Medical Supply	\$ 5,034		
Dxygen Rental Equipment	\$ 1,500		
Medical/Nursing Rental	\$ 2,713		
W/C - Parts	\$ 401		1 25
W/C Cushions	\$ 680	The state of	
PT Supplies	\$ 2,385	n's of mx. s	
			ļ
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total Other Resident Care	\$ 12,713	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility	Beechwood			License No. 2077c	Report for Year Ended 9/30/2015				Page of 21   37
neallicale visions, inc. a ora	TOO WITH THE PROPERTY OF THE P								
		Related ** to Owners,	o Owners,			T	Cotal Cost/	Total Cost/Page Ref.***	
		Spanio							
Name of Individual or	Address	Yes	N <sub>o</sub>	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	(Specify)	Pg Line
Company	2-8 Forest Glenn Circle, Middletown CT 06457		•	None	Strategic Contracts Negotiation	21,403			16 M11
Strategic regim care solutions	One ADP Drive MS-100,		0	None	Payroll Services	19,988			16 M11
Data Integrity	267 North Road, Hopkinton, RI 02833	0	•	None	Computer Contract Services	19,477			16 M11
Data mobing		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						

<sup>\*</sup> List all contracted services over \$10,000. Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

<sup>\*\*\*</sup> Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility License	e No. 077c	Report for Ye 9/30/2015	ear Ended		Page 22	of   37
Healthcare Visions, Inc. d/b/a Beechwood 20	7770	1				
Item		Total	CCNH	RHNS	(Sp	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	52,169	52,169			
b. Heat	\$	45,376	45,376			
c. Light & Power	\$	80,068	80,068			
d. Water	\$	35,762	35,762			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$	15,159	15,159			
f. Other (itemize)	9	12,863	12,863	properties of the state of the state of	Marchen Mar	
See Attached Schedule				34.1 <b>*</b> 11.		
. E	9		241,397			
1 1 1 22*)						
	9	6				
a. Land Improvements		168,521	168,521			
b. Building & Building Improvements		8				
c. Non-Movable Equipment		95,068	95,068			
d. Movable Equipment		263,589	263,589			
*7e. Total Depreciation Costs (7a+b+c+d)		205,505	200,000			
8. Amortization (Complete att. Schedule Page 24*	,	or l			1	
a. Organization Expense		\$				
b. Mortgage Expense		\$ 4.991	4,881		+	
c. Leasehold Improvements		\$ 4,881	4,001	-	+	
d. Other (Specify)		\$	4.001			
*8e. Total Amortization Costs (8a + b + c + d)		\$ 4,881	4,881		+	
9. Rental payments on leased real property less						
real estate taxes included in item 10b		\$ 383,896	383,896	-	-	
10. Property Taxes						
a. Real estate taxes paid by owner		\$			-	
b. Real estate taxes paid by lessor		\$ 94,705	94,705		-	
c. Personal property taxes		\$			-	
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)		\$ 747,071	747,071			

<sup>\*</sup> 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

S *	CCNH	RHNS	(Specify)
Description			
	\$ 12,863		
aste Disposal	Paragraph There		
			1 - 8
		L× II	, == _3, <u>5</u>
	e e e e	Tarrey V	
	The Assertance		
		2000 00 500 1/4	- = = =
			9 7 m = 10
			and the second
			-
		E a F Am	
Total Other Repairs and Maintenance	\$ 12,863	\$ -	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-23 Rev. 10/2006

Name of Petility   Perpetry Lens   Perpetry Lens   Perpetry Name   Perpetry					-			1			1000	
Historical   Less   Cost to Be   Depreciation   Method of   Liand   Computing of   Computing of   Computing   Liand   Value   Depreciation   Light   Depreciation   Light   Cost to Be   Depreciation   Light   Computing   Liand   Computing   Liand   Less   S,055,638   S,055,638   S,448,196   S/L   S   S   Less   Les	ame of Facility			.i	cense No.	ပ		Report for Year E 9/30/2015	ngen		23	37
Cotat   Cota	lealthcare Visions, mc. dola becarrood				Historical			Accumulated				
Land   Value   Depreciated   Variety   Variety   Standard   Arabic   Depreciated   Variety   Standard   Arabic   Depreciation   Land   Value   Depreciation   Land   Variety   Standard   Cost to Be   Beginning of Cost to Be					Cost Exclusive of	Less Salvage	Cost to Be	Depreciation to Beginning of	Method of Computing	Useful	Depreciation for This Year	Totals
Land Improvements	Property Item			1	Land	Value	Depreciated	Year's Operations	Depreciation	THE THE	101	
1. Acquired prior to this report period (stanch schedule)	Land Improvements										******	
2. Disposals (darbot schedule)				1					15			
3. Acquired during this report period (attach schedule)  4. Acquired during this report period (attach schedule)  5. Acquired during this report period (attach schedule)  5. Acquired during this report period (attach schedule)  6. Acquired during this report period (attach schedule)  7. Acquired prior to this report period (attach schedule)  8. Acquired during this report period (attach schedule)  8. Acquired during this report period (attach schedule)  9. Acquired during this report period (attach schedule)  10. Acquired prior to this report period (attach schedule)  11. Acquired prior to this report period (attach schedule)  12. Acquired prior to this report period (attach schedule)  13. Acquired prior to this report period (attach schedule)  14. Acquired prior to this report period (attach schedule)  15. Acquired prior to this report period (attach schedule)  16. Acquired furing this report period (attach schedule)  17. Acquired prior to this report period (attach schedule)  18. Subsequence of acquired during this report period (attach schedule)  18. Subsequence of acquired during this report period (attach schedule)  18. Subsequence of acquired during this report period (attach schedule)  18. Subsequence of acquired during this report period (attach schedule)  18. Subsequence of acquired during this report period (attach schedule)  18. Subsequence of acquired during this report period (attach schedule)  18. Subsequence of acquired during this report period (attach schedule)  18. Subsequence of acquired during this report period (attach schedule)  18. Subsequen	2. Disposals (attach schedule)											
Subtotal Building Improvements	3. Acquired during this report period (attach	schedule)		Ŷű.	18,000,000,000,000,000,000,000,000,000,0		· · · · · · · · · · · · · · · · · · ·			のははない。		
1. Acquired during this report period (attach schedule)   2. Disposals (attach schedule)   3. Acquired during this report period (attach schedule)   1. Acquired during this report period (attach schedule)   2. Disposals (attach schedule)   1. Acquired during this report period (attach schedule)   1. Acquired prior to this report period (attach schedule)   1. Acquired during during this report period (attach schedule)   1. Acquired during during this report period (attach schedule)   1. Acquired during during this report period (attach schedule)   1. Acquired during	4. Subtotal				· · · · · · · · · · · · · · · · · · ·		はおいていますがある。					
ized prior to this report period (attach schedule) sals (attach sche					000		859 550 5	3 448.196	S/L	30	168,521	
sized during this report period (attach schedule)  ired during this report period (attach schedule)  soals (attach schedule)  ired during this report period    Is a mleage	<ol> <li>Acquired prior to this report period</li> </ol>				5,055,056		2,000,000,000					
ired during this report period (attach schedule)  Seal (attach schedule)  In a mileage   Accumulated   Accumulated	2. Disposals (attach schedule)											
wable Equipment ined during this report period (attach schedule)  Is a mileage   Dase of maintained?		schedule)		100	TO THE STREET STREET,	The state of the s	精神がある。日本			The state of the s	· · · · · · · · · · · · · · · · · · ·	168,521
State   Equipment   State	3-4 Subtotal			die e			2000年代の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の					
1. Acquired during this report period (atach schedule) 2. Disposals (atach schedule) 3. Acquired during this report period (atach schedule) 4. Subtoral 4. Subtoral A subtoral B a mileage	Non-Movable Equipment											
2. Disposals (attach schedule)   2. Disposals (attach schedule)   3. Acquired during this report period (attach schedule)   1. Disposals (attach schedule)   1. Dis												
Subtoral  Subtoral  Movable Equipment  I. Motor Vehicles  D. Movable Equipment  Acquired during this report period (attach schedule)  Movable Equipment  I. Movable Equipment  I	7 Dienocale (attach schedule)											
Subtoral   Is a mileage		h schedule					Charles and the second	100	A CONTRACTOR OF THE PARTY OF TH	京都 医	THE RESERVE AND ADDRESS.	
Figure   F	3 3			100.00		10000000000000000000000000000000000000		150		A.F. Sept. of the sec		
Novable Equipment   Notable Equipment   Nota		Is a mileag	ည့					Accumulated				
Movable Equipment         Yes         No         Month         Yes         Land         Value         Depreciated         Year's Operations         Depreciation         Life         for This Year         Total for This Year		logbook		te of	Historical Cost	Less		Depreciation to	Method of		_	
Movable Equipment         Yes         No         Month         Year         Land         Value         Depreciated preciation         Perceiation Life         Life         for Initial reductions         for Initial	*	mamiamico		101101	Exclusive of	Salvage	Cost to Be		Computing		_	
Movable Equipment         Word Specify name, model         Var         Var         223,628         223,628         104,078         S/L         5 Years         33,545           a. Miscellaneous Vehicles         a. Miscellaneous Vehicles         b.         c.         c.         d.         c.         d.         2.3,628         104,078         S/L         5 Years         33,545           b. D.         c. d.         d.         a. Acquired prior to this report period         var         var         343,457         343,457         151,743         S/L         various         58,126           b. Disposals (attach schedule)         c. Acquired during this report period (attach schedule)         var         var         24,592         24,592         24,592         S/L         various         3,397           3. Subtotal         attach schedule)         attach schedule)         c. Acquired during this report period (attach schedule)			_		Land	Value	Depreciated	5	100		for This Year	200
1. Motor Vehicles (Specify name, model and year of each vehicles)       Var       Var       Var       223,628       104,078       S/L       5 Years       33,545         a. Miscellaneous Vehicles       b. Order of each vehicles       c. C. Movable Equipment       c. Acquired prior to this report period (attach schedule)       c. Acquired prior to this report period (attach schedule)       var       var <td< td=""><td></td><td>を対け</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		を対け										
arr of each vehicle)         Var         Var         223,628         223,628         104,078         S/L         5 Years         33,545           scellaneous Vehicles         Var         Var         Var         Var         Var         Var         Var         Var         343,457         343,457         151,743         S/L         Various         58,126           siposals (attach schedule)         Var         Var         Var         Var         Var         Var         Various         3,397           ttach schedule)         Var         Var         Var         Var         Var         Various         3,397		1000年間										
Var	and year of each vehicle)		Vor	Var	223.628		223,628			5 Years	33,545	
ble Equipment         var         var         var         343,457         343,457         151,743         S/L         various         58,126           sposals (attach schedule)         var         var         24,592         24,592         S/L         various         33,397           ttach schedule)         var         var         24,592         24,592         S/L         various         3,397	a. Miscellaneous Vehicles		4	70	106000							
bible Equipment         Var         Var         Var         Var         Var         343,457         343,457         151,743         S/L         Various         58,126           sposals (attach schedule)         sposals (attach schedule)         var         24,592         24,592         S/L         Various         3,397           ttach schedule)         var         var         24,592         S/L         Various         3,397	b.											と では、 は は ない
bibe Equipment         Var         Var         Var         Var         Var         Var         343,457         343,457         151,743         S/L         Various         58,126           siposals (attach schedule)         siposals (attach schedule)         var         24,592         24,592         S/L         Various         3,397           ttach schedule)         var         var         24,592         24,592         S/L         Various         3,397	Ö											
ble Equipment         Var         Var         Var         Var         Var         S43,457         343,457         151,743         S/L         Various         58,126           squired prior to this report period isposals (attach schedule)         Image: Control of the c	d.	Property of the Control of the Contr	STREET, STREET	THE REPORTED THE		がはたいない。	以下的一种的 · · · · · · · · · · · · · · · · · · ·	がある。	· · · · · · · · · · · · · · · · · · ·			
sposals (attach schedule)  cquired during this report period  Var Var 24,592  trach schedule)  SAL Various 3,397  SAL Various 3,397			Var	Var	343,457		343,45			Various		
isposals (attach schedule)  cquired during this report period  Var Var Var 24,592  Trach schedule)  Var Var 24,592	a. Acquired prior to this report period										THE PARTY OF THE P	
equired during this report period         Var         Var <t< td=""><td><ul> <li>b. Disposals (attach schedule)</li> </ul></td><td></td><td></td><td>AND SECTION</td><td></td><td>がないのできる</td><td></td><td></td><td></td><td></td><td>The second second</td><td></td></t<>	<ul> <li>b. Disposals (attach schedule)</li> </ul>			AND SECTION		がないのできる					The second second	
trach schedule)	c. Acquired during this report period		Var	Var	24 597	2	24,59			Various	STATE	
	(attach schedule)		Val.	日本の			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				70,00
	D-3. Subtotal						東西東京 一					263,58

Schedule of Land	Improvements A	cquired during	this report	period
------------------	----------------	----------------	-------------	--------

	mprovements Acquired during this report period  Description of Item	Cost	Useful Life	Depreciation
Acquisition Date	Description of item	Cost	I	1
Additions:	FOR THE RESIDENCE OF THE PARTY	FIRST SECTION		- 2011
			La Procession	\rac{1}{2}
= 12 T				
Total additions for	Land Improvements	\$ -		\$ -
Deletions:				
Property of the			2	14
		a TY	John By Land	2.5
			10.21 - 22	
e sur explicit in		u Garanger	1274 - 7-3012	
Total deletions for	Land Improvements	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line A3

#### Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
. The first of the East		F.K		loch by
Series of Series in		GATTERS OF		1 200 300 2
E 124 24 Local		THE PROPERTY OF		사람들 [현기 등 ]
A STATE OF THE PARTY OF THE PAR		Madada, M	F13-14-14-14	
Total additions for Bu	ilding Improvements	\$		\$ -
Deletions:				
		2.7	1 D D D	
TV THE IS A SELECT	X X X X X X X X X X X X X X X X X X X	E "		
	6			±
	0 10	4. L		
Total deletions for Bui	ilding Improvements	s -		\$ -

<sup>\*</sup>Ties to Page 23, Line B3

#### Schedule of Non-Movable Equipment Acquired during this report period

	able Equipment required during this report police	Cont	Useful Life	Depreciation
Acquisition Date	Description of Item	Cost	Lile	Depreciation
Additions:				
	(B. 주민사건 (B. B. 1984년 ) 전환 경우 경우 사이트 (B. R. 1987년 )		6, p., v. n = 0	
7 - 7 - 1			, v 11- 12-	PHT U.A.
		2.465; E	12.4	- NOT - 1
THE WAR			la palketia	
			ershi avati	- Brastina's
Total additions for No	on-Movable Equipment	\$100 HILLS	150 - 151 - 1-1	\$ -
Deletions:				
	보는 그림도 아프로마를 보다 나라고 하면 됐다.			WA TE TO
		Physical Control		A = a Yur
NAMES OF STREET				
				1 N. 144
707 1			m 1 1 1	E 45
		- You - E Es,		
Total deletions for No	on-Movable Equipment	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

Useful

# Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item		Cost	Life	Dep	reciation
Additions:	Section 1997 Annual Section 1997	s	2,141	5	s	1,445
10/15/2014	2 New Laptops	4	1,044	5		653
2/17/2015	Bill white's Computer		2,285	5		343
1/9/2015	Countertop		19,122	- 5	177	956
7/27/2015	Frontier Equipment		19,122			
		S	24,592		\$	3,397
Total additions for	Movable Equipment	Ψ	21,372			
Deletions:		Q21 5 X	3,000	P.P. P.P.Y	EU vere	Lejšgenije
		3 7.3	YARRE	Lyffer High	The s	
Year Toleran Millson		740, 1222		SOLD FOR	, Tru	Mercal
The state of the s	No. 1 The second control of the second of th				(1)	WE HE
		AVE BY	restrative =		21	i de la
			TPAT - I			= 1.11=
Total deletions for	Movable Equipment	\$	- R 3+C		\$	-

<sup>\*</sup>Ties to Page 23, Line D2c

# Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	ovements Acquired during this report period  Description of Item	Cost	Useful Life	Depreciation
Additions:				10
Additions.		I I STATE		
	The late of the late of the late of			
		20 30 K   4 pt mode	per latte.	
		-750 mm 1/12-		4 1 1
			a total date	
			Transaction .	PER BANK
		s -		s -
Total additions for Leaseho	ld Improvement			
Deletions:				
Olotto III		at the position for	S 100	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 15 1 1	
			The State of	
			Diele Vinc	
release in the later to			and the set	
		produced constant series		
Total deletions for Leaseho		\$ -	5.1955	\$ -

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*\*</sup>Ties to Page 23, Line D2b

<sup>\*\*</sup>Ties to Page 24, Line C2

September 30, 2013								2014		2015	
PROPERTY CATEGORY	Acquisition <u>Year</u>	Historical Costs	Cost to Be Depreciated	Life	Method <u>Life</u>	Accum per Day	Number of Days per Year	Accum <u>Dep.</u>	2015 Deprec.	Accum Deprec.	NBV
Movable Equipment											
Acquired in 2015	10/15/2014	2,141	2,141	'n	S/L	1.17	350	1	1,445	1,445	969
Bill White's Computer	2/17/2015	1,044	1,044	5	S/L	0.57	225	3	653	653	391
Total CY Computers		3,185	3,185				1		2,098	2,098	1,087
Acquired in 2015	\$100,01	2 285	2 285	v	.1/8	1.25	264	3,1	343	343	1,942
Countertop Frontier Foundant	7/27/2015	19.122	19.122	ı vo	S/L	10.48	65	1	926	926	18,166
Total CY Equipment		21,407	21,407				la b	3. <b>1</b> 0	1,299	1,299	20,108
Total CY Movable Equipment		24,592	24,592				1 11		3,397	3,397	21,195
Total Committee (DV + CV)		117 427						47,271	27,384	74,655	42,772
Total Equipment (PV + CV)		250,621						104,471	34,139	138,610	112,011
Total Vehicles (PV + CV)		223.629						104,078	33,545	137,623	86,006
Total Movable Fourinment (PV + CV)		591.677					l <sub>2</sub>	255,820	890'56	350,888	240,788
1 acc. CV Movable Eminment		(24,592)					ı		(3,397)	(3,397)	(21,195)
Total DV Movable Foundant		567.085						255,820	119,16	347,491	219,593
The state of the s	•						II				

Fotal Depreciation Expense Per TB	99,949	
Movable Equip Dep Expense Per Dep Report	(892,068)	
Fotal Leashold Depreciation Per Dep Report	(4,881)	
Fotal Buiding Depreciation (Page 23)	(168,521)	
Depreciation C/R vs F/S	(168,521) Page	168,521) Page 36, Line F1 on BS tab

			Per Dep	
Acct#	Description	Per TB	Report	Variance
1500-01	Cost - LHI	74,540	74,015	525
1500-02	Accum Deprec - Leasehold Imp	(45,895)	(45,895)	
1510-00	Computers- Other	117,428		
1520-00	Equipment- Other	96,497	368,049	(74)
1530-02	Cost Equipment	154,050		
1510-01	Accumulated Deprec Computers	(74,657)	(3) (2)	Ė
1520-01	Accum Deprec - Equipment	(138,610)	(002,012)	- 2
1530-05	Cost - Silverado	26,690		
1530-07	Cost - Eclipse	29,214		
1530-08	Cost - Audi	47,578	223,628	Ξ
1530-09	Cost - Toyota Truck	51,208		
1530-10	Cost 2013 Audi Q7	68,937		
1530-01	Accum Deprec - Automobile	(137,622)	(137,623)	1

450 Page 31, B9 on BS tab

269,358 268,908

Total

Beechwood Rehabilitation & Nursing Center Detail of Vehicles September 30, 2015

						2014				2015		
	Date of Acquisition	Historical Cost	Asset <u>Life</u>	Depreciation Accumulated Depreciation Accumulated  Method Depreciation Expense Depreciation	Acc	ccumulated	Del	preciation Expense	Acc	Accumulated Depreciation	-	NBV
Chevy Silverado		\$ 26,690	8	SI	S	26,690	↔	30	↔	26,690	69	1
Mits Eclipse	4/1/2000	29,214	S	SL		29,214	↔	Ü		29,214		1
Audi 07		68,937	5	SI		21,830	69	13,787		35,618		33,319
Tovota Tundra		51,208	5	ST		13,655	S	10,242		23,897		27,311
Audi 05		47,578	5	ST		12,688	S	9,516		22,203		25,375
Total Per TB		\$ 223,627			S	104,077	69	33,545 \$	S	137,622 \$	8	86,005
	н											
Total Per Cost Report	port	\$ 223,628			8	104,078 \$	8	33,545	69	33,545 \$ 137,623 \$ 86,005	89	86,005
Variance		\$ (1)			S	Ξ	8	Ţ	↔	(1)	69	ı

\* Schedule ties to page 23 of the cost report.

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

# Amortization Schedule\*

					3			Dece	Jo
Name of Facility		<u> </u>	License No.	4	Report for Year Ended	r Ended		rage	37
Healthcare Visions, Inc. d/b/a Beechwood			2077c		9/30/2015			74	37
Tourism Caronery					Accumulated				
×.	Date of	Ŧ			Amort. to				
	Acquisition	ion	2		Beginning of		,	1	
			Length of	Cost to Be	Year's		Kate	Amortization	
Item	Month Y	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Iotals
A. Organization Expense									(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
1.									
2									
iic									
3.	STATE OF THE PERSON NAMED IN	THE PERSON NAMED IN	には、のは、なべてきないのできませんでき	は、一般のないのでは、	是有一种是一种的一种。 1000年	STREET, STREET		· · · · · · · · · · · · · · · · · · ·	
A-4. Subtotal			とうなら はない				Service of the servic		が 一
B. Mortgage Expense						ô			
2.									
u						A STATE OF THE PARTY OF THE PAR	CONTRACTOR STATE	TO SELECT THE CASE OF SELECT THE	
	To the second		· · · · · · · · · · · · · · · · · · ·	<b>维助政治共产</b>	等的 福州 医外结	大学 一直をある		ないが、一大年本をある。	Contract of the little factories where the
C. Leasehold Improvements and Other						ž.	ř	1 001	
	Var	Var	Various	74,015	41,014	S/L	var	4,001	
2. Disposals (attach schedule)								The state of the s	
3. Acquired during this report period									
(attach schedule)				All Pacific many pages of the page of the			が発展がある。		4 881
C-4. Subtotal									4 881
D. Total Amortization					表記不可能等方面				2) ) (
* Straight-line method must be used.									

\* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

Name of Facility L	icense No.	Report for Year En	ded		Page	of
Healthcare Visions, Inc. d/b/a Beechwo	2077c	9/30/2015			25	37
11. Property Questionnaire						
Part A	40.00					
Is the property either owned by the I	Facility	<b>**</b>	0	NT.	If "Yes," complet	e Part B.
or leased from a Related Party?*	. 0	Yes	O	No	If "No," complete	Part C.
*If any owner or operator of this facility	y is related by family, mar	rriage, ownership, ability	to control or			
business association to any person or or	rganization from whom bu	uildings are leased, then i	t is considered a			
related party transaction.		Total	) 的 是 化 等次表现	<b>是一种种的现在分</b>		<b>计算数据</b>
Description  1. Date Land Purchased		01/01/55			看,精节,各世生为7 第二次第二次	
Date Early Turchased     Date Structure Completed		01/01/55		4:49,4%		
3. If <b>NOT</b> Original Owner, Date o	f Purchase	03/08/93				
4. Date of Initial Licensure		04/01/91				
<ol><li>Total Licensed Bed Capacity</li></ol>		60	军员 計劃業	量的自身的	<b>录作的记录字</b> 言	
6. Square Footage		47,000				
7. Acquisition Cost		<b>宝宝 是点情况</b> 证据				
a. Land		10,466				
b. Building		17,785		2-11/4-4	4th Marta	
Part B - Owner and Related Parti	ies	1st Mortgage	2nd Mortgage	3rd Mongage	4th Mortg	age
<ol> <li>Financing         <ol> <li>Type of Financing (e.g., fixed)</li> </ol> </li> </ol>	d variable)	Fixed	重复医生物。影響			17 American
b. Date Mortgage Obtained	u, variable)	02/28/03				
c. Interest Rate for the Cost Ye	ar	5.85%				
d. Term of Mortgage (number of		32				
e. Amount of Principal Borrow	red	4,665,000				
f. Principal balance outstandin	g as of 9/30/2015	3,722,588				
Complete if Mortgage was Re						
During Current Cost Year		差异常 医乳精学	10. 数据数据 (1)	等等的 医毛囊切迹		<b>美国共和国</b>
g. Type of Financing (e.g., fixe	d, variable)					-
h. Date of Refinancing i. New Interest Rate						
i. New Interest Rate j. Term of Mortgage (number of	of vears)					
k. Amount of Principal Borrow						
Principal Outstanding on No.						
Part C - Arms-Length Leases		mprovements Only	7			
Name and Address of Lessor	Pro	perty 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 Yea	r Ended		Page 26	of   37
Healthcare Visions, Inc. d/b/a Beechwe 2077c		9/30/2015			1 20	
Item		Total	CCNH	RHNS	(Sp	ecify)
12. Interest  A. Building, Land Improvement & Non-Movable Equipment  1. First Mortgage	\$				N. Salan et al.	
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage	9				<b>基 解剖性</b>	1 7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$	Company Respond	色指数原料电缆		<b>化四级影响</b>
Name of Lender	Rate					
Address of Lender			W			
B. CHEFA Loan Information		A STATE OF THE STA	4			
Original Loan Amount		\$				
2. Loan Origination Date				· · · · · · · · · · · · · · · · · · ·		
3. Interest Rate %	×					
4. Term					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	47.444
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)	)	\$	rry Subtotal			

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

Name of Facility Healthcare Visions, Inc. d/b/a Beecl 20	No. 77c		Report for Y 9/30/2015	ear Ended		Page 27	of 37
Treatment visions, no. drova Beerl	,,,,		7/00/2010			1	
Item			Total	CCNH	RHNS	(Spec	ify)
	totals Bro	ught Forward:					
12. C. Movable Equipment							
Automotive Equipment		\$			THE THE STUDIES AS A	a consideration of the Constitution of the	ALE TO \$ 21 A
A. Item	Rate	Amount					
Lender							
Address of Lender							
2. Other (Specify)		\$					
A. Item	Rate	Amount				er en en	
Lender							
Address of Lender							
B. Item	Rate	Amount					
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Intere	st				A STATE OF THE STA	STANDARDINE CA	3.4
Expense (C1 + 2)		\$ \$	7.000	7.000			
12. D. Other Interest Expense ( <i>Specify</i> ) Interest Expense		\$	7,283	7,283			
interest Expense				12 12 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
13. Total All Interest Expense (12B7 + 120	23 + 12D	) \$	7,283	7,283	Carlo New York		
14. Insurance		Ψ	1,203	7,500			
a. Insurance on Property (buildings on	ly)	\$	18,590	18,590			
b. Insurance on Automobiles		\$	13,801	13,801			
c. Insurance other than Property (as sp	ecified ab	ove)					
1. Umbrella (Blanket Coverage)		\$					
<ol><li>Fire and Extended Coverage</li></ol>		\$	55,884	55,884			
3. Other (Specify)		\$	15,130	15,130			
Director & Officer Liability Insu	rance						
14d. Total Insurance Expenditures (14a + b	+c)	\$	103,405	103,405	NEWS (在特別,在1981	Marking and House of	
15. Total All Expenditures (A-13 thru C-14		\$	7,664,955	7,664,955			

# D. Adjustments to Statement of Expenditures

me c	of Fac	ility		Lice	nse No.	Report for Yea 9/30/2015	r Ended	Page of 28   37
altho	care V	ision	s, Inc. d/b/a Beechwood		2077c	9/30/2013		
		T		1	Total			
mp	Page	ine			Amount of	CCNH	RHNS	(Specify)
0.	No.	No.	Item Description	100	Decrease	CCMI	<b>全连续</b>	大型。在大型工作
100 1	10 - 50	larie	s and Wages	1	是在1980年1990年	· 不是,不是那种	de la	Profes dialogue Control Control
1.	U-Di	- 1	Outpatient Service Costs	\$		02 670		
2.	10	_	Salaries not related to Resident Care	\$	92,670	92,670		
3.	10 2		Occupational Therapy	\$				
4.			Other - See attached Schedule	\$	E-Warfw Mp Dale		<b>高速機能</b>	Carlo Service Service
4.	12 D	vofes	sional Fees			e de la companya del companya de la companya del companya de la co	到馬龍灣學的數數	The Control of the Co
	13 - F	rojes	Resident Care Physicians **	\$		700		
5.	12	D100	Occupational Therapy	\$	338,709	338,709		
6.	13	BIUa	Other - See attached Schedule	\$		the transmitted by 40 to 42 to	50 pt 10 miles (300)	
7.	15.0	1/	Administrative and General		1200 700	学师的主要	And the latest the second	· 信用的表 和 [1]
	13 &	10 -	Discriminatory Benefits	\$	2			
8.			Bad Debts	\$	33,885			
9.		1c	Accounting & Legal	\$	3,585	3,585		
10.	15	le		\$				
11.		1000	Telephone	\$	3,031	3,031	11 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	and the second second
12.	15	1h2	Cellular Telephone Life insurance premiums on the life		<b>主发表的</b>		E	
13.		10.	Life insurance premiums on the me	\$	- Carting the Control of the Control			
			of Owners, Partners, Operators	\$		12,635		W. 4. 18 18 18 18 18 18 18 18 18 18 18 18 18
14.	15	1a9	Gifts, flowers and coffee shops	Ψ	<b>五次数公司</b>	<b>在一个一个一个</b>		
15.			Education expenditures to colleges or		国际特温层			
		1	universities for tuition and related costs	\$	No. of Contract of			
			for owners and employees	Ψ		A PROPERTY OF		\$2.00
16.	16	L4	Travel for purposes of attending					
			conferences or seminars outside the					<b>老女子,我是是父亲,</b>
			continental U.S. Other out-of-state	\$	12,92	1 12,921	Par property and second second	
			travel in excess of one representative	9		9.70.000		
17.	. 16	L6	Automobile Expense (e.g. personal use)	- 4				
18.	. 16	m2/3	Unallowable Advertising *			2.,,==		
19.	1		Income Tax / Corporate Business Tax		§ 4,93	37 4,93	7	
20.	. 16	m10	Fund Raising / Contributions			7,55		
21.	_		Unallowable Management Fees		\$ 0.50	73 9,57	3	
22	_	m6	Barber and Beauty		\$ 9,57			
23		1	Other - See attached Schedule		\$ 35,02	21 33,02		A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Pag	0 18 -	Diet	ary Expenditures		The state of		50 x 10 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	· · · · · · · · · · · · · · · · · · ·
24		IV	Meals to employees, guests and others			20		
24	1	,	who are not residents		\$ 3	02 30	A (1) A (1) A	138 S 18 18 18 18 18 18 18 18 18 18 18 18 18
Dac	10	. Lau	ndry Expenditures			The state of the s	<b>建</b> 图 4255年	
25		Lun	Laundry services to employees, guests			75 电影响		
23	·	1	and others who are not residents		\$	THE RESERVE OF THE PARTY OF THE	THE PERSON	
-		IIa	nakaaning Eynenditures		通過作品			在1966年,在1968年,在1968年 1988年,在1968年,1988年,1988年
		- HOU	Housekeeping services to employees, gue	ests				CASE PARTIES AND A
26	b.	1	and others who are not residents		\$			
1	- 1	1	Subtotal (Items 1	20	\$ 586,7	776 586,7	76	

\* All except "Help Wanted".

\*\* 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

			CCNH	RHNS	(Specify
Ref Line	e Ref Des	scription	TAKE SEL		57. T. S.
10 12n	Ma	rketing Salary	BMILLER-III		
				Participation of the Control of the	
AP DO			THE RESERVE	Part Part Table	
87 1835	Activities		THE COUNTY SEC	1.35%	
	7.7	유럽없는 그 경기에 가득하면 없었다면 하는 것이 아니다.	1 Table 1 A	0	\$

## Schedule of Fees Adjustments

				CCNH	RHNS	(Specify)
ge Ref	Line Ref Description	Associated Association	CHARLES AND			
					E Au Fair	
				CALDERSON,		200
**************************************						
		Here is a reserve to the		The Late of the Control	和其"世界" (A)	
- 737				PERMIT		
	r Fees Adjustments			\$ -	\$ -	3

## Schedule of Other A&G Adjustments

				CCNH	RHNS	(Specify)
age Ref	Line Ref	Description	\$	8,780		-6.55
15	1a9	Owner Benefits	8	11,354		
15	1g	Office Supplies	• •	8,556		
	m13	Bank Charges Related to LOC & Credit Cards	6	4,292		
	m13	Real Estate Reduction Fee	Φ.	2,039		1915
	L3	Patient Relations	φ	2,032		1
				Hatifa.		1 1 252
	200		\$	35,021	\$ -	\$ -

## Beechwood Rehab 2015 Cost Report Disallowance Schedule for Cell Phones 9/30/2015

Total Cell Phone Exp acct #4100-21	Amount 4,111 TB Linked
Cell Phone Allowed Based on Bed Capacity Monthly Allowable amount per Cell Phone Months in Cost Report Year Total Allowable Cost	\$ 30 12 \$ 1,080
Disallowed Cell Phone (Page 28, Line 12)	\$ 3,031

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

			D. Adjustments to Statemer	1t	of Expend	itures (co	ont'a)		
Name	e of Fa	acility		Lic	ense No.	Report for Y	ear Ended	Page	of
			ns, Inc. d/b/a Beechwood		2077c	9/30/2015		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	(Sp	ecify)
	- See Literature		Subtotals Brought Forward	\$	586,776	586,776			
Page	20 - I	Reside	nt Care Supplies***			品识别是指定	建程位数数	<b>新港 副人</b>	
27.			Prescription Drugs	\$	80,505	80,505			
28.	20	5d	Ambulance/Limousine	\$					
29.	20	5f	X-rays, etc	\$	10,602	10,602			
30.	20	5h	Laboratory	\$	27,711	27,711			
31.	20	5c	Medical Supplies	\$	262,924	262,924			
32.	20	5e2	Oxygen (non emergency)	\$	24,240	24,240			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	5,140	5,140	THE STATE OF THE S	a left was a wall	Containing speciment
Page	22 - 1	Mainte	enance and Property			2000年2月		1000	<b>等加州市的</b>
35.			Excess Movable Equipment Depreciation			場。但主意		國際政治	對近時級
			See Attached Schedule	\$				other state of	
36.			Depreciation on Unallowable						
			Motor Vehicles	\$				Par Bayesta Personal Principles	it attack at
37.			Unallowable Property and Real						
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	13,801	13,801	The second second second		A 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Page	27 - 1	nsura			星/李/李/		<b>被想要看</b>	2.7	體學 经原
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$	15,130	15,130	The second second second	Manager and the	MADE AND SOL
Othe	r - Mi	scella	neous		放射量V 1573-18		類認定學	<b>对对他的</b>	Harry III
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.			Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$	2.2				
46.			Duplications of functions or services	\$	, n			J11/08-21	
47.			Expenditures made for the protection,						
			enhancement or promotion of the			<b>国际发生</b> 。这			
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$	the state of the state of the state of	Septiminating the service of		Service ditte	A. Malata
49.			Other (include personnel and other					Strategy of the Strategy of th	
			costs unrelated to resident care) - See		W. M. T. M. S.				7.3-11
			Attached Schedule	\$	9,736	9,736			
_	_	rofit P	roviders Only			210,000	d'Agricologia de la Companya de la C	SEE AND THE	
50.			Building/Non Movable Eq. Depreciation			<b>图 图 </b>			
			Unallowable Building Interest -				COLUMN TO A STATE	0 W 10 - 50	
			See Attached Schedule	\$					
51.	Total	! Amo	unt of Decrease (Items 1 - 50)	\$	1,036,565	1,036,565			

<sup>\*\*\*</sup> 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.

Healthcare Visions, Inc. d/b/a Beechwood 9/30/2015

## Schedule of Other Ancillary Costs

			CC	CNH	RH	NS	(Specify)
ge Ref	Line Ref	Description	\$	2,559	N X		
20	5i	Service Contracts - Cable (See Affached)	\$	1,500			
20	75 75 7	Oxygen Rental Equipment	\$	401	2 1		
20	1	W/C - Parts	\$	680		POYO	
20		W/C Cushions	B. 18			100	
			100		phillips,	4317	
55.55			grad"	11/20	WT 8:3		
	5 E 10				4,44		
17 50	1 - 1 - 70		1. 计算	inger <sub>a</sub>	14	No.	
-1-04			4.125		1		
	1 1 1 1 1 1 1 1 1 1	Costs	\$	5,140	\$		\$

# Schedule of Excess Movable Equipment Depreciation

		CCNH	RHNS	(Specify)
ge Ref	Line Ref Description			- 11 E 1 E 1 E 1 E 1
1401				
[12870-T]				
5 1011				
1.0%			***	
		Service of the Art of	0	\$
A 24 m	ess Movable Equipment Depreciation	\$	\$ -	ų ,

# Schedule of Other Property Adjustments

			CCNH	RHNS	(Specify
e Ref	Line Ref	Description	\$ 13,801		
14		Auto Insurance	A Marstra M		
			topic reserved		
0		efanire, one of the first of th			
_	1000		ALL PERSON		31 - 12
	1000		ASSESSMENT OF THE	10.00	
- 1	1 to 1 to 1 to 1 to 1			and the state of t	性温速电
	The Edward			2.000(03-, =1) = 3	
	To the definition			5 2 1 / W = 1	RIZZIVE DIE
		ty Adjustments	\$ 13,801	\$ -	\$

Page Ref	Line Ref	Description	(	CCNH	RHNS	(Specify)
		Outpatient - Overhead	\$	261		
22		Outpatient - Building Depreciation	\$	182		155
22	the second of the second of	Outpatient - Rent Expense	\$	414		N'- ASS
1000000	10b	Outpatient - Real Estate taxes	\$	102		MAL II SI
		Medical Records	\$	754		
	IV 8	Rebates	\$	3,705		
-	IV 8	Workers Comp Premium Return	\$	1,716		2 1 10.20 140.0
	IV 8	Bad Debt Recoveries	\$	(1,191)		
	IV 8	Other Income	\$	3,184		That was to
	IV 8	Prior Year Rev. Adj - MRA	\$	609	5.75 - 1.780 5.190	
	er Adiustm	the street of the second stree	\$	9,736	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
age iter	Dille Atox				Literatura III.
1 00					THE STATE OF THE S
7 3 7 3				a di di mandi	
100	ne blevo				
CELE LIN	no della		100 1144 400		
	Note and the			Maritim V	74- S. F.
4074 40	257-11-044				
29			Far II	E 11. 8 8	
			ing the second	Ai , og i	
			THE YEAR		w.
0 4 177	llawahla Di	luilding Interest	\$	\$ -	\$ -

## Beechwood Rehabilitation & Nursing Center Outpatient Disallowances September 30, 2015

Rehab Portion of Facility		
Facility Square Feet	47,526 <b>[b]</b>	
Rehab Square Feet	2,071 [b]	
Rehab % to Total	4.36%	
Outpatient Portion of Therapies		
Total Therapy Treatments (Page 9)	40,647 [C]	W/P D.03
<b>Total Outpatient Therapy Treatments</b>	1,032	
Total Therapies	41,679 [C]	W/P D.03
Outpatient % to Total Therapies	2.48%	
Outpatient Portion of Rehab Facility		<i>*</i>
Outpatient % of Rehab	0.11%	

Disallowance  Maint & Op Expenses (Pg 22 line 6g)  Depreciation - Building (Pg 22 line 7b)  Rent (Pg 22 line 9)  Real Estate Taxes (Pg 22 line 10b)	TB Linked	[a]	
	<u>Total</u>	Outpatient	
Maint & Op Expenses (Pg 22 line 6g)	241,397	261	29a
Depreciation - Building (Pg 22 line 7b)	168,521	182	29a
Rent (Pg 22 line 9)	383,896	414	29a
Real Estate Taxes (Pg 22 line 10b)	94,705	102	29a
		959	

- [a] Amount ties to page 29 without exception.
- [b] Amounts provided by Client.
- [c] Amounts provided by Client

# Beechwood Rehab 2015 Cost Report Disallowance Schedule for Cable TV 9/30/2015

Total Cable TV Expense acct #4100-24	Amount 6,159 TB Linked
Monthly Allowable amount Months in Cost Report Year Total Allowable Cost	300 12 \$ 3,600
Disallowed Cable TV (Page 29a)	\$ 2,559

### F. Statement of Revenue

Name of Facility License No.	ven	Report for Y	ear Ended		Page of
Healthcare Visions, Inc. d/b/a Beechwoo 2077c		9/30/2015	our Emaca		30   37
Traditional Traditions, But with a second se					
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only)	\$	3,116,656	3,116,656		
b. Medicaid Room and Board Contractual Allowance **	\$	(945,926)	(945,926)		
2. a. Medicaid (All other states)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	1,847,339	1,847,339	-3.5.4.0	
b. Medicare Room and Board Contractual Allowance **	\$	955,075	955,075		
4. a. Private-Pay Residents and Other	\$	2,340,646	2,340,646		
b. Private-Pay Room and Board Contractual Allowance **	\$		(62,555)		
II. Other Resident Revenue		The Second Particular Control of the			
a. Prescription Drugs - Medicare	\$	474,017	474,017		
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$	255,400	255,400		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$	3,847	3,847		
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$	3,430	3,430		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$	951,212	951,212		
b. Physical Therapy - Medicare Contractual Allowance **	\$				77
c. Physical Therapy - Non-Medicare	\$	271,920	271,920		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$	52,470	52,470		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	20,340	20,340		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	- \$	1,308,690	1,308,690		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$	305,100	305,100		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$	(2,661,878)	(2,661,878)		
b. Other (Specify) - Non-Medicare	\$	(817,005)	(817,005)		,
III. Total Resident Revenue (Section I. thru Section II.)	\$	7,418,778	7,418,778		
IV. Other Revenue*		<b>建设等以</b>			
1. Meals sold to guests, employees & others	\$	302	302		
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	1,234	1,234		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$	9,739	9,739		
8. Other (Specify)	\$	11,159	11,159		
V. Total Other Revenue (1 thru 8)	\$	22,434	22,434		
VI. Total All Revenue (III+V)	\$	7,441,212	7,441,212		
	N <b>7</b> 80	7,741,212	1,771,212		

<sup>\*</sup> Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

<sup>\*\*</sup> Facility should report all contractual allowances and/or payer discounts.

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

Page Ref	Description		CCNH	RH	NS	(Sp	ecify)
1.47	[2] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	-		1 1			
30 II 6a	Laboratory - Med A	\$	50,160	-	E yes		
30 II 6a	Contract Allow - Ancillary - MCR	\$	(2,515,870)		47.1		
30 II 6a	Radiology - MCR	\$	16,156	72			
30 II 6a	Contract Allowance Ancillaries - MED B	\$	(210,664)			100	
30 П ба	Med B C/A 2% Sequestration	\$	(1,660)			6.	
Total Other	er Resident Revenue - Medicare	S	(2,661,878)	\$		\$	-

#### Schedule of Other Non-Medicare Resident Revenue

#### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
10 _ 10				
	Laboratory - Private	\$ 21	Yelli 6	
	Laboratory - MCD	\$ 1,287	7_95	
7 F -9	Contract Allow - MCD Ancillary	\$ (63,283		
= 16 Be	Laboratory - MGD	\$ 17,724		
	Contract Allowance - Ancillary - MGD	\$ (782,211	)	V
	Radiology - MGD	\$ 3,942	1 7 5 -	
	Managed Medicare Part B	\$ 10,613	DIES N	
100	Managed Medicare B Contratual Allowance	\$ (5,681		
	Contract Allowance - Ancilaries - Hospic	\$ (1,214	A True Div	ACCOM D
Te 110	Hospice - Lab	\$ 73	100	
	Insurance - Lab	\$ 318	No light to	1 5 . S. E.
- 22	Radiology - Insurance	\$ 173	F. N. L. C. S.	7 6
0.87(6)	Out Patient Therapy	\$ 33,639	the protection of the	No see Inches
	Cont. Adjustment Outpatient Therapy	\$ (33,536	Market Barrier	NO 15 9 4
100	Outpt 2% C/A	\$ (200	14501=1 T	1 3 3 W
704. IS	Flu Shots	\$ 1,330	Fo R1 5401 =	100
Total Othe	r Resident Revenue	\$ (817,005	s -	s -

#### Interest Income

#### Account

Page Ref	Account	Balance	CCNH	RHNS	(Sp	ecify)
30 IV 5	Interest Income - Accts Rec	81,844	\$ 982	100		74.
30 IV 5	Interest Income - Webster Escrow	1,529	\$ 23			Mi.
30 IV 5	Interest Income - Webster Money Market	1,894	\$ 95	133		
30 TV 5	Interest Income - Webster Savings	1,782	\$ 120	F. 1850		
30 TV 5	Interest Income - Chelsea Groton Money Market	1,312	\$ 14		10	
					-	-
Total Inte	rest Income	Course Street	\$ 1,234	s -	\$	- 3-

#### Schedule of Other Revenue

Page Ref	Description		CCNH	R	HNS	(Sp	ecify)
HE.		₩.	+ -	day.		1	
30 IV 8	Medical Records	\$	754		. 7 .		1114
30 IV 8	Rebates	\$	3,705	4.5		HE ARE	H. P.
80 IV 8	Workers Compr Premium Return	\$	1,716		9	7.137	/ Vite
30 IV 8	Bad Debt Recoveries	\$	1,191	-12	( # E		
80 IV 8	Other Income	\$	3,184	1500	4		16
30 IV 8	Prior Year Rev Adj - MRA	\$	609	at X		1.0	la la
							1
Δ		_					
Total Oth	er Revenue	\$	11,159	S	( <del>*•</del> €1	\$	(*)

# G. Balance Sheet

Jam	e of	Facility	License No.	Repor 9/30/2	t for Year Ended		Page 31		of 37
[eal	thcar	e Visions, Inc. d/b/a Beechwo	2077c	9/30/2	.015	T	An	nount	
			Account			_	ar ar ar		
SSE	ets					ŀ			
١.	Cui	rrent Assets				\$		9	9,473
	1.	Cash (on hand and in banks)	4 11	for Dod D	ahte)	\$		1,50	1,905
	2.	Resident Accounts Receivable	e (Less Allowance	101 Dau D	Parties)	\$			
	3.	Other Accounts Receivable (I	Excluding Owners	or Kelateu	Tarties)	\$			
	4	Inventories				\$		18	0,919
	5.	Prepaid Expenses	Y D 4 Francis	10	108,192				
		a. Prepaid Building & Parkin	g Lot Rent Expens	SC	25,786	警			
		b. Prepaid Insurance			46,941				
		c. Prepaid Sub S Federal Tax	kes		40,712	Y.			
		d.				\$			
	6.	Interest Receivable	· 11.			\$			
	7.	Medicare Final Settlement R	eceivable			\$			291
	8.	Other Current Assets (itemize	2)		1,524	<b>9</b>			
		Patient Refunds Exchange Account			(1,233)		3.4(4.4)		
		Exchange recount							
			1 0)			9		1,7	82,588
A-9		otal Current Assets (Lines A1	thru 8)						
B.	Fi	xed Assets				19	S		
		Land	territ i 1 Cont				3		
	2.	Land Improvements	*Historical Cost		Net				
			Accum. Deprec			- 1	<u> </u>		9.E3
	3.	Buildings	*Historical Cost		Net				
			Accum. Deprec		74,015		\$		28,120
	4.	. Leasehold Improvements	*Historical Cos		45,895 Net				
			Accum. Deprec		15,000		\$		
	5	. Non-Movable Equipment			Net				
			Accum. Deprec		368,049		\$		154,783
	6	. Movable Equipment	*Historical Cos	A CONTRACTOR OF THE CONTRACTOR	213,266 Net				
			*Historical Cos		223,628		\$		86,00
	7	. Motor Vehicles			137,623 Net				15 H 15 15 15 15 15 15 15 15 15 15 15 15 15
1	52.5		Accum. Depre	Clation	157,025		\$		
	8	3. Minor Equipment-Not Dep	reciable						45
-		Other Fixed Assets (itemize	:)				\$		43
	9	F/S vs C/R Depreciation	•		450				
		TIO VO CIR Depresion					0		269,35
		Total Fixed Assets (Lines	=1.1 0)				\$		407,33

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

# G. Balance Sheet (cont'd)

Nan	ne of Facility	License No.	Report for Year	Ended	Page	of
Hea	lthcare Visions, Inc. d/b/a Bee	echwod 2077c	9/30/2015		32	37
		Account				Amount
			Total Broug	ht Forward:	\$	2,051,940
C.	Leasehold or like property r	ecorded for Equity Purposes				
	1. Land				\$	
	2. Land Improvements	*Historical Cost				
	201	Accum. Depreciation	i	Net S	\$	
	3. Buildings	*Historical Cost	5,055,638			
	teles	Accum. Depreciation	3,616,717	Net S	\$	1,438,921
	4. Non-Movable Equipmen	nt *Historical Cost				
	797 - 697	Accum. Depreciation	ì	Net S	\$	
	5. Movable Equipment	*Historical Cost		_		85
		Accum. Depreciation	l	Net S	\$	
	6. Motor Vehicles	*Historical Cost		_		
		Accum. Depreciation		Net S	\$	
	7. Minor Equipment-Not D	Depreciable		5	\$	
C-8	Total Leasehold or Like Pr	operties (C1 thru 7)		9	\$	1,438,921
D.	Investment and Other Asset	S				
	<ol> <li>Deferred Deposits</li> </ol>			9	\$	
	2. Escrow Deposits			9	\$	
	3. Organization Expense	*Historical Cost				
	22 9994	Accum. Depreciation		Net S	\$	
	4. Goodwill (Purchased Or	ıly)		9	\$	
	5. Investments Related to F	Resident Care (itemize)		9	\$	
				10		
	2					
	6. Loans to Owners or Rela	ated Parties (itemize)		\$	\$	
	Name and Addre	ss Amount	Loan Da	ate		4. 建筑的是对土土
					147.1	
	7. Other Assets (itemize)			\$	S	
				100 mg		
D-8.	Total Investments and Other	er Assets (Lines D1 thru 7)		\$	3	
1000	Total All Assets (Lines A9			\$		3,490,867

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

# G. Balance Sheet (cont'd)

Name of Facility			License No.	Report for Year I	Ended	Page 33	of 1 37
Healthcare V	isions	s, Inc. d/b/a Beechwood	2077c	9/30/2015			nount
			Account			Al	nount
Liabilities	-	rrent Liabilities					9.921
A.	Cu	Trade Accounts Payable		550 - 52	9	3	111,938
	2.	Notes Payable (itemize)			S		CAN SANCE THE PARTY OF THE
	۷.	Notes Layable (ttellize)					
						是是	
						<b>对于净</b> 线的	
					de		
	3.	Loans Payable for Equipm	nent (Current porti	on ) (itemize )		\$	
	<u> </u>	Name of Lender	Purpose	Amount	Date Due		
						的复数的 <b>大</b> 型 发展型 医型	
				a 11 11 1- 1		\$	116,30
	4. Accrued Payroll (Exclusive of Owners and/or Stockholders only)						1,0,00
	5.		and/or Stockholde	ers only)		\$ \$	
	6.		ayable			\$	
	7.		nt Payable			\$	
	8. Medicare Current Financing Payable						
	9.	. Mortgage Payable (Curr	ent Portion)			\$ \$	
	1	0. Interest Payable (Exclusion	ve of Owner and/or	r Related Parties)			
	1	<ol> <li>Accrued Income Taxes*</li> </ol>				\$	298,05
	1	2. Other Current Liabilities	(itemize)		00 202		270,03
		Patient Deposits / Patient Rec Fu		6,933 Auto Loans - CP	29,208		
		Suspense - Flex Spending / 401(	k) P:	(8,772) Accrued Expenses	1,226		
		HUD Suspense / State Sales Tax		(4,088) Accrued Benefits	3,007	-	
		Customer Deposits / Provider T		237,742 Auto Loans	32,802	\$	526,30
A-1	13. <i>T</i>	Total Current Liabilities (I	Lines A1 thru 12)			ļΨ	

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

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year 3 9/30/2015	Ended	Page 34	of   37
Healthcare Visions, Inc. d/b/a Beechwood	2077c	9/30/2013		Amo	
	Account	Total Brough	t Forward:	THIC	526,304
		Total Brougi	it Fol ward.		
Liabilities (cont'd)					
B. Long-Term Liabilities	1944 - 11 - N		\$		
Loans Payable-Equipment	(itemize)	Amount	Date Due	17 - 12 MATE	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		11
3. Loans from Owners or Re	elated Parties (itemi	ze)	\$	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	<b>非统计的 底质</b> 的
Name and Address of Lender	Amount	Loan I	Date	\$(\$10.5 <sub>1</sub> )	
	1' ('4i)		9	<b>3</b>	279,559
4. Other Long-Term Liabili	ties (itemize)	279,559	100		
Line of Credit Webster		217,337	10 CO (10 Table 1)		
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)			\$	279,559
B-5. Total Long-Term Liabilities C. Total All Liabilities (Lines A	A-13 + B-5			\$	805,863

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

Nam	License No. Report for Year Ended 9/30/2015	Page 35	of   37
Heal	thcare Visions, Inc. d/b/a Beechwe 2077c 9/30/2015 Account		nount
A.	Reserves		
<b></b>	Reserve for value of leased land	\$	
	Reserve for depreciation value of leased buildings and appurtenances     to be amortized	\$	
	3. Reserve for depreciation value of leased personal property (Equity)	\$	
	4. Reserve for leasehold real properties on which fair rental value is based	\$	1,438,921
	5. Reserve for funds set aside as donor restricted	\$	
	6. Total Reserves	\$	1,438,921
В.	Net Worth  1. Owner's Capital	\$	
	2. Capital Stock	\$	1,000
	3. Paid-in Surplus	\$	
	4. Treasury Stock	\$	
	5. Cumulated Earnings	\$	1,300,305
	6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	\$	(55,222
1	7. Total Net Worth	\$	1,246,083
C.	Total Reserves and Net Worth	\$	2,685,004
D.	Total Liabilities, Reserves, and Net Worth	\$	3,490,867

# H. Changes in Total Net Worth

Name of Facility License No.	Report for Year	Ended	Page 36	of   37
Healthcare Visions, Inc. d/b/a Beechwood 2077c	9/30/2015			
Account	\$		nount 1,477,376	
A. Balance at End of Prior Period as shown on Report o	1 09/30/2014	\$		7,441,212
B. Total Revenue (From Statement of Revenue Page 30	) D 27)	\$		7,441,212
C. Total Expenditures (From Statement of Expenditures	s Page 27)	9		(55,222)
D. Net Income or Deficit		9		1,422,154
E. Balance		1		1,422,134
F. Additions  1. Additional Capital Contributed (itemize)  Total Expenses Per Pg. 27 \$7,664,955  F/S vs C/R Depreciation (168,521)  Total F/S Expenses \$7,496,434  2. Other (itemize)				
F-3. Total Additions			5	
G. Deductions			<b>b</b>	176 071
1. Drawings of Owners/Operators/Partners (Specify	v)			176,071
Name and Address (No., City, State, Zip)	Title	Amount		
Distribution to Stockholders		176,071		
2. Other Withdrawings (Specify)			\$	Associated the largest of
Purpose	Amo	ount		事的性質的 是中心學 app
3. Total Deductions			\$	176,071
H. Balance at End of Period 09/	30/15		\$	1,246,083

# I. Preparer's/Reviewer's Certification

Fr. on the	License No.	Report for Year Ended	Page	of			
Name of Facility	2077c	9/30/2015	37	37			
Healthcare Visions, Inc. d/b/a Beechwood							
	Check appropriate category	,					
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)					
	Preparer/Reviewer Certif	ication					
have read the most recent Federal and personnel as to the possible inclusion regulations. All non-reimbursable expremoved in the State rate computation are properly reported as such in this re-	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.						
Signature of Preparer	Signature of Preparer  Title  Paincipal  (/21/14						
Printed Name of Preparer							
Matthew S. Bavolack	Matthews C. Dovalock						
Addres Address		Phone Number					
/ Iddi oc / Iddi oss							
555 Long Wharf Drive, New Haven, CT 06511 203-781-9600							

Item

Level

# Annual Report of Long-Term Care Facility Cost Year 2015 Checklist

acility Nar	neHealthcare Visions, Inc. d/b/a Beechwood
Complete the f	following check list. Provide an explanation for any "No" answers. Attach ts to explain further, if necessary.
<b>V</b>	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Explanation:	
Yes No    I	<ol> <li>Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change.</li> </ol>
Yes No  Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
	2.0
Yes No  Explanation:	<ol> <li>Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.</li> </ol>
Explanation.	

Yes No  Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No              Explanation:	6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No    J         Explanation:	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No    J         Explanation:	Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No    J       Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No                Explanation:	<ul><li>10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?</li></ul>

Yes No  Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No  Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No              Explanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2014?
Yes No  / Explanation:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No  Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Yes No  Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No  Explanation:	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No              Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No  Substitution:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No  Y  Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No  Explanation:	Has all required documentation been submitted to the Annual Report review and audit contractor?

Client: Beechwood Rehabilitation & Nursing Center
Engagement: Medicaid - Beechwood Rehab 2015 Cost Report
Period Ending: 9/30/2015

Trial Balance: A.01 - TB-CCNH

Trial Balance:	A.01 - TB-CCNH		RJE FINAL
Account	Description	ADJ JE Ref#	
<b>6</b> 全路等/指		9/30/2015	9/30/2015
1103-00	Checking- Webster New	81,844.00	81,844.00
1103-01	Webster Resident Trust	11,099.00	11,099.00
1103-02	Webster Savings Account	1,782.00	1,782.00
1103-03	Webster Money Market	1,894.00	1,894.00
1103-04	Cash on Hand Operation	13.00	13.00
1103-05	Chelsea Money Market	1,312.00	1,312.00
1103-06	Webster Escrow	1,529.00	1,529.00
1310	Accounts Receivable-Customer Deposits	230,280.00	230,280.00 115.00
1310-01	Accts Rec Xover MCR	115.00	1,076.00
1310-03	Accts Rec. Xover - Med B	1,076.00	51,807.00
1310-05	A/R Resident	51,807.00	
1310-06	A/R Medicaid	411,061.00	411,061.00
1310-08	A/R - Outpatient Part B	20,872.00	20,872.00
1310-09	A/R Medicare	258,921.00	258,921.00
1310-10	A/R MGD Care	189,027.00	189,027.00
1310-11	A/R Hospice	45,413.00	45,413.00 582.00
1310-12	A/R Other	582.00	18,539.00
1310-13	A/R Medicare B	18,539.00	82,627.00
1310-14	A/R Insurance	82,627.00	1,524.00
1311-00	Patient Refunds	1,524.00	232,585.00
1400-02	Accts Rec Due from VMI	232,585.00	(41,000.00)
1400-05	Accts Rec Allow for Bad Debt	(41,000.00)	108,192.00
1400-06	Prepaid Expenses	108,192.00	25,786.00
1400-07	Prepaid Insurance	25,786.00	46,941.00
1400-10	Prepaid Sub S Federal Taxes	46,941.00	(1,233.00)
1401-00	Exchange Account	(1,233.00)	74,540.00
1500-01	Leasehold Improvements	74,540.00	(45,895.00)
1500-02	AccumDepr Leasehold Improvements	(45,895.00)	117,428.00
1510-00	Computers	117,428.00	(74,657.00)
1510-01	Accumulated Depr Computers	(74,657.00) 96,497.00	96,497.00
1520-00	Equipment	(138,610.00)	(138,610.00)
1520-01	Accumulated Depr Equipment	(137,622.00)	(137,622.00)
1530-01	Accumulated Depr Motor Vehicles	154,050.00	154,050.00
1530-02	Cost Equip	26,690.00	26,690.00
1530-05	Cost Silverado	29,214.00	29,214.00
1530-07	Cost - Eclipse	47,578.00	47,578.00
1530-08	CostAudi	51,208.00	51,208.00
1530-09	Cost-Toyota Truck	68,937.00	68,937.00
1530-10	Cost-Audi 2013 Q7	(279,559.00)	(279,559.00)
2100-02	Line of Credit Webster	(4,279.00)	(4,279.00)
2100-03	Patient Deposits	(2,654.00)	(2,654.00)
2100-04	Patient Rec Fund	8,780.00	8,780.00
2100-05	Suspense- Flexible Spending	(8.00)	(8.00)
2100-07	401(k) Payable	3,838.00	3,838.00
2100-08	HUD Suspense Account	(237,152.00)	(237,152.00)
2100-09	Customer Deposits	250.00	250.00
2100-10	State Sales Tax	(590.00)	(590.00)
2100-13	Provider Tax Payable	(111,938.00)	(111,938.00)
2101-04	Accounts Payable - Trade	(29,208.00)	(29,208.00)
2284	Auto Loans - CP	(1,226.00)	(1,226.00)
2303	Accrued Expenses	(116,308.00)	(116,308.00)
2400-01	Accrued Salaries & Wages Accrued Benefits	(3,007.00)	(3,007.00)
2400-07	Accrued Berleits Auto Loan WGW2013 Audi	(17,208.00)	(17,208.00)
2400-11	Auto Loan VVGVV2013 Audi	V 1	trans. Heret 29

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Account	Description		JE Ref# RJE	FINAL
SALES STORY		9/30/2015		9/30/2015
2400-12	Auto Loan - 2013 Toyota	(3,776.00)		(3,776.00)
2400-13	Auto Loan-DW 2013 Audi	(11,818.00)		(11,818.00) (1,476,378.00)
2501-00	Retained Earnings	(1,476,378.00)		176,073.00
2503-00	Distribution of Stockholder	176,073.00		(1,000.00)
2504-00	Common Stock	(1,000.00)		(1,121,882.00)
3501-01	Room Sales Private	(1,121,882.00) (21.00)		(21.00)
3501-05	Laboratory - Private	(2,220.00)		(2,220.00)
3501-06	Physical Therapy - Private	(810.00)		(810.00)
3501-07	Speech Therapy - Private	(302.00)		(302.00)
3501-10	Other Services - Private	(14,122.00)		(14,122.00)
3501-11	Bed Hold - Private	(6,536.00)		(6,536.00)
3501-12	Room Differential - Private Room Sales - Title XIX	(3,116,656.00)		(3,116,656.00)
3502-01	Contract Allowance - Title XIX	945,926.00		945,926.00
3502-02	Pharmacy - MCD	(16,396.00)		(16,396.00)
3502-04 3502-06	Laboratory - MCD	(1,287.00)		(1,287.00)
3502-07	Physical Therapy - MCD	(43,440.00)		(43,440.00)
3502-07	Speech Therapy - MCD	(3,060.00)		(3,060.00)
3502-00	Contract Allow - MCD Ancillary	63,283.00		63,283.00
3503-01	Room Sales Medicare	(1,847,339.00)		(1,847,339.00)
3503-02	Contract Allowance - MED A	(1,006,160.00)		(1,006,160.00)
3503-03	Medical Supplies Med A	(3,847.00)		(3,847.00)
3503-04	Pharmacy - Med A	(474,017.00)		(474,017.00)
3503-06	Laboratory - Med A	(50,160.00)		(50,160.00)
3503-07	Physical Therapy - Med A	(833,880.00)		(833,880.00)
3503-08	Occupational Therapy - Med A	(1,101,870.00)		(1,101,870.00)
3503-09	Speech Therapy - Med A	(36,000.00)		(36,000.00)
3503-12	Contract Allow - Ancillary - MCR	2,515,870.00		2,515,870.00
3503-13	Radiology - MCR	(16,156.00)		(16,156.00)
3503-14	Med A C/A 2% Sequestration	51,085.00		51,085.00
3504-01	Room Sales - Managed Care	(715,770.00)		(715,770.00)
3504-02	Contract Allow - Managed Care	(72,546.00)		(72,546.00)
3504-04	Pharmacy - MGD	(235,077.00)		(235,077.00) (17,724.00)
3504-07	Laboratory - MGD	(17,724.00)		(216,840.00)
3504-08	Physical Therapy - MGD	(216,840.00)		(16,470.00)
3504-09	Speech Therapy - MGD	(16,470.00)		(291,240.00)
3504-10	Occupational Therapy - MGD	(291,240.00) 782,211.00		782,211.00
3504-12	Contract Allowance - Ancillary - MGD	(3,942.00)		(3,942.00)
3504-13	Radiology - MGD	(10,613.00)		(10,613.00)
3504-14	Managed Medicare Part B	5,681.00		5,681.00
3504-15	Managed Medicare B Contratual Allowance	(457,984.00)		(457,984.00)
3505-01	Room Sales - Hospice Contract Allowance - Hospice	135,101.00		135,101.00
3505-02	Pharmacy - Hospice	(991.00)		(991.00)
3505-03	Contract Allowance - Ancilaries - Hospic	1,214.00		1,214.00
3505-05 3505-08	Hospice - Lab	(73.00)		(73.00)
	Hospice - Physical Therapy	(60.00)		(60.00)
3505-09 3505-10	Hospice - Occupational Therapy	(90.00)		(90.00)
3506-01	Room Sales - Insurance	(24,352.00)		(24,352.00)
3506-01	Insurance - Pharmace	(2,936.00)		(2,936.00)
3506-05	Insurance - Lab	(318.00)		(318.00)
3506-06	Insurance - Physical Therapy	(9,360.00)		(9,360.00)
3506-08	Insurance - Occupational Therapy	(13,770.00)		(13,770.00)
3506-10	Insurance Medical Supplies	(3,430.00)		(3,430.00)
3506-12	Radiology - Insurance	(173.00)		(173,00)
3510-01	Physical Therapy - MCR B	(117,332.00)		(117,332.00)
3510-02	Speech Therapy - MCR B	(16,470.00)		(16,470.00)
3510-03	Occupational Therapy - Med B	(206,820.00)		(206,820.00)

			s# BIE	FINAL
Account	Description	ADJ JE Re	ef# RJE	9/30/2015
	A Waring MED D	9/30/2015 210,664.00		210,664.00
3510-05	Contract Allowance Ancillaries - MED B	1,660.00		1,660.00
3510-06	Med B C/A 2% Sequestration	(10,550.00)		(10,550.00)
3511-02	Other Income	(33,639.00)		(33,639.00)
3540-00	Out Patient Therapy Cont. Adjustment Outpatient Therapy	33,536.00		33,536.00
3541-00		200.00		200.00
3541-01	Outpt 2% C/A Beauty Shop	(9,739.00)		(9,739.00)
3560-00 3570-00	Flu Shots	(1,330.00)		(1,330.00)
3590-00	Interest Income - Acct. Rec.	(982.00)		(982.00)
4000-01	Salaries-Administrator	110,556.00		110,556.00
4000-01	Salaries-Office	241,500.00	(44,412.00)	197,088.00
4000-03	Payroll Taxes-Office	(11.00)		(11.00)
4000-04	SalariesAsst Administrative	48,420.00		48,420.00
4000-05	Salaries-MDS Coordinators	148,157.00		148,157.00
4075-00	Director & Officer Liability Insurance	15,130.00		15,130.00
4100-01	Insurance- Property (A)	18,590.00		18,590.00
4100-02	Insurance- Life & AD&D	3,612.00		3,612.00
4100-03	Insurance- Health/Dental	275,742.00		275,742.00
4100-04	Insurance- Workers Compensation	102,812.00		102,812.00
4100-05	Insurance- Liability	55,884.00		55,884.00
4100-07	Insurance-Short Term Disability (A)	6,944.00		6,944.00
4100-08	Employee Benefits	12,028.00		12,028.00 6,370.00
4100-10	Pre Employment Expenses	6,370.00		12,635.00
4100-11	Employee Relations	12,635.00		16,701.00
4100-12	Legal Fees A&D	16,701.00		46,991.00
4100-13	Accounting Fees A&D	46,991.00		19,988.00
4100-14	Payroll Service	19,988.00 2,039.00		2,039.00
4100-15	Patient Relations (D)	380.00		380.00
4100-16	Licensing Fees (A)	6,411.00		6,411.00
4100-17	Uniform Allowance	6,824.00		6,824.00
4100-18	Admin-Education Exp (A)	936.00		936.00
4100-19	Phones-Pay (A)	27,324.00		27,324.00
4100-20	Office Expense (A) Phones- CELL	4,111.00		4,111.00
4100-21 4100-22	Office Expense (D)	11,354.00		11,354.00
4100-22	Cable-Service Contract	6,159.00		6,159.00
4100-24	Employee Physicals	405.00		405.00
4100-25	Bank Charges (A)	8,616.00		8,616.00
4100-27	Business Phone (A)	19,421.00		19,421.00
4100-27	Computer Software Lease (A)	3,808.00		3,808.00
4100-29	Computer Hardware (A)	1,400.00		1,400.00
4100-30	Computer Contract Labor	19,477.00		19,477.00
4100-31	Software Maintenance Expense	32,503.00		32,503.00
4100-32	Collection Fee	394.00		394.00
4100-33	Training/Seminars-Admin	506.00		506.00
4100-34	Travel-Adminstrative (A)	2,974.00		2,974.00
4100-35	Travel (D)	12,921.00		12,921.00
4100-37	Dues (A)	4,789.00		4,789.00
4100-38	Gifts-Christmas Party (A)	18,555.00		18,555.00
4100-39	Advertising-Classified (A)	7,309.00		7,309.00 15,270.00
4100-40	Auto (D)	15,270.00	· · · · · · · · · · · · · · · · · · ·	
4100-43	Rent (A)	374,296.00		374,296.00 9,600.00
4100-44	Rent (D) D. White	9,600.00		255,293.00
4100-45	FICA Expense-Employers	255,293.00		18,899.00
4100-46	FUTA	18,899.00		55,570.00
4100-47	SUTA	55,570.00 241.00		241.00
4100-48	Sales Tax	306,661.00		306,661.00
4100-50	Provider User Tax-State	300,001.00		<del></del>

V				FINA
Account	Description	ADJ	JE Ref # RJE	FINAL
		9/30/2015	ALSO THREE SHEAR SHELLS	9/30/2015 300.00
4100-51	State of CT Business Tax	300.00		7,283.00
4100-54	Interest Expense	7,283.00 4,937.00		4,937.00
4100-55	Donations	4,292.00		4,292.00
4100-58	Real Estate Reduction fee	7,839.00		7,839.00
4100-59	Settlement & Penalty Fees	33,885.00		33,885.00
4291-00	Bad Debt Expense	89,987.00		89,987.00
5100-02	Salaries DNS	668,769.00		668,769.00
5100-03	Salaries Registered Nurses	409,821.00		409,821.00
5100-04	Salaries LPN Salaries CNA	866,404.00		866,404.00
5100-05	Salaries OVA Salaries Nursing Other (A)	81,061.00	(48,258.00)	32,803.00
5100-06 5100-07	Salaries Pool Nurses	3,223.00	(3,223.00)	0.00
5100-07	X-Rays Med A Tech Component (D)	2,446.00		2,446.00
5100-09	X-Rays (D) Managed	1,777.00		1,777.00
5100-03	X-Rays (A) Medicare	6,379.00		6,379.00
5100-13	Prescript Drugs MC & Medicare	80,505.00		80,505.00
5100-14	HouseStock Drug Supplies	48,404.00		48,404.00
5100-15	Nursing Education Exp	2,221.00		2,221.00
5100-16	Travel	126.00		126.00
5100-19	Oxygen Med A (D)	10,980.00		10,980.00
5100-20	Nursing Supplies Nursing	20,157.00		20,157.00
5100-21	Attends (A)	21,842.00		21,842.00
5100-22	Laboratory	345.00		345.00 18,038.00
5100-23	Medicare ALaboratory	18,038.00		9,328.00
5100-24	Managed CareLaboratory	9,328.00		261,219.00
5100-25	Med A Medical Supplies	261,219.00		1,372.00
5100-26	Managed Care-Medical Supplies	1,372.00		39,359.00
5100-27	NursingContracts	39,359.00 5,034.00		5,034.00
5100-29	Title 19 Medical Supply	1,500.00		1,500.00
5100-30	Oxygen Rental Equipment	2,713.00		2,713.00
5100-31	Medical/Nursing Rental	9,402.00		9,402.00
5100-32	Liquid Oxygen	92,876.00		92,876.00
5500-01	Admissions Salaries Admissions Food	157.00		157.00
5500-02	Admissions Promotional	2,026.00		2,026.00
5500-03 5500-04	Admissions Other	6,031.00		6,031.00
5500-07	Advertising Radio	750.00		750.00
5500-08	Advertising Yellow/White Pages	3,865.00		3,865.00
5500-09	Advertising Print (D)	11,408.00		11,408.00
6000-01	Recreation Salaries	45,680.00		45,680.00
6000-02	Recreation Entertainment	2,593.00		2,593.00
6000-03	Recreation Education Expense	249.00		249.00
6000-04	Books/Magazines/Periodicals	304.00		304.00
6000-05	Patient Outings	1,600.00		1,600.00
6000-06	Recreation Supplies	980.00		980.00 326.00
6000-08	Recreation Food	326.00	02 670 00	92,670.00
6120a	Salaries - Owner	0.00	92,670.00	272,839.00
6500-01	Dietary Salaries	272,839.00		5,489.00
6500-02	Food (A)	5,489.00		27,143.00
6500-04	Dietician	27,143.00 7,581.00		7,581.00
6500-05	Dietary Supplies (A)	7,581.00 92,051.00		92,051.00
6500-06	Raw Food Other	5,437.00		5,437.00
6500-07	Breads	24,570.00		24,570.00
6500-08	Dairy Products Exp	15,735.00		15,735.00
6500-09	Fruit/Produce (A)	7,850.00		7,850.00
6500-10	Dietary Paper Supplies	68.00		68.00
6500-13	Supplements A	2,591.00		2,591.00
6500-14	Thickened Liquids	_1 110-		

Account	Description	ADJ JE Ref#	RJE	FINAL
Account		9/30/2015		9/30/2015
7500-02	Salaries - Housekeeping	151,391.00		151,391.00
7500-03	Payroll Taxes Housekeeping	248.00		248.00
7500-04	Supplies - Housekeeping	23,066.00		23,066.00
8000-01	Salaries - Laundry	25,270.00		25,270.00
8000-03	Linen and Bedding	5,314.00		5,314.00
8000-04	Supplies - Laundry	7,947.00		7,947.00
8300-04	Nursing Supplies- Private	333.00		333.00
8302-1	Managed Care Oxygen	3,858.00	90 Au Au State (12 12 1	3,858.00
8491	Outside Labor-Speech Therapy	0.00	20,733.00	20,733.00
8500-01	Salaries - Maintenance	108,217.00		108,217.00
8500-03	Maintenance Supplies	21,472.00	s ·	21,472.00
8500-04	Maintenance - Purchased Services	18,923.00		18,923.00
8500-05	Equipment Repairs and Maintenance	11,774.00		11,774.00
8500-06	Utilities Water & Sewer	35,762.00		35,762.00
8500-07	Utilities Electric	80,068.00		80,068.00
8500-08	Utilities - Gas and Oil	45,376.00		45,376.00
8500-09	Waste Disposal	12,863.00		12,863.00
8500-10	Fire-City of NL	797.00		797.00
8500-11	Insurance Vehicles	13,801.00		13,801.00
8500-12	Depreciation	99,949.00		99,949.00
8500-13	Property Taxes	93,908.00		93,908.00
8500-14	Equipment Lease	10,640.00		10,640.00
9000-05	Outside Labor ST	1,800.00		1,800.00
9000-08	Supplies - Rehab	2,385.00		2,385.00
9000-13	OT - Pool	0.00	338,709.00	338,709.00
9000-14	W/C - Parts	401.00		401.00
9000-16	W/C Cushions	680.00		680.00
9000-25	Rehab Lease Equipment	4,519.00		4,519.00
9000-26	Contract-Rehab Management	739,250.00	(359,442.00)	379,808.00
9500-01	Salaries-Social Services	50,900.00		50,900.00
9600-01	IT-Computers Salaries	58,692.00		58,692.00
9800-01	Pharmacy Consultant	5,927.00		5,927.00
9800-03	MDS Consultant	22,524.00		22,524.00
9800-04	Medical Director	57,000.00		57,000.00
9800-05	Beauty Shop	9,573.00		9,573.00
9800-06	Physiatrist	16,313.00		16,313.00
9800-07	Dentist	6,048.00		6,048.00
9800-08	Strategic	21,403.00		21,403.00
9800-12	ConsultantMutal Aid Plan	350.00		350.00
9806-01	Interest Income	(252.00)		(252.00)
9807-05	Prior Year Rev Adj - MRA	(609.00)		(609.00)
9807-08	Collection fees	50.00		50.00
Marcum 103	Nurse Pool - RN	0.00	2,341.00	2,341.00
Marcum 104	Nurse Pool - LPN	0.00	882.00	882.00
Total		0.00	0.00	0.00
		EE 222.00	0.00	55,222.00
MP (61)	Net (Income) Loss	55,222.00	0.00	- CO,EEEE

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH

Engagement: Period Ending: Trial Balance:

Trial Balance:	A.01 - TB-CCNH TB-CCNH Combined Detail LS				
Workpaper: Account	Description	ADJ	JE Ref#	RJE	FINAL
Account		9/30/2015			9/30/2015
Group : [10-A]	Salaries and Wages				W SON I WWW. TOWARD
Subgroup : [1]	Operators/Owners Salaries - Owner	0.00		92,670.00	92,670.00
6120a	Salahes - Office		RJE - 3 _	92,670.00	92,670.00
Subtotal [1] Ope	rators/Owners	0.00	-	92,670.00	32,070.00
Subgroup : [2]	Administrators			0.00	110,556.00
4000-01	Salaries-Administrator	110,556.00 110,556.00		0.00	110,556.00
Subtotal [2] Adm	ninistrators	110,556.00	12	0.00_	
Subgroup : [4]	Other Administrative Salaries	044 500 00		(44,412.00)	197,088.00
4000-02	Salaries-Office	241,500.00	RJE - 3	(44,412.00)	101,000,000
200000000000000000000000000000000000000	O. J. Visc. A cut A designatorities	48,420.00	1102 0	0.00	48,420.00
4000-04	Salaries-Asst Administrative Admissions Salaries	92,876.00		0.00	92,876.00
5500-01	IT-Computers Salaries	58,692.00		0.00	58,692.00
9600-01 Subtotal (4) Other	er Administrative Salaries	441,488.00	12-	(44,412.00)	397,076.00
Subtotal [4] Oth		0			
Subgroup : [5C]		272,839.00	72	0.00	272,839.00
6500-01 Subtotal [5C] Di	Dietary Salaries etary Workers	272,839.00	18 <del>5</del>	0.00	272,839.00
	The second secon				
Subgroup : [6B]	Other Housekeeping Workers Salaries - Housekeeping	151,391.00		0.00_	151,391.00
7500-02 Subtotal [6B] Ot	ther Housekeeping Workers	151,391.00		0.00	151,391.00
Subgroup : [7B] 8500-01	Other Maintenance Workers Salaries - Maintenance	108,217.00_		0.00	108,217.00
	ther Maintenance Workers	108,217.00		0.00	108,217.00
Cubaraun i 19D1	Other Laundry Workers				
Subgroup : [8B] 8000-01	Salaries - Laundry	25,270.00		0.00	25,270.00
	ther Laundry Workers	25,270.00		0.00	25,270.00
Subgroup : [124	A] Director of Nurses/Assistant Director				00.007.00
5100-02	Salaries DNS	89,987.00		0.00	89,987.00
Subtotal [12A]	Director of Nurses/Assistant Director	89,987.00	,	0.00	89,987.00
Subgroup : [12]	31 RNs - Direct Care				000 760 00
5100-03	Salaries Registered Nurses	668,769.00	8	0.00	668,769.00 668,769.00
	RNs - Direct Care	668,769.00	5	0.00	000,709.00
Subgroup : [12]	32 RNs - Administrative			222	440.457.00
4000-05	Salaries-MDS Coordinators	148,157.00		0.00	148,157.00 32,803.00
5100-06	Salaries Nursing Other (A)	81,061.00	RJE - 3	(48,258.00) (48,258.00)	32,003.00
0	DNo. Administrative	229,218.00	K7E - 3	(48,258.00)	180,960.00
	RNs - Administrative	No.			
Subgroup : [120	C1 LPNs - Direct Care	409,821.00		0.00	409,821.00
5100-04	Salaries LPN	409,821.00		0.00	409,821.00
Subtotal [1201]	LPNs - Direct Care				
	DI Alder and Attendants				
Subgroup : [12] 5100-05	D] Aides and Attendants Salaries CNA	866,404.00		0.00	866,404.00
	Aides and Attendants	866,404.00		0.00	866,404.00
- horomitimal					
	H] Recreation Workers	45 600 00		0.00	45,680.00
6000-01	Recreation Salaries	45,680.00 45,680.00		0.00	45,680.00
Subtotal [12H]	Recreation Workers	49,000.00			
	M] Social Workers/Case Management	50,900.00		0.00	50,900.00
9500-01	Salaries-Social Services Social Workers/Case Management	50,900.00		0.00	50,900.00
Suptotal [12N]	Oodal Horners/ouse management	-			
a acres alreged CS District Materials and a second		3,470,540.00		0.00	3,470,540.00
Total [10-A] Sal	laries and Wages	5,47,0,040.00			

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH TB-CCNH Combined Detail LS

Engagement: Period Ending: Trial Balance:

Morkpaper:	TB-CCNH Combined Detail LS				
Account	Description	ADJ	JE Ref#	RJE	FINAL
Account		9/30/2015			9/30/2015
to seemble					
Group : [13-B] Subgroup : [1]	Professional Fees Dietitian				27 142 00
6500-04	Dietician	27,143.00	-	0.00	27,143.00 27,143.00
Subtotal [1] Dieti	itian	27,143.00	÷	0.00	27,145.00
Subgroup : [2]	Dentist			2723	0.040.00
9800-07	Dentist	6,048.00		0.00	6,048.00
Subtotal [2] Deni		6,048.00	97	0.00	6,040.00
Cubaroup : [2]	Pharmacist				
Subgroup : [3] 9800-01	Pharmacy Consultant	5,927.00	₹.	0.00	5,927.00
Subtotal [3] Pha		5,927.00	·	0.00	5,927.00
O., b	PT - Resident Care				THE RESERVE OF THE PERSON OF T
Subgroup : [5A] 9000-26	Contract-Rehab Management	739,250.00	212 2	(359,442.00)	379,808.00
		720 250 00	RJE-2	(359,442.00)	379,808.00
Subtotal [5A] PT	- Resident Care	739,250.00	# <u>*</u>	(000,772.00)	
Subgroup : [8A]	Medical Director			0.00	57,000.00
9800-04	Medical Director	57,000.00 57,000.00	55	0.00	57,000.00
Subtotal [8A] Me	edical Director	57,000.00		0.00	
Subgroup : [8E]	Other	~~		0.00	16,313.00
9800-06	Physiatrist	16,313.00	7.	0.00	16,313.00
Subtotal [8E] Ot	her	16,313.00	Xe	0.00	10,010.00
Subgroup : [9A]	ST - Resident Care			00 722 00	20,733.00
8491	Outside Labor-Speech Therapy	0.00	RJE - 2	20,733.00 20,733.00	20,733.00
	Out the Labor CT	1,800.00	NJL - Z	0.00	1,800.00
9000-05 Subtotal 1941 ST	Outside Labor ST - Resident Care	1,800.00		20,733.00	22,533.00
oubtomi tori o	100000000000000000000000000000000000000				
Subaroun · [104	N] OT - Resident Care				
9000-13	OT - Pool	0.00	D.IF. 0	338,709.00 338,709.00	338,709.00
		0.00	RJE - 2	338,709.00	338,709.00
Subtotal [10A] C	OT - Resident Care	0.00		000,0000	
Subgroup : [11A	A1 RN's - Direct Care	200		2,341.00	2,341.00
Marcum 103	Nurse Pool - RN	0.00	RJE - 1	2,341.00	2,041.00
Subtatal (11A1)	RN's - Direct Care	0.00	1102 1	2,341.00	2,341.00
Subtotal[IIAI]	KN 5 - Direct Out				
	A2 RN's - Administrative	3,223.00		(3,223.00)	0.00
5100-07	Salaries Pool Nurses	3,223.00	RJE - 1	(3,223.00)	
5100-27	Nursing-Contracts	39,359.00		0.00	39,359.00
Subtotal [11A2]	RN's - Administrative	42,582.00		(3,223.00)	39,359.00
C., barrers v [445	31 LPN's - Direct Care				- company report
Marcum 104	Nurse Pool - LPN	0.00	22022 8	882.00	882.00
		0.00	RJE - 1	882.00 882.00	882.00
Subtotal [11B1]	LPN's - Direct Care	0.00		002.00	2
Subgroup : [12]		22,524.00		0.00	22,524.00
9800-03 9800-12	MDS Consultant ConsultantMutal Aid Plan	350.00		0.00	350.00
Subtotal [12] Ot		22,874.00		0.00	22,874.00
		918,937.00		0.00	918,937.00
Total [13-B] Pro	fessional Fees				
Group : [15]	Expenditures Other than Salaries				
	1] Workmen's Compensation	102 812 00		0.00	102,812.00
4100-04	Insurance- Workers Compensation	102,812.00 102,812.00		0.00	102,812.00
Subtotal [1A1] \	Workmen's Compensation	102,012.00			
Subgroup : [1A	2] Disability Insurance	0.044.00		0.00	6,944.00
4100-07	Insurance-Short Term Disability (A)	6,944.00		0.00	6,944.00
Subtotal [1A2] I	Disability Insurance				

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH

Client: Engagement: Period Ending: Trial Balance:

-CCNH Combined Detail LS
3

Workpaper:	TB-CCNH Combined Detail LS		IE D-64	D IC	FINAL
Account	Description	ADJ	JE Ref#	RJE	THE PROPERTY OF THE PARTY OF TH
		9/30/2015			9/30/2015
	T. Harris Incure Property				
4100-46	Unemployment Insurance     FUTA	18,899.00		0.00	18,899.00
4100-45	SUTA	55,570.00	-	0.00	55,570.00
	Inemployment Insurance	74,469.00		0.00	74,469.00
	Social Security (FICA)	(11.00)		0.00	(11.00)
4000-03	Payroll Taxes-Office	255,293.00		0.00	255,293.00
4100-45	FICA Expense-Employers Payroll Taxes Housekeeping	248.00		0.00	248.00
7500-03 Subtotal [1A4] S	social Security (FICA)	255,530.00		0.00	255,530.00
	i Health Insurance	275,742.00		0.00	275,742.00
4100-03	Insurance- Health/Dental	275,742.00	<del>-</del>	0.00	275,742.00
Subtotal [1A5] H	lealth insurance		,		
Subgroup : [1A6	5] Life Insurance			2.02	2 642 00
4100-02	Insurance- Life & AD&D	3,612.00	K <del></del>	0.00	3,612.00 3,612.00
Subtotal [1A6] L	ife Insurance	3,612.00	-	0.00	0,012.00
O	3] Uniform Allowance				
4100-17	Uniform Allowance	6,411.00	:4	0.00	6,411.00
	Iniform Allowance	6,411.00	<del></del>	0.00	6,411.00
Subgroup: [1A9	Other	12.028.00		0.00	12,028.00
4100-08	Employee Benefits	12,028.00 12,635.00		0.00	12,635.00
4100-11	Employee Relations	24,663.00	-	0.00	24,663.00
Subtotal [1A9] C	other	24,000100	_		
Subgroup : [1C]	Bad Debts				22 005 00
4291-00	Bad Debt Expense	33,885.00	(S <del>a</del>	0.00	33,885.00 33,885.00
Subtotal [1C] Ba	ad Debts	33,885.00	M <del>ac</del>	0.00	33,003.00
a	Atime and Auditing				
	Accounting and Auditing Accounting Fees A&D	46,991.00		0.00	46,991.00
4100-13	counting and Auditing	46,991.00	-	0.00	46,991.00
oubtotal [15] A	, , , , , , , , , , , , , , , , , , ,				
Subgroup : [1E]		10 701 00		0.00	16,701.00
4100-12	Legal Fees A&D	16,701.00 394.00		0.00	394.00
4100-32	Collection Fee	17,095.00	-	0.00	17,095.00
Subtotal [1E] Le	egai				·
Subgroup : [1G]	1 Office Supplies			12722	07.004.00
4100-20	Office Expense (A)	27,324.00		0.00	27,324.00
4100-22	Office Expense (D)	11,354.00		0.00 0.00	11,354.00 3,808.00
4100-28	Computer Software Lease (A)	3,808.00		0.00	1,400.00
4100-29	Computer Hardware (A)	1,400.00 32,503.00		0.00	32,503.00
4100-31 Subtotal [1G] O	Software Maintenance Expense	76,389.00		0.00	76,389.00
Subtotal [16] O	lince Supplies		<del></del>		
Subgroup : [1H	1] Telephone and Telegraph	220020		0.00	936.00
4100-19	Phones-Pay (A)	936.00		0.00 0.00	19,421.00
4100-27	Business Phone (A)	19,421.00 20,357.00	<del></del>	0.00	20,357.00
Subtotal [1H1]	Telephone and Telegraph	20,337.00	_		
Subgroup : I1H	2] Cellular Phones and Beepers			vakosnor	
4100-21	Phones- CELL	4,111.00	<u>=</u>	0.00	4,111.00
Subtotal [1H2]	Cellular Phones and Beepers	4,111.00		0.00	4,111.00
	Corporation Business Taxes				
Subgroup : [1J]	State of CT Business Tax	300.00		0.00	300.00
4100-51 Subtotal [1J] Co	orporation Business Taxes	300.00	-	0.00	300.00
Subgroup: [1K		241.00		0.00	241.00
4100-48	Sales Tax	241.00		0.00	241.00
Subtotal [1K2]	Other		-		
Subgroup · [4K	3] Resident Day User Fee			12022	000 004 00
4100-50	Provider User Tax-State	306,661.00		0.00	306,661.00 306,661.00
Subtotal [1K3]	Resident Day User Fee	306,661.00	<del>-</del>	0.00	300,001.00
resettioners (#1	26				

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH TB-CCNH Combined Detail LS

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	TB-CCNH Combined Detail LS				CONTRACTOR
Account	Description	ADJ	JE Ref#	RJE	FINAL
Account	2000, p. 10.	9/30/2015			9/30/2015
T	distance Other than Calarias	1,256,213.00	10	0.00	1,256,213.00
Total [15] Expen	ditures Other than Salaries	.,,====================================	13		
C	Expenditures Other than Salaries (cont'd) - Admin. and Gene	ral			
Group : [16]	Holiday Parties for Staff				
Subgroup : [2]	Gifts-Christmas Party (A)	18,555.00		0.00	18,555.00
4100-38		18,555.00		0.00	18,555.00
Subtotal [2] Holi	day Parties for Staff				1 <del>5007</del> 1
Subgroup : [3]	Gifts to Staff and Residents				
4100-15	Patient Relations (D)	2,039.00		0.00	2,039.00
	s to Staff and Residents	2,039.00		0.00	2,039.00
Subtotal [5] Gitts	s to diam una recolacina		,		
Subgroup : [4]	Employee Travel				0.0000000
4100-34	Travel-Adminstrative (A)	2,974.00		0.00	2,974.00
4100-35	Travel (D)	12,921.00		0.00	12,921.00
5100-16	Travel	126.00		0.00	126.00
Subtotal [4] Emp		16,021.00		0.00	16,021.00
oustour, [ .] =p	,				
Subgroup : [5]	Education Expense				0.004.00
4100-18	Admin-Education Exp (A)	6,824.00		0.00	6,824.00
4100-33	Training/Seminars-Admin	506.00		0.00	506.00
5100-15	Nursing Education Exp	2,221.00		0.00	2,221.00
6000-03	Recreation Education Expense	249.00	,	0.00	249.00
Subtotal [5] Edu		9,800.00		0.00	9,800.00
Subtotal [o] Lau	oudon mapones				
Subgroup : [6]	Automobile Expense				
4100-40	Auto (D)	15,270.00		0.00	15,270.00
Subtotal [6] Auto	omobile Expense	15,270.00		0.00	15,270.00
Cubtom, [c] , me					
Subgroup: [M1]	Advertising Help Wanted			1407-2100	
4100-39	Advertising-Classified (A)	7,309.00		0.00	7,309.00
Subtotal [M1] Ad	vertising Help Wanted	7,309.00		0.00	7,309.00
Subgroup : [M2]	Advertising Telephone Directory			0250020	
5500-08	Advertising Yellow/White Pages	3,865.00		0.00	3,865.00
	ivertising Telephone Directory	3,865.00		0.00	3,865.00
Subgroup: [M3]	Advertising Other				457.00
5500-02	Admissions Food	157.00		0.00	157.00
5500-03	Admissions Promotional	2,026.00		0.00	2,026.00
5500-04	Admissions Other	6,031.00		0.00	6,031.00
5500-07	Advertising Radio	750.00		0.00	750.00
5500-09	Advertising Print (D)	11,408.00		0.00	11,408.00
Subtotal [M3] Ac		20,372.00		0.00	20,372.00
Subgroup: [M6]	Barber and Beauty Supplies			0.00	9,573.00
9800-05	Beauty Shop	9,573.00		0.00	
Subtotal [M6] Ba	arber and Beauty Supplies	9,573.00		0.00	9,573.00
· ·					
Subgroup: [M8]	Dues and Membership Fees to Professional Associations			0.00	4,789.00
4100-37	Dues (A)	4,789.00		0.00	4,789.00
Subtotal [M8] Du	ues and Membership Fees to Professional Associations	4,789.00		0.00	4,709.00
Subgroup: [M10	0] Contributions	4 007 00		0.00	4,937.00
4100-55	Donations	4,937.00		0.00	4,937.00
Subtotal [M10] C	Contributions	4,937.00		0.00	-1,007100
	1 20 20 2				
	1] Services Provided by Contract	40.000.00		0.00	19,988.00
4100-14	Payroll Service	19,988.00		0.00	19,477.00
4100-30	Computer Contract Labor	19,477.00		0.00	21,403.00
9800-08	Strategic	21,403.00		0.00	60,868.00
Subtotal [M11] S	Services Provided by Contract	60,868.00		0.00	00,000.00
NET TO A COOKING OF THE TOTAL CONTROL	an externi				
Subgroup : [M1		6,370.00		0.00	6,370.00
4100-10	Pre Employment Expenses	380.00		0.00	380.00
4100-16	Licensing Fees (A)	405.00		0.00	405.00
4100-25	Employee Physicals	8,616.00		0.00	8,616.00
4100-26	Bank Charges (A)	4,292.00		0.00	4,292.00
4100-58	Real Estate Reduction fee	7,839.00		0.00	7,839.00
4100-59	Settlement & Penalty Fees	7,839.00 50.00		0.00	50.00
9807-08	Collection fees	50.00		0.00	-

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH TB-CCNH Combined Detail LS

Engagement: Period Ending: Trial Balance:

Workpaper:	TB-CCNH Combined Detail LS				
PRODUCTION STREET, STATE OF STATE	Description	ADJ	JE Ref#	RJE	FINAL
Account	Везиграен	9/30/2015			9/30/2015
0 14-4-1 [3840] O4	ikan	27,952.00	_	0.00	27,952.00
Subtotal [M13] Ot	mer		_		
Total [16] Expend	litures Other than Salaries (cont'd) - Admin. and General	201,350.00	=	0.00	201,350.00
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1]	Raw Food			0.00	92,051.00
500-06	Raw Food Other	92,051.00		0.00	5,437.00
500-07	Breads	5,437.00		0.00	24,570.00
5500-08	Dairy Products Exp	24,570.00		0.00	15,735.00
5500-09	Fruit/Produce (A)	15,735.00		0.00	68.00
3500-13	Supplements A	68.00		0.00	2,591.00
5500-14	Thickened Liquids	2,591.00 140,452.00	<u>-</u>	0.00	140,452.00
Subtotal [2A1] Ra	aw Food	140,402.00	-		( <del></del>
	Non-Food Supplies	7,581.00		0.00	7,581.00
5500-05	Dietary Supplies (A)	7,850.00		0.00	7,850.00
3500-10	Dietary Paper Supplies	15,431.00		0.00	15,431.00
Subtotal [2A2] No	on-Food Supplies		9		
Subgroup : [2A3]		5,489.00		0.00	5,489.00
6500-02	Food (A)	5,489.00	7	0.00	5,489.00
Subtotal [2A3] Ot	ther		ÿ <del>=</del>	)	
T-4-1 (40) Diete	Basis for Allocation of Costs	161,372.00	( <del>-</del>	0.00	161,372.00
lotai [18] Dietary					
Group : [19]	Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed				
		5,314.00		0.00_	5,314.00
8000-03	Linen and Bedding ed Linens, etcwashed, ironed	5,314.00	-	0.00	5,314.00
Subtotal [3A1] De	eu Lillens, etcwasheu, noncu.				
Subgroup : [3D]	Other Supplies - Laundry	7,947.00		0.00	7,947.00
8000-04 Subtotal [3D] Oth		7,947.00	9 <del>5</del>	0.00	7,947.00
		13,261.00	R <del>-</del>	0.00	13,261.00
Total [19] Laundr	ry-Basis for Allocation of Costs		8	0.00	
Group : [20]	Housekeeping and Resident Care Basis for Allocation of C	osts			
	In-House Care Supplies	23,066.00		0.00	23,066.00
7500-04	Supplies - Housekeeping	23,066.00	0.5	0.00	23,066.00
Subtotal [4A1] In-	-House Care Supplies	20,000,00	-		
Subgroup : [5A2]	Purchased from	00 505 00		0.00	80,505.00
5100-13	Prescript Drugs MC & Medicare	80,505.00		0.00	80,505.00
Subtotal [5A2] Pu	urchased from	80,505.00	•	0.00	00,000.00
Subgroup : [5B]		40.404.00		0.00	48,404.00
5100-14	HouseStock Drug Supplies	48,404.00	-	0.00	48,404.00
Subtotal [5B] Me	dicine Cabinet Drugs	48,404.00		0.00	
Subgroup : [5C]	Medical and Therapeutic Supplies	00.457.00		0.00	20,157.00
5100-20	Nursing Supplies Nursing	20,157.00		0.00	21,842.00
5100-21	Attends (A)	21,842.00		0.00	261,219.00
5100-25	Med A Medical Supplies	261,219.00		0.00	1,372.00
5100-26	Managed Care-Medical Supplies	1,372.00		0.00	333.00
8300-04	Nursing Supplies- Private	333.00		0.00	304,923.00
Subtotal [5C] Me	dical and Therapeutic Supplies	304,923.00	•	0.00	
Subaroun : I5F2	Oxygen - Other				40.000.00
5100-19	Oxygen Med A (D)	10,980.00		0.00	10,980.00
5100-15	Liquid Oxygen	9,402.00		0.00	9,402.00
	Managed Care Oxygen	3,858.00	,	0.00	3,858.00
		24,240.00		0.00	24,240.00
8302-1	xygen - Other				
8302-1 Subtotal [5E2] O	X-Rays and related radiological	265 THORSE NO		2.22	0.446.00
8302-1 Subtotal [5E2] O Subgroup : [5F]	X-Rays and related radiological	2,446.00		0.00	
8302-1 Subtotal [5E2] O Subgroup : [5F] 5100-08	X-Rays and related radiological X-Rays Med A Tech Component (D)	1,777.00		0.00	2,446.00 1,777.00
8302-1 Subtotal [5E2] O Subgroup : [5F] 5100-08 5100-09 5100-12	X-Rays and related radiological				

Engagement: Period Ending: Trial Balance:

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH

I riai Balance:	TB-CCNH Combined Detail LS				
Workpaper:		✓ ADJ	JE Ref#	RJE	FINAL
Account	Description	9/30/2015	02110111		9/30/2015
		3/30/2013			3
Subgroup : [5H]	Laboratory				
5100-22	Laboratory	345.00		0.00	345.00
	Medicare A–Laboratory	18,038.00		0.00	18,038.00
5100-23		9,328.00		0.00	9,328.00
5100-24	Managed Care-Laboratory	27,711.00		0.00	27,711.00
Subtotal [5H] La	aboratory	27,711.00	-	0.00	
Subgroup : [5l]	Recreation				
4100-24	Cable-Service Contract	6,159.00		0.00	6,159.00
	Recreation Entertainment	2,593.00		0.00	2,593.00
6000-02		304.00		0.00	304.00
6000-04	Books/Magazines/Periodicals	1,600.00		0.00	1,600.00
6000-05	Patient Outings			0.00	980.00
6000-06	Recreation Supplies	980.00		0.00	326.00
80-000	Recreation Food	326.00	10		11,962.00
Subtotal [5l] Re	creation	11,962.00	X <del>el</del>	0.00	11,962.00
	0/1				
Subgroup : [5J]		5,034.00		0.00	5,034.00
5100-29	Title 19 Medical Supply			0.00	1,500.00
5100-30	Oxygen Rental Equipment	1,500.00		0.00	2,713.00
5100-31	Medical/Nursing Rental	2,713.00			
9000-08	Supplies - Rehab	2,385.00		0.00	2,385.00
9000-14	W/C - Parts	401.00		0.00	401.00
9000-16	W/C Cushions	680.00		0.00	680.00
Subtotal [5J] Ot	ANTALON CONTRACTOR CON	12,713.00		0.00	12,713.00
			_		
Total [20] House	ekeeping and Resident Care Basis for Allocation of Costs	544,126.00		0.00	544,126.00
Group : [22]	Maintenance and Property				
Subgroup : [6A]	Repairs and Maintenance				
8500-03	Maintenance Supplies	21,472.00		0.00	21,472.00
8500-04	Maintenance - Purchased Services	18,923.00		0.00	18,923.00
8500-05	Equipment Repairs and Maintenance	11,774.00		0.00	11,774.00
	epairs and Maintenance	52,169.00	% <del></del>	0.00	52,169.00
ounion. Lo. 4			V:E=	11	
Subgroup : [6B]	Heat				45.070.00
8500-08	Utilities - Gas and Oil	45,376.00	8-	0.00	45,376.00
Subtotal [6B] He	eat	45,376.00	·	0.00	45,376.00
	ED. COURT SEPARATEURS - IN CO.				
Subgroup : [6C]		80,068.00		0.00	80,068.00
8500-07	Utilities Electric		-	0.00	80,068.00
Subtotal [6C] Li	ght & Power	80,068.00	Y)	0.00	00,000.00
Cb	1. Wester				
Subgroup : [6D] 8500-06	Water Utilities Water & Sewer	35,762.00		0.00	35,762.00
Subtotal [6D] W		35,762.00	(2 <del>-</del>	0.00	35,762.00
annioral ford as	atei		Ø <del>.</del>		
Subgroup : [6E]	Equipment Lease				
8500-14	Equipment Lease	10,640.00		0.00	10,640.00
9000-25	Rehab Lease Equipment	4,519.00		0.00	4,519.00
	quipment Lease	15,159.00		0.00	15,159.00
oubtotal [oz] z	441p		1)		
Subgroup : [6F]	Other			500,750,000	
8500-09	Waste Disposal	12,863.00	1	0.00	12,863.00
Subtotal [6F] Ot	ther	12,863.00	_	0.00	12,863.00
Subgroup : [7B]		00.010.00		0.00	99,949.00
8500-12	Depreciation	99,949.00	-	0.00	
Subtotal [7B] B	uilding & Building Improvements	99,949.00		0.00	99,949.00
	Destal Balamanta				
Subgroup : [9]	Rental Payments	374,296.00		0.00	374,296.00
4100-43	Rent (A)			0.00	9,600.00
4100-44	Rent (D) D. White	9,600.00	<del></del>	0.00	383,896.00
Subtotal [9] Rer	ntal Payments	383,896.00	-	0.00	
Subgroup : 1401	B] Real estate taxes paid by lessor				
		797.00		0.00	797.00
8500-10	Fire-City of NL	93,908.00		0.00	93,908.00
8500-13	Property Taxes			0.00	94,705.00
Subtotal [10B] F	Real estate taxes paid by lessor	94,705.00		0.00	34,703.00
PA 150				A AA	040 047 00
Total [22] Maint	tenance and Property	819,947.00	1	0.00	819,947.00

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH TB-CCNH Combined Detail LS

Engagement:
Period Ending:
Trial Balance:
Workpaper:

Norkpaper:   TB-CCNH Combined Detail LS	
Group : [27] Interest and Insurance Subgroup : [12D] Other Interest Expense	FINAL
Subgroup : [12D] Other Interest Expense	9/30/2015
Subgroup : [12D] Other Interest Expense	
	•
	0.00 7,283.00
Subtotal [12D] Other Interest Expense 7,283.00	0.00 7,283.00
Subgroup : [14A] Insurance on Property	0.00 19.500.00
4100-01 insulance- Property (A)	0.00 18,590.00 0.00 18,590.00
Subtotal [14A] Insurance on Property 18,590.00	0.00 18,590.00
6.1	
Subgroup : [14B] Insurance of Automobiles 8500.11 Insurance Vehicles 13,801.00	0.00 13,801.00
6500-11 Illistratice vehicles	0.00 13,801.00
Subtotal [14B] Insurance of Automobiles 13,801.00	
Subgroup : [14C2 Fire and Extended Coverage	
4100-05 Insurance- Liability	0.00 55,884.00
Subtotal [14C2] Fire and Extended Coverage 55,884.00	0.00 55,884.00
Subgroup : [14C3 Other	
40/5-00 Director & Officer Liability insurance	0.00 15,130.00
Subtotal [14C3] Other	0.00 15,130.00
440.000.00	0.00 110,688.00
Total [27] Interest and Insurance 110,688.00	0.00 110,088.00
Group : [30] Statement of Revenue	
Subgroup : [1A] Medicaid Residents (CT only)	0.00 (3,116,656.00)
SSUZ-UT KOUTT Sales - Title XIX	0.00 (3,116,656.00)
Subtotal [1A] Medicaid Residents (CT only)	(0)(0)
Subgroup : [1B] Medicaid room and board contractual allowance	
3502-02 Contract Allowance - Title XIX 945,926.00	0.00 945,926.00
	0.00 945,926.00
outour [15] modical toom and some	
Subgroup : [3A] Medicare Residents (All inclusive)	
3503-01 Room Sales Medicare (1,847,339.00)	0.00 (1,847,339.00)
Subtotal [3A] Medicare Residents (All inclusive) (1,847,339.00)	0.00 (1,847,339.00)
Subgroup : [3B] Medicare room and board contractual allowance	0.00 (1,006,160.00)
3503-02 Contract Allowance - WED A	0.00 (1,000,100.00)
3503-14 Wed A C/A 270 Sequestration	0.00 (955,075.00)
Subtotal [3B] Medicare room and board contractual allowance (955,075.00)	1000,010107
Subgroup : [4A] Private-pay residents and other	
Subgroup : [4A] Private-pay residents and other 3501-01 Room Sales Private (1,121,882.00)	0.00 (1,121,882.00)
	0.00 (14,122.00)
	0.00 (6,536.00)
3504-01 Room Sales - Managed Care (715,770.00)	0.00 (715,770.00)
3505-01 Room Sales - Hospice (457,984.00)	0.00 (457,984.00)
3500-01 Rould Sales - Insulance	0.00 (24,352.00)
Subtotal [4A] Private-pay residents and other (2,340,646.00)	0.00 (2,340,646.00)
Control Contro	
Subgroup : [4B] Private-pay room and board contractual allowance	0.00 (72.546.00)
3504-02 Contract Allow - Managed Care (72,546.00)	0.00 (72,546.00) 0.00 135,101.00
35U5-UZ CUITIACI AlloWalice - I lospice	0.00 62,555.00
Subtotal [4B] Private-pay room and board contractual allowance 62,555.00	0.00
O. L IEAI Decognition Drugs Medicare	0.00 (474,017.00)
Subgroup: [5A] Prescription Drugs - Medicare	0.00 (474,017.00)
3503-04 Pharmacy - Med A (474,017.00)	
3503-04 Pharmacy - Med A (474,017.00)	
3503-04 Pharmacy - Med A (474,017.00) Subtotal [5A] Prescription Drugs - Medicare (474,017.00) Subgroup : [5C] Prescription Drugs - Non-medicare	
3503-04 Pharmacy - Med A (474,017.00) Subtotal [5A] Prescription Drugs - Medicare (474,017.00)  Subgroup : [5C] Prescription Drugs - Non-medicare (16,396.00)	0.00 (16,396.00)
3503-04 Pharmacy - Med A (474,017.00) Subtotal [5A] Prescription Drugs - Medicare (474,017.00)  Subgroup : [5C] Prescription Drugs - Non-medicare 3502-04 Pharmacy - MCD (16,396.00) 3504-04 Pharmacy - MGD (235,077.00)	0.00 (235,077.00)
3503-04     Pharmacy - Med A     (474,017.00)       Subtotal [5A] Prescription Drugs - Medicare     (474,017.00)       Subgroup : [5C]     Prescription Drugs - Non-medicare       3502-04     Pharmacy - MCD     (16,396.00)       3504-04     Pharmacy - MGD     (235,077.00)       3505-03     Pharmacy - Hospice     (991.00)	0.00 (235,077.00) 0.00 (991.00)
3503-04     Pharmacy - Med A     (474,017.00)       Subtotal [5A] Prescription Drugs - Medicare     (474,017.00)       Subgroup : [5C]     Prescription Drugs - Non-medicare       3502-04     Pharmacy - MCD     (16,396.00)       3504-04     Pharmacy - MGD     (235,077.00)       3505-03     Pharmacy - Hospice     (991.00)       3506-03     Insurance - Pharmace     (2,936.00)	0.00 (235,077.00) 0.00 (991.00) 0.00 (2,936.00)
3503-04 Pharmacy - Med A (474,017.00) Subtotal [5A] Prescription Drugs - Medicare (474,017.00)  Subgroup : [5C] Prescription Drugs - Non-medicare  Subgroup : [5C] Pharmacy - MCD (16,396.00) 3504-04 Pharmacy - MGD (235,077.00) 3505-03 Pharmacy - Hospice (991.00) 3506-03 Insurance - Pharmace (2,936.00)	0.00 (235,077.00) 0.00 (991.00) 0.00 (2,936.00)
3503-04   Pharmacy - Med A   (474,017.00)	0.00 (235,077.00) 0.00 (991.00) 0.00 (2,936.00)
3503-04   Pharmacy - Med A   (474,017.00)	0.00         (235,077.00)           0.00         (991.00)           0.00         (2,936.00)           0.00         (255,400.00)
Subgroup : [5C]   Prescription Drugs - Medicare   (474,017.00)	0.00 (235,077.00) 0.00 (991.00) 0.00 (2,936.00) 0.00 (255,400.00) 0.00 (3,847.00)
3503-04   Pharmacy - Med A   (474,017.00)	0.00         (235,077.00)           0.00         (991.00)           0.00         (2,936.00)           0.00         (255,400.00)
3503-04 Pharmacy - Med A (474,017.00) Subtotal [5A] Prescription Drugs - Medicare (474,017.00)  Subgroup : [5C] Prescription Drugs - Non-medicare 3502-04 Pharmacy - MCD (16,396.00) 3504-04 Pharmacy - MGD (235,077.00) 3505-03 Pharmacy - Hospice (991.00) 3506-03 Insurance - Pharmace (2,936.00) Subtotal [5C] Prescription Drugs - Non-medicare (255,400.00)  Subgroup : [6A] Medical Supplies - Medicare 3503-03 Medical Supplies Med A (3,847.00)	0.00 (235,077.00) 0.00 (991.00) 0.00 (2,936.00) 0.00 (255,400.00) 0.00 (3,847.00)

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH TB-CCNH Combined Detail LS

Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	TB-CCNH Combined Detail LS			NEW 864
Account	Description	ADJ	JE Ref# RJE	FINAL
		9/30/2015	120	9/30/2015
3506-10	Insurance Medical Supplies	(3,430.00)	0.00	(3,430.00)
Subtotal [6C] Me	dical Supplies - Non-medicare	(3,430.00)	0.00	(3,430.00)
Subgroup : [7A]	Physical Therapy - Medicare			
3503-07	Physical Therapy - Med A	(833,880.00)	0.00	(833,880.00)
3510-01	Physical Therapy - MCR B	(117,332.00)	0.00	(117,332.00)
	ysical Therapy - Medicare	(951,212.00)	0.00	(951,212.00)
baraua : 1701	Physical Therapy - Non-medicare			
Subgroup : [7C] 3501-06	Physical Therapy - Non-inedicare Physical Therapy - Private	(2,220.00)	0.00	(2,220.00)
3502-07	Physical Therapy - MCD	(43,440.00)	0.00	(43,440.00)
3504-08	Physical Therapy - MGD	(216,840.00)	0.00	(216,840.00)
3505-09	Hospice - Physical Therapy	(60.00)	0.00	(60.00)
3506-06	Insurance - Physical Therapy	(9,360.00)	0.00	(9,360.00)
	ysical Therapy - Non-medicare	(271,920.00)	0.00	(271,920.00)
b	Success Thorney Medicare			
Subgroup : [8A]		(36,000.00)	0.00	(36,000.00)
3503-09	Speech Therapy - Med A	(16,470.00)	0.00	(16,470.00)
3510-02 Subtotal [8A] Sp	Speech Therapy - MCR B eech Therapy - Medicare	(52,470.00)	0.00	(52,470.00)
Subgroup : [8C]		(810.00)	0.00	(810.00)
3501-07	Speech Therapy - Private	(3,060.00)	0.00	(3,060.00)
3502-08	Speech Therapy - MCD	(16,470.00)	0.00	(16,470.00)
3504-09 Subtotal ISC1 Sp	Speech Therapy - MGD eech Therapy - Non-medicare	(20,340.00)	0.00	(20,340.00)
Subgroup : [9A] 3503-08	Occupational Therapy - Medicare Occupational Therapy - Med A	(1,101,870.00)	0.00	(1,101,870.00)
3(I) (I) (I) (I) (I) (I)	Occupational Therapy - Med A Occupational Therapy - Med B	(206,820.00)	0.00	(206,820.00)
3510-03		(1,308,690.00)	0.00	(1,308,690.00)
Subtotal [9A] Oc	cupational Therapy - Medicare	(1,500,050.00)		(1)00010001001
Subgroup : [9C]		71 2003 2003	0.00	(204 242 22)
3504-10	Occupational Therapy - MGD	(291,240.00)	0.00	(291,240.00)
3505-10	Hospice - Occupational Therapy	(90.00)	0.00	(90.00)
3506-08	Insurance - Occupational Therapy	(13,770.00)	0.00	(13,770.00)
Subtotal [9C] Oc	cupational Therapy - Non-medicare	(305,100.00)	0.00	(305,100.00)
Subgroup : [10A]	Other - Medicare			
3503-06	Laboratory - Med A	(50,160.00)	0.00	(50,160.00)
3503-12	Contract Allow - Ancillary - MCR	2,515,870.00	0.00	2,515,870.00
3503-13	Radiology - MCR	(16,156.00)	0.00	(16,156.00)
3510-05	Contract Allowance Ancillaries - MED B	210,664.00	0.00	210,664.00
3510-06	Med B C/A 2% Sequestration	1,660.00	0.00	1,660.00
Subtotal [10A] O	ther - Medicare	2,661,878.00	0.00	2,661,878.00
Subgroup : [10B]	Other - Non-medicare			
3501-05	Laboratory - Private	(21.00)	0.00	(21.00)
3502-06	Laboratory - MCD	(1,287.00)	0.00	(1,287.00)
3502-12	Contract Allow - MCD Ancillary	63,283.00	0.00	63,283.00
3504-07	Laboratory - MGD	(17,724.00)	0.00	(17,724.00)
3504-12	Contract Allowance - Ancillary - MGD	782,211.00	0.00	782,211.00
3504-13	Radiology - MGD	(3,942.00)	0.00	(3,942.00)
3504-14	Managed Medicare Part B	(10,613.00)	0.00	(10,613.00)
3504-15	Managed Medicare B Contratual Allowance	5,681.00	0.00	5,681.00
3505-05	Contract Allowance - Ancilaries - Hospic	1,214.00	0.00	1,214.00
3505-08	Hospice - Lab	(73.00)	0.00	(73.00)
3506-05	Insurance - Lab	(318.00)	0.00	(318.00)
3506-12	Radiology - Insurance	(173.00)	0.00	(173.00)
3540-00	Out Patient Therapy	(33,639.00)	0.00	(33,639.00)
3541-00	Cont. Adjustment Outpatient Therapy	33,536.00	0.00	33,536.00
3541-01	Outpt 2% C/A	200.00	0.00	200.00
3570-00	Flu Shots	(1,330.00) 817,005.00	0.00	(1,330.00) 817,005.00
Subtotal [10B] O	ther - Non-medicare	617,000.00	0.00	511,000.00
Subgroup : [11]			0.00	(202.00)
3501-10	Other Services - Private	(302.00)	0.00	(302.00)
Subtotal [11] Me	als sold to guests, employees, and others	(302.00)	0.00	(302.00)
Subgroup : [15]	Interest Income			
590-00	Interest Income - Acct. Rec.	(982.00)	0.00	(982.00)

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH TB-CCNH Combined Detail LS

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	TB-CCNH Combined Detail LS				
Account	Description	ADJ	JE Ref#	RJE	FINAL
Account		9/30/2015			9/30/2015
0000 04	Interest Income	(252.00)		0.00	(252.00)
9806-01 Subtotal [15] Inte		(1,234.00)		0.00	(1,234.00)
Subtotal [15] inte	steat modific		_		
Subgroup : [17]	Barber, Coffee, Beauty & Gift Shops				/
3560-00	Beauty Shop	(9,739.00)	-	0.00	(9,739.00)
Subtotal [17] Ba	rber, Coffee, Beauty & Gift Shops	(9,739.00)	_	0.00	(9,739.00)
Subgroup: [18]	Other Revenue	(40,550,00)		0.00	(10,550.00)
3511-02	Other Income	(10,550.00) (609.00)		0.00	(609.00)
9807-05	Prior Year Rev Adj - MRA	(11,159.00)	).	0.00	(11,159.00)
Subtotal [18] Oth	ner Revenue	(11,100.00)	: <del></del>		
Total [30] Staten	nent of Revenue	(7,441,212.00)	=	0.00	(7,441,212.00)
0 104 003	Annala				
Group : [31 - 32]	Assets Cash on Hand				
Subgroup : [A1] 1103-00	Checking- Webster New	81,844.00		0.00	81,844.00
1103-00	Webster Resident Trust	11,099.00		0.00	11,099.00
1103-02	Webster Savings Account	1,782.00		0.00	1,782.00
1103-02	Webster Money Market	1,894.00		0.00	1,894.00
1103-04	Cash on Hand Operation	13.00		0.00	13.00
1103-05	Chelsea Money Market	1,312.00		0.00	1,312.00
1103-06	Webster Escrow	1,529.00	7 <u>-</u>	0.00	1,529.00
Subtotal [A1] Ca	sh on Hand	99,473.00		0.00	99,473.00
Subgroup: [A2]		000 000 00		0.00	230,280.00
1310	Accounts Receivable-Customer Deposits	230,280.00		0.00	115.00
1310-01	Accts Rec Xover MCR	115.00		0.00	1.076.00
1310-03	Accts Rec. Xover - Med B	1,076.00		0.00	51,807.00
1310-05	A/R Resident	51,807.00 411,061.00		0.00	411,061.00
1310-06	A/R Medicaid	20,872.00		0.00	20,872.00
1310-08	A/R - Outpatient Part B	258,921.00		0.00	258,921.00
1310-09	A/R Medicare	189,027.00		0.00	189,027.00
1310-10	A/R MGD Care	45,413.00		0.00	45,413.00
1310-11 1310-12	A/R Hospice A/R Other	582.00		0.00	582.00
1310-12	A/R Medicare B	18,539.00		0.00	18,539.00
1310-14	A/R Insurance	82,627.00		0.00	82,627.00
1400-02	Accts Rec Due from VMI	232,585.00		0.00	232,585.00
1400-05	Accts Rec Allow for Bad Debt	(41,000.00)	1 <u>94</u>	0.00	(41,000.00)
Subtotal [A2] Re	sident A/R	1,501,905.00	-	0.00	1,501,905.00
Subgroup : [A5]				0.00	100 100 00
1400-06	Prepaid Expenses	108,192.00		0.00	108,192.00 25,786.00
1400-07	Prepaid Insurance	25,786.00		0.00 0.00	46,941.00
1400-10	Prepaid Sub S Federal Taxes	46,941.00	Fr <u>esco</u>	0.00	180,919.00
Subtotal [A5] Pr	epaid Expenses	180,919.00		0.00	100,010,00
Subgroup : [A8]	Other Current Assets				
1311-00	Patient Refunds	1,524.00		0.00	1,524.00
1401-00	Exchange Account	(1,233.00)	_	0.00	(1,233.00)
	her Current Assets	291.00	200	0.00	291.00
Subgroup : [B4]	Leasehold Improvements			2 22	71.510.00
1500-01	Leasehold Improvements	74,540.00		0.00	74,540.00
1500-02	AccumDepr Leasehold Improvements	(45,895.00)	<del></del>	0.00	(45,895.00)
Subtotal [B4] Le	easehold Improvements	28,645.00		0.00	28,645.00
Cubarana i IDA	Moyable Equipment				
Subgroup : [B6]	Movable Equipment Computers	117,428.00		0.00	117,428.00
1510-00 1510-01	Accumulated Depr Computers	(74,657.00)		0.00	(74,657.00)
1520-00	Equipment	96,497.00		0.00	96,497.00
1520-00	Accumulated Depr Equipment	(138,610.00)		0.00	(138,610.00)
1530-02	Cost Equip	154,050.00	20.00	0.00	154,050.00
Subtotal IB61 Me	ovable Equipment	154,708.00	_	0.00	154,708.00
			_		
Subgroup : [B7]		(407.000.00)		0.00	(137,622.00)
1530-01	Accumulated Depr Motor Vehicles	(137,622.00)		0.00	(137,022.00)
		Pri			

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report 9/30/2015 A.01 - TB-CCNH TB-CCNH Combined Detail LS

Client: Engagement: Period Ending: Trial Balance:

Workpaper:

Workpaper:	TB-CCNH Combined Detail LS	ADI	JE Ref#	RJE	FINAL
Account	Description	ADJ	JE Ref#	KJE	9/30/2015
		9/30/2015		0.00	
1530-05	Cost Silverado	26,690.00		0.00	26,690.00
1530-07	Cost - Eclipse	29,214.00		0.00	29,214.00
1530-08	CostAudi	47,578.00		0.00	47,578.00
1530-09	Cost-Toyota Truck	51,208.00		0.00	51,208.00
1530-10	Cost-Audi 2013 Q7	68,937.00		0.00	68,937.00
		86,005.00	-	0.00	86,005.00
Subtotal [B7] Mot	tor venicles		3.		
Total [31 - 32] Ass	sets	2,051,946.00	); }	0.00	2,051,946.00
Group ; [33 - 34]	Liabilities				
Subgroup : [A1]		(111,938.00)		0.00	(111,938.00)
2101-04	Accounts Payable - Trade	(111,938.00)	9-	0.00	(111,938.00)
Subtotal [A1] Acc	counts Payable	(111,300.00)			
81					
	Accrued Payroll	(116,308.00)		0.00	(116,308.00)
2400-01	Accrued Salaries & Wages	(116,308.00)	•	0.00	(116,308.00)
Subtotal [A4] Acc	crued Payroll	(110,308.00)	7.		
	Other Current Liabilities	(4.270.00)		0.00	(4,279.00)
2100-03	Patient Deposits	(4,279.00)		0.00	(2,654.00)
2100-04	Patient Rec Fund	(2,654.00)			
2100-05	Suspense- Flexible Spending	8,780.00		0.00	8,7,80.00
2100-07	401(k) Payable	(8.00)		0.00	(8.00)
2100-08	HUD Suspense Account	3,838.00		0.00	3,838.00
2100-09	Customer Deposits	(237,152.00)		0.00	(237,152.00)
2100-00	State Sales Tax	250.00		0.00	250.00
2100-10	Provider Tax Payable	(590.00)		0.00	(590.00)
	Auto Loans - CP	(29,208.00)		0.00	(29,208.00)
2284		(1,226.00)		0.00	(1,226.00)
2303	Accrued Expenses			0.00	(3,007.00)
2400-07	Accrued Benefits	(3,007.00)		0.00	(17,208.00)
2400-11	Auto Loan WGW2013 Audi	(17,208.00)			
2400-12	Auto Loan - 2013 Toyota	(3,776.00)		0.00	(3,776.00)
2400-13	Auto Loan-DW 2013 Audi	(11,818.00)	8	0.00	(11,818.00)
Subtotal [A12] Of	ther Current Liabilities	(298,058.00)	8	0.00	(298,058.00)
Subgroup : [B4]	Other Long-Term Liabilities				
2100-02	Line of Credit Webster	(279,559.00)	8	0.00	(279,559.00)
Subtotal [B4] Oth	ner Long-Term Liabilities	(279,559.00)		0.00	(279,559.00)
Total [33 - 34] Lia	abilities	(805,863.00)	11	0.00	(805,863.00)
Group : [35]	Equity				
Subgroup : [B2]	Capital Stock	FV 299V		0.00	(4,000,00)
2504-00	Common Stock	(1,000.00)	76	0.00	(1,000.00)
Subtotal [B2] Cap	pital Stock	(1,000.00)	74	0.00	(1,000.00)
Subgroup : [B5]	Cumulated Earnings	// 1886 688 651		0.00	/1 A76 279 nn\
2501-00	Retained Earnings	(1,476,378.00)		0.00	(1,476,378.00)
2503-00	Distribution of Stockholder	176,073.00	×.	0.00	176,073.00
	mulated Earnings	(1,300,305.00)	14	0.00	(1,300,305.00)
		27			
Total [35] Equity		(1,301,305.00)		0.00	(1,301,305.00)
rotal [55] Equity					÷
				0.00	0.00
	Sum of Account Groups	0.00		0.00	0.00
	Net (Income) Loss	55,222.00		0.00	55,222.00
	Southerness of Coli. 19				

Beechwood Rehabilitation & Nursing Center Medicaid - Beechwood Rehab 2015 Cost Report

Engagement: Period Ending:

9/30/2015

Trial Balance:

A.01 - TB-CCNH

Workpaper:

H.01 - Reclassifying Journal Entries Report

Account	Description	W/P Ref	Debit	Credit
Reclassifying Jou To reclass LPN"s f	rnal Entries JE # 1 rom RN"s	E.08		
Marcum 103 Marcum 104 5100-07 Total	Nurse Pool - RN Nurse Pool - LPN Salaries Pool Nurses		2,341.00 882.00 3,223.00	3,223.00 3,223.00
Reclassifying Journal To reclass OT & S' Contract Manager 8491 9000-13 9000-26		D.03	20,733.00 338,709.00 <b>359,442.00</b>	359,442.00 <b>359,442.00</b>
Reclassifying Jou To reclass salaries lines	to the appropriate	1.01	·	
6120a 4000-02 5100-06 <b>Total</b>	Salaries - Salaries-Office Salaries		92,670.00	44,412.00 48,258.00 <b>92,670.00</b>



Workpaper Index:

400.2

Prepared By:

Reviewed By:

1/19/2016

Workpaper Date: Run Date:

1/19/2016

Name of Workpaper:

VHCL CKLST

Provider Name: Provider Number:

6221 9/30/15

Period Ended:

## VEHICLE COMPLIANCE CHECKLIST

Beechwood Rehabilitation & Nursing Center

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?				
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?				
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: