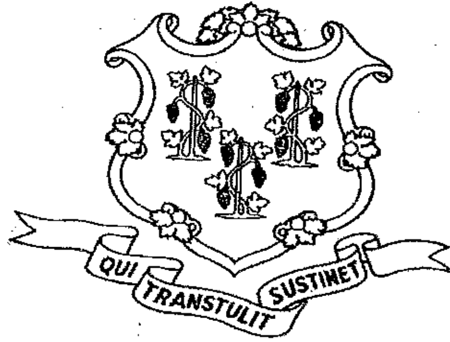
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Facility (as licensed) Carolton Chronic and Convalescent Hospital, Inc.	
Address (No. & Street, City, State, Zip Code) 400 Mill Plain Road, Fairfield, CT 06824	
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 606-C	RHNS	(Specify)	Medicare Provider 07-5034

Medicaid Provider Numbers:	CCNH 000006064	RHNS	ICF-IID

For Department Use Only

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

Table of Contents

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR 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 Carolton Chronic and Convalescent Hospital, Inc. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Dennis Kretzmer			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Carolton Chronic and Convalescent Hospital, Inc.	Period Covered:		From 10/1/2014	To 9/30/2015
Address of Facility 400 Mill Plain Road, Fairfield, CT 06824				
Report Prepared By O'Connor, Davies, LLP	Phone Number 860-257-1870		Date 2/9/2015	

Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	$				
2. Laundry wages paid	$				
3. Housekeeping wages paid	$				
4. Nursing wages paid	$				
5. All other wages paid	$				
6. ***Total Wages Paid***	$				
7. Total salaries paid	$				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report)	$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-255-3573	9/30/2015	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Carolton Chronic and Convalescent Hospital, Inc.	400 Mill Plain Road, Fairfield, CT 06824

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	606-C			07-5034

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ⊙ Profit Corp. ○ Non-Profit Corp. ○ Government ○ Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year? ○ Yes ⊙ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Dennis Kretzmer		939

Other Operators/Owners who are assistant administrators (full or part time) of this 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 Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	3	37

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
N/A			

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

General Information and Questionnaire
Corporate Owners

Name of Facility Carolton Chronic and Convalescent Hospital	License No. 606-C	Report for Year Ended 9/30/2015	Page 3A of 37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated
Carolton Chronic and Convalescent Hospital, Inc.	400 Mill Plain Road, Fairfield, CT 06824	CT

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Carmen A. Tortora	400 Mill Plain Road, Fairfield, CT 06824	esident / Direct	
Michael Tortora	400 Mill Plain Road, Fairfield, CT 06824	Director	
Paul M. Tortora	400 Mill Plain Road, Fairfield, CT 06824	Director	
Russell J. Melita	400 Mill Plain Road, Fairfield, CT 06824	Director	
Names of Stockholders Owning at Least 10% of Shares			
Carmen A. and Agnes E. Tortora Dynasty Tr	400 Mill Plain Road, Fairfield, CT 06824		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
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	3B	37

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

Owner(s) of Facility
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	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ⊙ Yes ○ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
CMF Realty (Tortora Family Trust)	Fairfield, CT	○	○		Rental of real estate and equipment.	22 9A	930,000	
Carmen A. & Agnes E. Tortora Dynasty (C)	Fairfield, CT	○	○		Rental of real estate and equipment.	22 9 A		
TTFT Management Associates	Fairfield, CT	○	○		Management services.	pg 16 M12	642,587	642,587
Peter Tortora, MD	Fairfield, CT	⊙	○		Assistant Medical Director	pg 13 B8a	30,000	30,000
Fairfield Medical Group	Fairfield CT	○	○		Employee physicals	Pg 15 a9	1,250	1,250
Carmen Tortora Jr. - CAT	Fairfield CT	○	○		Loans	pg 34 b3	147,124	147,124
		○	○					
		○	○					
		○	○					

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Ir	606-C	9/30/2015	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)
   ⊙ Yes ○ No — If "No," explain fully why such allocation was not made.

General Information and Questionnaire
Leases (Excluding Real Property)

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	6 of 37

Name and Address of Lessor	Related * to Owners, Operators, Officers: Yes	No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Pitney Bowes	○	⊙	Stamp Machine	Monthly	Monthly	1,875	1,875
DeLange	○	⊙	Copy Machines	Monthly	Monthly	6,106	6,106
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
	○	○					
						Total ***	7,981

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ○ No

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent	606-C	9/30/2015	7	37

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

⊙ Accrual O Cash O Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 O'Connor Davies, LLP	100 Great Meadow Rd. Wethersfield CT
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	Financial Statements Tax Returns, cost report preparations, consulting	$ 35,602
2		$
3		$
4		$
	Charge for Services Provided	$ 35,602

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

⊙ Yes O No P15 L 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Jackson lewis	
2 Charles Jankovsky	
3 Town of Fairfield	
4 Wiggen and Dana	
5	

Address (*No. & Street, City, State, Zip Code*)
1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	Employee Lawsuit - case dismissed	$ 8,733
2	Collections (See pg 28)	$ 15,557 d
3	Clerk office fees for Residents	$ 151
4	Corporate issues (See pg 28)	$ 600 d
5		$
	Charge for Services Provided	$ 25,041

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

⊙ Yes O No Pg 15 L 1e

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

Schedule of Resident Statistics

Name of Facility: Carolton Chronic and Convalescent Hospital, Inc.	License No.: 606-C	Report for Year Ended: 9/30/2015	Page 8 of 37

	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30 Total	Period 10/1 Thru 6/30 CCNH	Period 10/1 Thru 6/30 RHNS	Period 10/1 Thru 6/30 (Specify)	Period 7/1 Thru 9/30 Total	Period 7/1 Thru 9/30 CCNH	Period 7/1 Thru 9/30 RHNS	Period 7/1 Thru 9/30 (Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	229	229			229	229			229	229		
B. On last day of THIS report period	229	229			229	229			229	229		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	174	174			174	174			173	173		
B. As of midnight of THIS report period	168	168			173	173			168	168		
3. Total Number of Days Care Provided During Period												
A. Medicare	12,433	12,433			9,568	9,568			2,865	2,865		
B. Medicaid (Conn.)	29,999	29,999			22,468	22,468			7,531	7,531		
C. Medicaid (other states)												
D. Private Pay	21,387	21,387			16,216	16,216			5,171	5,171		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	63,819	63,819			48,252	48,252			15,567	15,567		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	223	223			131	131			92	92		
5. ***Total Resident Days*** **(3G + 4A + 4B)**	64,042	64,042			48,383	48,383			15,659	15,659		

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

Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital,	606-C	9/30/2015	9	37

4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ No
If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	32	80		56				
Per Diem Rate								
a. One bed rm.		244.00		443-513				
b. Two bed rms.				399-447				
c. Three or more bed rms.								

Item	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	2,667	2,667		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	38	38		
C. Other	13,686	13,686		
D. ***Total Physical Therapy Treatments***	16,391	16,391		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	284	284		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	307	307		
D. ***Total Speech Therapy Treatments***	591	591		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	1,990	1,990		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	34	34		
C. Other	5,633	5,633		
D. ***Total Occupational Therapy Treatments***	7,657	7,657		

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

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes O No

Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	100,000	2,080				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	100,000	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	144,000	4,160				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	758,614	34,953				
5. Dietary Service						
a. Head Dietitian	87,926	2,080				
b. Food Service Supervisor						
c. Dietary Workers	1,079,177	64,693				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	631,798	43,931				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	187,166	9,303				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	120,827	8,178				
9. Barber and Beautician Services	32,860	1,749				
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	184,814	4,376				
b. RN						
1. Direct Care	1,512,053	43,135				
2. Administrative**	356,987	9,640				
c. LPN						
1. Direct Care	2,911,108	92,516				
2. Administrative**	69,579	2,058				
d. Aides and Attendants	3,127,324	203,694				
e. Physical Therapists	987,157	31,590				
f. Speech Therapists						
g. Occupational Therapists	551,361	14,905				
h. Recreation Workers	256,139	13,294				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	98,885	4,160				
n. Marketing						
o. Other (Specify) See Attached Schedule	39,608	1,785				
A-13. Total Salary Expenditures	13,337,383	594,360				

d 33,406

d

reclass

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Carolton Chronic and Convalescent Hospital, Inc.
9/30/2015

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	$	Hours	$	Hours	$	Hours
Med Records	$ 39,608	1,785				
Total	$ 39,608	1,785	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	$	Hours	$	Hours	$	Hours
Psychiatrist	$ 200	4				
Total	$ 200	4	$ -	-	$ -	-

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*

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	11	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Carmen A. Tortora Jr.	100000 - See pg 28				President of Corp.	2,080	A1	TTFT Mgmt Co.		Pg 28 Disallow
										100% ofMgmt F

* 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*

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	12	37

Name	Salary Paid: CCNH	RHNS	(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 III - Administrators* **										
Dennis Kretzmer	100,000				Administrator	2,080	A2	TTFT Mgmt Co.	Pg. 28 Dis	
									100% of M	
Section IV - Assistant Administrators										
Thomas J. Tortora	72,000				Assistant Administrator	2,080	A3	TTFT Mgmt Co.	Pg. 28 Dia	
Kathern Abrahamsen	72,000				Assistant Administrator	2,080	A3	TTFT Mgmt Co.	Pg. 28 Dia	

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Carolton Chronic and Convalescent Hospital, Inc.	License No. 606-C		Report for Year Ended 9/30/2015		Page 13	of 37
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. **Direct care consultants paid on a fee for service basis in lieu of salary** (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	26,942	98				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	60,000	300				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	42,730	657				
b. Other	13,696	206				
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	200	4				
B-13 Total Fees Paid in Lieu of Salaries	143,568	1,265				

reclass

reclass

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-14 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
Healthdrive Dental, 25 Needham Street, Newton, MA 02461	Dental services.	○	⊙	
Stuart Miller MD, 39 Canterbury Lane, Trumbull, CT 06611	Medical director.	○	⊙	
Peter Tortora MD, 345 Old Oaks Drive, Fairfield, CT 06825	Assistant medical director. (100 hours)	⊙	○	Brother of operators.
Fairfield Medical Group, 1300 Post Road (Suite 202), Fairfield, CT 06824	Performs staff physical exams. See Pg 15	⊙	○	Brother of operators.
Rehab Associates 411 Old Coach Rd Fairfield CT	Speech Therapy/OT	○	⊙	
Connecticut Mental Health Specialist	Psychologist	○	⊙	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc	606-C	9/30/2015	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	683,441	683,441		
2. Disability Insurance	$				
3. Unemployment Insurance	$				
4. Social Security (F.I.C.A.)	$	1,395,861	1,395,861		
5. Health Insurance	$	1,608,382	1,608,382		
6. Life Insurance (employees only) (not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$	17,605	17,605		
8. Uniform Allowance	$				
9. Other (*Specify*) See Attached Schedule	$	1,250	1,250		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$				
d. Accounting and Auditing	$	35,602	35,602		
e. Legal (*Services should be fully described on Page 7*)	$	25,041	25,041		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	211,861	211,861		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	48,837	48,837		
2. Cellular Phones	$	8,000	8,000		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22*)					
1. Income*	$				
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$	1,108,992	1,108,992		
Subtotal	$	5,144,872	5,144,872		

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

(Carry Subtotals forward to next page)

reclass 1,400
reclass
d 6,15
cap. 1

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

Carolton Chronic and Convalescent Hospital, Inc.
9/30/2015

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Physician Employee Physicals (Related Party)	$ 1,250		
Total	$ 1,250	$ -	$ -

Schedule of Other Taxes

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-16 Rev. 9/2002

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

Name of Facility Carolton Chronic and Convalescent Hospital, Inc.	License No. 606-C	Report for Year Ended 9/30/2015		Page 16	of 37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		5,144,872	5,144,872		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$	15,251	15,251		
4. Employee Travel	$	22,439	22,439		
5. Education Expenses Related to Seminars and Conventions	$	1,674	1,674		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*) See Attached Schedule	$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	3,330	3,330		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)*** See Attached Schedule	$	1,450	1,450		
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$	546	546		
7. Postage	$				
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	316	316		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$				
10. Contributions*** See Attached Schedule	$	8,810	8,810		
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$				
12. Administrative Management Services**	$	642,587	642,587		
13. Other (*Specify*) See Attached Schedule	$	32,181	32,181		
C-14 Total Administrative & General Expenditures	$	5,873,456	5,873,456		

* Do not include Subscriptions, which should go in item 9.
** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
*** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	$ -	$ -	$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising (see pg 28)	$ 1,450		
Total Other Advertising	$ 1,450	$ -	$ -

d

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	$ -		
ACHCA	$ 316		
Total Dues	$ 316	$ -	$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Contributions See pg 28	$ 8,810		
Total Contributions	$ 8,810	$ -	$ -

d

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Town of Fairfield Food License	$ 367		
Employee Backgound Checks	$ 406		
Town of Fairfield fee	$ 100		
Other (See pg 28)	$ 713		
State of CT License	$ 1,585		
Director Fee (see pg 28)	$ 3,000		
Temp Agency Office staff	$ 20,052		
Penalties (see pg 28)	$ 5,958		
Total Other Administrative and General	$ 32,181	$ -	$ -

d d d

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hosp	606-C	9/30/2015	17	37

Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
TTFT Management Associates, Fairfield, CT	642,587	Overall Management of facility	P. 16/ m12 & pg. 28

*** 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.**

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-18 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	572,329	572,329		
2. Non-Food Supplies	$	125,736	125,736		
3. Other (*Specify*)________	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Management Services**	$				
d. Other (*Specify*)________	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	698,065	698,065		

2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				

	Question	Yes	No	
H.	Is cost of employee meals included in 2E?	○ Yes	⊙ No	
I.	Did you receive revenue from employees?	⊙ Yes	○ No	If yes, specify amt.
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	○ Yes	⊙ No	If yes, specify cost.
L.	Is any revenue collected from these people?	○ Yes	⊙ No	If yes, specify amt.
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	○ Yes	⊙ No	If yes, specify cost.
O.	Is any revenue collected from employees?	○ Yes	⊙ No	If yes, specify amt.
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-19 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	19	37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. $				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. $				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. $	31,014	31,014		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	10,710	10,710		
c. Management Services**	$				
d. Other (*Specify*) Supplies	$	32,352	32,352		
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	74,076	74,076		

3F. Laundry Questionnaire

	Question	Yes	No	
G.	Is cost of employee laundry included in 3E?	O Yes	⊙ No	If yes, specify cost.
H.	Did you receive revenue from employees?	O Yes	⊙ No	If yes, specify amt.
I.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	O Yes	⊙ No	If yes, specify cost.
K.	Did you receive revenue from these people?	O Yes	⊙ No	If yes, specify amt.
L.	Where is the revenue received reported in the Cost Report?		(Page/Line Item)	

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

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

*** Pounds of Laundry only required for multi-level facilities.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-20 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital, I	606-C	9/30/2015	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	81,144	81,144		
b. Purchased Services (*by contract other than through Management Services*)	Sq. Ft. Serviced by Personnel					
(*Complete Schedule C-2 att. Page 21*)	Amt.	$				
c. Management Services*		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)		$	81,144	81,144		
5. Resident Care (Supplies)** a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	704,209	704,209		
b. Medicine Cabinet Drugs		$				
c. Medical and Therapeutic Supplies		$	214,622	214,622		
d. Ambulance/Limousine***		$	5,059	5,059		
e. Oxygen 1. For Emergency Use		$				
2. Other***		$	62,940	62,940		
f. X-rays and Related Radiological Procedures***		$	29,502	29,502		
g. Dental (*Not dentists who should be included under salaries or fees*)		$				
h. Laboratory***		$	60,669	60,669		
i. Recreation		$	15,101	15,101		
j. Other (Specify)**** See Attached Schedule		$	125,299	125,299		
5K. ***Total Resident Care Expenditures*** (5a - 5j)		$	1,217,401	1,217,401		

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

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

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

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

Carolton Chronic and Convalescent Hospital, Inc.
9/30/2015

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
IV Therapy (see pg 29)	$ 46,833	d	
Med Supply Personal (See pg 29)	$ 30,652	d	
Social Service Supplies	$ 44		
Rental Passive Motion Machine (See pg 29)	$ 1,697	d	
PT Supplies	$ 8,160	DKD	
Medical Supplies Medicare	$ 10,091		
Physician Procedures (see pg 29)	$ 27,822	d	
Total Other Resident Care	$ 125,299	$ -	$ -

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

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

Name of Facility Carolton Chronic and Convalescent Hospital, Inc.	License No. 606-C	Report for Year Ended 9/30/2015	Page 21 of 37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
D & M Landscaping	131 Carlynn Rd Fairfield CT	○	⊙		Landscaping/snowplowing	36,923			22	6a
		○	○							
Ray Flanagan	Fairfiled CT	○	⊙		Plumbing	64,049			22	6a
Cablevision, Lightpath Inc	Pittsburg PA	○	⊙		Telephone/inernet	34,508			15	1h
Call Peter	East Windsor CT	○	⊙		Dumpsters/Garbage	47,517			22	6f
Home Depot		○	○		Materials	11,330			22	6a
Direct TV	PO Box 5392 Miami FL 33152	○	⊙		Satellite TV	14,882			22	6f
		○	○							
Precision Mechanical	Houston TX	○	⊙		Fire Sprinkler Testing/Inspections	13,896			22	6f
Huntington Power	Shelton CT	○	⊙		Generator Service	13,599			22	6f
		○	○							
ILS - CT	Seymour	○	⊙		Computer System	36,838			15	1g
Wescom Solutions	Mississauga ON, Canada	○	⊙		Computer System	39,478			15	1g
Federal Electric Construction	Bridgeport CT	○	⊙		Electrical Service	11,811			22	6a

* List all contracted services over $10,000. Use additional sheets if necessary.
** Refer to Page 4 for definition of related.
*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-22 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospital,	606-C	9/30/2015	22	37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	109,717	109,717		
b. Heat	$	126,555	126,555		
c. Light & Power	$	234,737	234,737		
d. Water	$	40,661	40,661		
e. Equipment Lease (*Provide detail on page 6*)	$	7,981	7,981		
f. Other (*itemize*) See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)					
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements					
b. Building & Building Improvements					
c. Non-Movable Equipment					
d. Movable Equipment					
*7e. ***Total Depreciation Costs*** (7a + b + c + d)					
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense					
b. Mortgage Expense					
c. Leasehold Improvements					
d. Other (*Specify*)					
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	110,244	110,244		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	930,000	930,000		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	200,766	200,766		
c. Personal property taxes	$	85,899	85,899		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,555,968	1,555,968		

tax liability expensed PY?
why included this yr?

- ask about Apartment, - Rep & maint
- heat
- light & power
other rep & maint
taxes
ins.

OK -

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

Carolton Chronic and Convalescent Hospital, Inc.
9/30/2015

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Purchased Services	$ 208,291		
Total Other Repairs and Maintenance	$ 208,291	$ -	$ -

Depreciation Schedule

Name of Facility Carolton Chronic and Convalescent Hospital, Inc.	License No. 606-C	Report for Year Ended 9/30/2015	Page 23 of 37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period	3,689,402		2,689,700	403,455	S/L	Var	134,485	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								134,485
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	4,964,386		195,823	79,504	S/L	Var	6,842	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal								6,842

	Is a mileage logbook maintained? Yes	No	Date of Acquisition Month	Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period					4,444,433		4,444,433	4,101,896	S/L	Var	75,147	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					80,506		80,506		S/L	Var	12,584	
D-3. Subtotal												87,731
E. ***Total Depreciation***												229,058

Carolton Chronic and Convalescent Hospital, Inc.
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3
**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3
**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Nov. 2014	Physical Therpy Equipment	$ 5,412	5	$ 1,082	
Nov - Sept 2015	Chairs	$ 19,100	5	$ 3,820	
Sept. 2015	Telephone System	$ 35,166	10	$ 3,517	
March 2015	Computer Tablets	$ 3,402	5	$ 680	
Oct. 2014	Computer Equipment	$ 17,426	5	$ 3,485	
Total additions for Movable Equipment		$ 80,506		$ 12,584	*
Deletions:					
Total deletions for Movable Equipment		$ -		$ -	**

***Ties to Page 23, Line D2c**
****Ties to Page 23, Line D2b**

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
11/1/2014	Refrigerator for water cooler	$ 5,585	10	$ 558	
2/1/2015	Carpet	$ 5,318	5	$ 1,064	
6/1/2015	A/C equipment	$ 9,403	10	$ 940	
4/1/2015	Windows	$ 3,712	5	$ 742	
Total additions for Leasehold Improvement		$ 24,018		$ 3,304	*
Deletions:					
Total deletions for Leasehold Improvement		$ -		$ -	**

***Ties to Page 24, Line C3**
****Ties to Page 24, Line C2**

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

Amortization Schedule*

Name of Facility: Carolton Chronic and Convalescent Hospital, Inc.			License No.: 606-C		Report for Year Ended: 9/30/2015			Page 24	of 37
Item	Date of Acquisition: Month	Date of Acquisition: Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
A. **Organization Expense**									
1.									
2.									
3.									
A-4. Subtotal									
B. **Mortgage Expense**									
1.									
2.									
3.									
B-4. Subtotal									
C. **Leasehold Improvements and Other**									
1. Acquired prior to this report period				4,501,713	3,432,676	Var		106,939	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				24,018		Var		3,304	
C-4. Subtotal									110,243
D. ***Total Amortization***									110,243

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.
B. Life of mortgage; OR
C. Remaining Life of Lease; OR
D. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent H	606-C	9/30/2015	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ⊙ Yes ○ No

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

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

Description	Total
1. Date Land Purchased	1956
2. Date Structure Completed	1956
3. If **NOT** Original Owner, Date of Purchase	05/09/05
4. Date of Initial Licensure	05/09/05
5. Total Licensed Bed Capacity	229
6. Square Footage	
7. Acquisition Cost	
a. Land	139,648
b. Building	66,176

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Fixed			
b. Date Mortgage Obtained	07/01/03			
c. Interest Rate for the Cost Year	5.90%			
d. Term of Mortgage (number of years)	20			
e. Amount of Principal Borrowed	9,000,000			
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

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

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-26 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent I	606-C	9/30/2015	26 | 37

Item		Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage	$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5)	$				

(Carry Subtotals forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-27 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescen	606-C	9/30/2015	27 | 37

Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment 1. Automotive Equipment			$				
A. Item	Rate	Amount					
Lender							
Address of Lender							
2. Other (*Specify*)			$				
A. Item	Rate	Amount					
Lender							
Address of Lender							
B. Item	Rate	Amount					
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			$				
12. D. Other Interest Expense (*Specify*)			$	75,365	75,365		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D)			$	75,365	75,365		
14. Insurance a. Insurance on Property (buildings only)			$	64,816	64,816		
b. Insurance on Automobiles			$				
c. Insurance other than Property (as specified above) 1. Umbrella (*Blanket Coverage*)			$	39,520	39,520		
2. Fire and Extended Coverage			$				
3. Other (*Specify*) Liability Ins and other			$	140,324	140,324		
14d. ***Total Insurance Expenditures (14a + b + c)***			$	244,660	244,660		
15. ***Total All Expenditures (A-13 thru C-14)***			$	24,029,028	24,029,028		

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-28 Rev. 9/2002

D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	28 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages								
1.			Outpatient Service Costs	$				
2.			Salaries not related to Resident Care	$				
3.			Occupational Therapy	$				
4.			Other - See attached Schedule	$				
Page 13 - Professional Fees								
5.			Resident Care Physicians **	$				
6.			Occupational Therapy	$				
7.			Other - See attached Schedule	$				
Pages 15 & 16 - Administrative and General								
8.			Discriminatory Benefits	$				
9.			Bad Debts	$				
10.	15	1 e	Accounting & Legal	$	16,157	16,157		
11.			Telephone	$				
12.	15	Lh2	Cellular Telephone	$	3,000	3,000		
13.	15	LIa5	Life insurance premiums on the life of Owners, Partners, Operators	$	1,400	1,400		
14.			Gifts, flowers and coffee shops	$				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	$				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	$				
17.			Automobile Expense (e.g. personal use)	$				
18.	16	M3	Unallowable Advertising *	$	1,450	1,450		
19.			Income Tax / Corporate Business Tax	$				
20.	16	M10	Fund Raising / Contributions	$	8,810	8,810		
21.	16	M12	Unallowable Management Fees	$	642,587	642,587		
22.	10 &	A9 &	Barber and Beauty	$	33,406	33,406		
23.			Other - See attached Schedule	$	180,479	180,479		
Page 18 - Dietary Expenditures								
24.			Meals to employees, guests and others who are not residents	$				
Page 19 - Laundry Expenditures								
25.			Laundry services to employees, guests and others who are not residents	$				
Page 20 - Housekeeping Expenditures								
26.			Housekeeping services to employees, guests and others who are not residents	$	13,858	13,858		
			Subtotal (Items 1 - 26)	$	901,147	901,147		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			$ -	$ -	$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)	
16 A		Directors Fees	$ 3,000			✓
16	L4	Entertainment	$ 22,439			reclass
16	L3	Gifts to staff	$ 7,650			reclass.
29B		Outpatient Therapy	$ 10,719			reclassed
16A		Other A&G	$ 713			✓
16A		Penalties	$ 5,958			✓
10		Owner Wages	$ 100,000			gb
13		Med Dir - Related Party	$ 30,000			gb
Total Other A&G Adjustments			$ 180,479	$ -	$ -	

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-29 Rev. 10/2006

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

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospital, Inc.	606-C	9/30/2015	29 | 37

Item No.	Page No.	Line No.	Item Description		Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	$	901,147	901,147		
Page 20 - Resident Care Supplies*								
27.	20		Prescription Drugs	$	704,209	704,209		
28.	20		Ambulance/Limousine	$	5,059	5,059		
29.	20		X-rays, etc	$	29,502	29,502		
30.	20		Laboratory	$	60,669	60,669		
31.			Medical Supplies	$				
32.	20		Oxygen (non emergency)	$	62,940	62,940		
33.			Occupational Therapy	$				
34.			Other - See Attached Schedule	$	107,004	107,004		
Page 22 - Maintenance and Property								
35.			Excess Movable Equipment Depreciation See Attached Schedule	$				
36.			Depreciation on Unallowable Motor Vehicles	$				
37.			Unallowable Property and Real Estate Taxes	$				
38.			Rental of Building Space or Rooms	$				
39.			Other - See Attached Schedule	$	10,394	10,394		
Page 27 - Insurance								
40.			Mortgage Insurance	$				
41.			Property Insurance	$				
Other - Miscellaneous								
42.			Research or Experimental Activities	$				
43.			Radio and Television Revenue	$				
44.			Vending Machine Revenue	$				
45.			Purchase Discounts and Allowances	$				
46.			Duplications of functions or services	$				
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	$				
48.	30A		Interest Income on Accounts Rec	$	6,258	6,258		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	$				
Not For Profit Providers Only								
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	$				
51.			***Total Amount of Decrease (Items 1 - 50)***	$	1,887,182	1,887,182		

*** 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.

Attachment Page 29

Carolton Chronic and Convalescent Hospital, Inc.
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20 A		Rental Passive Motion Machine	$ 1,697		
20 A		Physician Procedures	$ 27,822		
20 A		IV Therapy	$ 46,833		
20 A		Medical Supplies Personal	$ 30,652		
Total Other Ancillary Costs			$ 107,004	$ -	$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)	
29 B		Outpatient Therapy	$ 4,142			reclassed.
29C		Apartment Disallowance	$ 6,252			reclassed 3885
Total Other Property Adjustments			$ 10,394	$ -	$ -	

Schedule of Other Adjustments

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

Schedule of Unallowable Building Interest

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

Client: CAROLTON CHRONIC & CONVALESCENT HOSPITAL, INC.
Period: FY 2015

Estimated Overhead on Outpatient Therapy:

Square Footage of Physical Therapy Space		4,437	
Total Square Footage of Facility		94,345	
Therapy Space as % of Total Space		0.047030	
Outpatient Treatments			
PT		7,419	
ST		57	
OT		695	
Total Outpatient Treatments		8,171	
Total Treatments - Pg. 9 of Cost Report			
PT, OT, ST		24,639	
Total Therapy Treatments		24,639	
Outpatient Treatments %		0.331629	
Outpatient Allocation of Therapy Space %		0.015596	
Expense Item:			
Heat		$ 126,555	
Light & Power		234,737	
Repairs & Maintenance		109,717	
Purchased Services/Lease		216,272	
Sub-Total		687,281	
Outpatient Allocation of Therapy Space %		0.015596	
Unallowable A&G Expense		$ 10,719	**P. 28 / L. 23**
		$ -	
Housekeeping Salaries		631,798	
Total Fringe Benefits (pg 15)	3,706,539		
Total Payroll (pg 10)	13,337,383		
Unallowable fringe Percentage		27.79%	
Total Hsk Wages & Benefits		807,378	
Housekeeping Supplies		81,144	
Sub-Total		888,522	
Outpatient Allocation of Therapy Space %		0.015596	
Unallowable Indirect Expense		$ 13,858	**P. 28 / L. 26**
Property Insurance - Pg. 27 (Excludes Auto)		$ 64,816	
Real Estate Taxes (A/C # 922000)		200,766	
Sub-Total		265,582	
Outpatient Allocation of Therapy Space %		0.015596	
Unallowable Capital Expense		$ 4,142	**P. 29 / L. 39**
Fair Rent (Based on Real Property #16)		$ -	
Outpatient Allocation of Therapy Space %		0.015596	
Unallowable Fair Rent		$ -	**P. 29 / L. 39**

Asset fell of FR ScheduleNo longer need this adjustment

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-30 Rev.10/2005

F. Statement of Revenue

Name of Facility Carolton Chronic and Convalescent Hosp	License No. 606-C	Report for Year Ended 9/30/2015	Page 30 of 37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	13,516,011	13,516,011		
b. Medicaid Room and Board Contractual Allowance **	$	(5,871,143)	(5,871,143)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents (*all inclusive)*	$	7,699,285	7,699,285		
b. Medicare Room and Board Contractual Allowance **	$	(3,168,405)	(3,168,405)		
4. a. Private-Pay Residents and Other	$	9,622,951	9,622,951		
b. Private-Pay Room and Board Contractual Allowance **	$	(1,200,224)	(1,200,224)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	473,501	473,501		
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$	19,268	19,268		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$	8,854	8,854		
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	8,366	8,366		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	1,378,260	1,378,260		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	227,371	227,371		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	119,357	119,357		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	17,295	17,295		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	1,018,377	1,018,377		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$	93,967	93,967		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	94,711	94,711		
b. Other *(Specify)* - Non-Medicare	$	370,378	370,378		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	24,428,180	24,428,180		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$				
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	6,258	6,258		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	39,150	39,150		
V. Total Other Revenue (1 thru 8)	$	45,408	45,408		
VI. Total All Revenue (III +V)	$	24,473,588	24,473,588		

* *Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.*

** *Facility should report all contractual allowances and/or payer discounts.*

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Lab	$ 41,183		
	Xray	$ 23,888		
	Oxygen	$ 29,640		
Total Other Resident Revenue - Medicare		$ 94,711	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	OP Therapy	$ 361,443		
	Lab	$ 289		
	Oxygen	$ 8,646		
	IV			
Total Other Resident Revenue		$ 370,378	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income (See pg 29)		$ 6,258		
Total Interest Income			$ 6,258	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)	
	Cafeteria - Dietary Rev $45,006 Food Exp $27,003, Salary Expense $27,729 Sales use tax $10	$ (10,758)			RFI
	Personal Laundry - Rev $690 Exp $816	$ (126)			RFI
	Private Duty Nursing Rev $161,140 Exp $154,828	$ 6,312		reclassify	RFI
	Barber Revenue	$ 42,046			reclass
	Personal Items Rev. $3,428 Exp. $1,752	$ 1,676			RFI
Total Other Revenue		$ 39,150	$ -	$ -	

offset

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page 31 of 37
Carolton Chronic and Convalescent Ho	606-C	9/30/2015	

Account			Amount
Assets			
A. Current Assets			
1. Cash (*on hand and in banks*)			$ 1,204,645
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			$ 3,372,645
3. Other Accounts Receivable (Excluding Owners or Related Parties)			$
4 Inventories			$ 37,661
5. Prepaid Expenses			$ 1,466
a. Prepaid Med Dir fee		1,466 d	
b.			
c.			
d.			
6. Interest Receivable			$
7. Medicare Final Settlement Receivable			$
8. Other Current Assets (*itemize*)			$ 29,341
Employee Loans		23,228	
Loan CAT Related Party		6,113	
A-9. ***Total Current Assets*** (Lines A1 thru 8)			$ 4,645,758
B. Fixed Assets			
1. Land			$
2. Land Improvements	*Historical Cost		$
	Accum. Depreciation	Net	
3. Buildings	*Historical Cost		$
	Accum. Depreciation	Net	
4. Leasehold Improvements	*Historical Cost	3,686,534	$ 416,354
	Accum. Depreciation	3,270,180 Net	
5. Non-Movable Equipment	*Historical Cost	58,977	$
	Accum. Depreciation	58,977 Net	
6. Movable Equipment	*Historical Cost	4,524,939	$ 335,312
	Accum. Depreciation	4,189,627 Net	
7. Motor Vehicles	*Historical Cost		$
	Accum. Depreciation	Net	
8. Minor Equipment-Not Depreciable			$
9. Other Fixed Assets (*itemize*)			$ 1,225,084
CR vs. FS Depreciation		1,225,084	
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)			$ 1,976,750

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

(*Carry Total forward to next page*)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Ho	606-C	9/30/2015	32	37

Account					Amount
			Total Brought Forward:		$ 6,622,508
C.	Leasehold or like property recorded for Equity Purposes.				
	1. Land				$
	2. Land Improvements	*Historical Cost			
		Accum. Depreciation		Net	$
	3. Buildings	*Historical Cost	3,528,898		
		Accum. Depreciation	810,679	Net	$ 2,718,219
	4. Non-Movable Equipment	*Historical Cost	136,846		
		Accum. Depreciation	27,369	Net	$ 109,477
	5. Movable Equipment	*Historical Cost			
		Accum. Depreciation		Net	$
	6. Motor Vehicles	*Historical Cost			
		Accum. Depreciation		Net	$
	7. Minor Equipment-Not Depreciable				$
C-8	***Total Leasehold or Like Properties*** (C1 thru 7)				$ 2,827,696
D.	Investment and Other Assets				
	1. Deferred Deposits				$
	2. Escrow Deposits				$
	3. Organization Expense	*Historical Cost			
		Accum. Depreciation		Net	$
	4. Goodwill (Purchased Only)				$
	5. Investments Related to Resident Care (*itemize*)				$
	6. Loans to Owners or Related Parties (*itemize*)				$
	Name and Address	Amount	Loan Date		
	7. Other Assets (*itemize*)				$ (470,225)
	Due from CMF Realty (Related Party)		(470,225)		
D-8.	***Total Investments and Other Assets*** (Lines D1 thru 7)				$ (470,225)
D-9.	***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 8,979,979

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Carolton Chronic and Convalescent Hospital,	606-C	9/30/2015	33 of 37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 654,700
2. Notes Payable (*itemize*)				$
3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 351,625
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$ 86,561
7. Medicare Final Settlement Payable				$
8. Medicare Current Financing Payable				$
9. Mortgage Payable (*Current Portion*)				$
10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
11. Accrued Income Taxes*				$
12. Other Current Liabilities (*itemize*)				$ 1,808,328
Farifield County L/C	1,500,000	Defered Fed Income Tax	(81,717)	
CT Business Tax Payable	(5,226)	Deferred Tax	(49,500)	
Accrued Prop. Tax	170,447	NEC Financial	20,541	
Due to State of CT - Medicaid	250,621	Employee Garnishment	3,162	
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 2,901,214

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

(Carry Total forward to next page)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hospit	606-C	9/30/2015	34	37

Account	Amount
Total Brought Forward:	2,901,214
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

Account	Amount
2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$ 147,124

Name and Address of Lender	Amount	Loan Date
Loan CAT	147,124	

Account	Amount
4. Other Long-Term Liabilities (*itemize*)	$
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$ 147,124
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 3,048,338

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent H	606-C	9/30/2015	35	37

Account					Amount
A. **Reserves**					
1. Reserve for value of leased land					$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized					$ 2,827,696
3. Reserve for depreciation value of leased personal property *(Equity)*					$
4. Reserve for leasehold real properties on which fair rental value is based					$
5. Reserve for funds set aside as donor restricted					$
6. Total Reserves					$ 2,827,696
B. **Net Worth**					
1. Owner's Capital					$
2. Capital Stock					$ 18,000
3. Paid-in Surplus					$
4. Treasury Stock					$ (540,000)
5. Cumulated Earnings					$ 3,051,499
6. Gain or Loss for Period	10/1/2014	thru	9/30/2015		$ 574,446
7. Total Net Worth					$ 3,103,945
C. ***Total Reserves and Net Worth***					$ 5,931,641
D. ***Total Liabilities, Reserves, and Net Worth***					$ 8,979,979

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-36 Rev. 6/95

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent Hos	606-C	9/30/2015	36	37

	Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			$	2,529,499
B.	Total Revenue (*From Statement of Revenue Page 30*)			$	24,473,588
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$	24,029,028
D.	Net Income or Deficit			$	444,560
E.	Balance			$	2,974,059
F.	Additions				
	1. Additional Capital Contributed (*itemize*)				
	CR vs FS Depreciation	129,886			
	2. Other (*itemize*)				
F-3.	Total Additions			$	129,886
G.	Deductions				
	1. Drawings of Owners/Operators/Partners (*Specify*)			$	
	Name and Address (*No., City, State, Zip*)	Title	Amount		
	2. Other Withdrawings (*Specify*)			$	
	Purpose	Amount			
	3. Total Deductions			$	
H.	***Balance at End of Period*** 09/30/15			$	3,103,945

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Carolton Chronic and Convalescent	606-C	9/30/2015	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

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	Title	Date Signed

Printed Name of Preparer	
O'Connor, Davies, LLP	
Addres Address	**Phone Number**
100 Great Meadow Rd. Wethersfield, CT 06109	860-257-1870