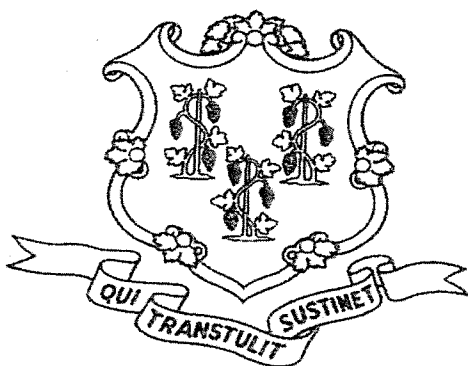


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Cheshire House Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 3396 East Main Street Waterbury, CT 06705	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2141c	RHNS	(Specify)	Medicare Provider 07-5373
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Medicaid Provider Numbers:	CCNH 6577	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Cheshire House Nursing & Rehabilitation Center	License No. 2141c	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

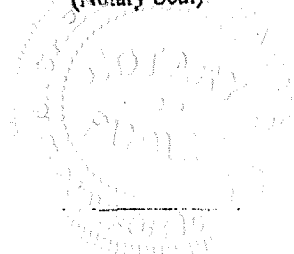
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Cheshire House Nursing & Rehabilitation Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that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

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

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

Signed (Administrator) <i>Stanley P. DeCosta Jr.</i>	Date 1/28/16	Signed (Owner) <i>Martin Sbriglio</i>	Date 1/28/16
Printed Name (Administrator) Stanley P. DeCosta Jr.		Printed Name (Owner) Martin Sbriglio	
Subscribed and Sworn to before me: <i>Michelle A. Farmer</i>	State of CT	Date 1/28/16	Signed (Notary Public) <i>Michelle A. Farmer</i>
Address of Notary Public 189 Orange St. Stratford, CT 06615			Comm. Expires MICHELLE A. FARMER NOTARY PUBLIC - State of Connecticut My Commission Expires December 31, 2017

(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 Cheshire House Nursing & Rehabilitation Center	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 3396 East Main Street Waterbury, CT 06705				
Report Prepared By Ryders Health Management	Phone Number 203-381-1327	Date 1/1/2016		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-754-2161	Report for Year Ended 9/30/2015	Page 2	of 37
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Name of Facility (as shown on license) Cheshire House Nursing & Rehabilitation Center	Address (No. & Street, City, State, Zip) 3396 East Main Street Waterbury, CT 06705
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License Numbers:	CCNH 2141c	RHNS	(Specify)	Medicare Provider No. 07-5373
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Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)			
<input type="radio"/> Proprietorship	<input type="radio"/> LLC	<input type="radio"/> Partnership	<input checked="" type="radio"/> Profit Corp.
<input type="radio"/> Non-Profit Corp.	<input type="radio"/> Government	<input type="radio"/> Trust	

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

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
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Administrator

Name of Administrator Stanley P. DeCosta Jr.	Nursing Home Administrator's License No.:	001875
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Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
N/A	

General Information and Questionnaire
Corporate Owners

Name of Facility Cheshire House Nursing & Rehabilitation Ce	License No. 2141c	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		
Cheshire House Nursing & Rehabilitation Center	3396 East Main Street, Waterbury, CT 06705	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Martin Sbriglio	3396 East Main Street, Waterbury, CT 06705	Owner	100	
Names of Stockholders Owning at Least 10% of Shares				
Martin Sbriglio	3396 East Main Street, Waterbury, CT 06705	Owner	100	

General Information and Questionnaire Related Parties*

Name of Facility Cheshire House Nursing & Rehabilitation Center	License No. 2141c	Report for Year Ended 9/30/2015	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input type="radio"/> No						
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? <input type="radio"/> Yes <input type="radio"/> No						
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**			
Ryders Health Management	88 Ryders Lane, Suite 208, Stratford, CT 06614	<input type="radio"/>	<input type="radio"/>	16/m12	174,596	174,596
Cheshire House Properties LLC	3396 East Main Street, Waterbury, CT 06705	<input type="radio"/>	<input type="radio"/>	22/9	480,000	480,000
RHM (CT W/C Trust)	PO Box 30393, Hartford, CT 06150	<input type="radio"/>	<input type="radio"/>	15/1a1	252,197	252,197
RHM (CNA Healthpro)		<input type="radio"/>	<input type="radio"/>	27/14a	10,349	10,349
RHM (One Beacon Dental, PBS)	199 Scott Swamp Road, Farmington, CT 06032	<input type="radio"/>	<input type="radio"/>	27/14c1	28,548	28,548
RHM (IHP, Guardian services)	4801 Olympia Plaza Drive, Ste. 2000, Louisville, KY 40241	<input type="radio"/>	<input type="radio"/>	15/1a5	478,260	478,260
Mystic Healthcare	475 High Street, Mystic, CT 06355	<input type="radio"/>	<input type="radio"/>	15/1a7	10,132	10,132
Greentree Manor	4 Greentree Drive, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>	32/D7	4,301	4,301
		<input type="radio"/>	<input type="radio"/>	32/D7	3,816	3,816

* 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 Cheshire House Nursing & Rehabilitation Cent	License No. 2141c	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Management Fees were allocated October 2014 thru April 2015 by beds. Cheshire hosue is 11.61%. May 2015 and after Management Fees are allocated based on Total Cost Year 2014 Expense minus Management Fees. Cheshire House is 11.87%. Facility expenses are allocated to the Subsidiary based upon the above indentified methods (detailed schedules are available upon request).

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
Accounting Basis

Name of Facility Cheshire House Nursing & Rehabil	License No. 2141c	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Marcum Advisors - LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Warf Drive, New Haven, CT 06511
---	---

Services Provided by This Firm (*describe fully*)

1 Medicare cost reports, corp. tax returns, annual review of financial statements	\$ 23,429
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 23,429

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

- Yes No 15/1D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Pullman & Comley, LLC 2 Grady & Riley 3 Jackson Lewis 4 Weiner & Lesniak, LLP 5	Telephone Number 203-330-2000 203-575-1131 914-872-8060 973-403-1100
---	--

Address (*No. & Street, City, State, Zip Code*)

- 1 850 Main Street, PO BOX 7006, Bridgeport CT 06601
2 86 Buckingham St., Waterbury, CT 06710
3 44 South Broadway, White Plains, NY 10601
4 629 Parsippany Rd. Parsippany, NJ 07054
5

Services Provided by This Firm (*describe fully*)

1 Workers Comp., Human Resource Complaint/Mediation, Distributions,	\$ 25,972
2 Collections-self disallow	\$ 380
3 Employee and Human Resource Issues	\$ 980
4 settlement of pharmacy note	\$ 13,148
5	\$
	Charge for Services Provided
	\$ 40,481

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

- Yes No 15/1e

Schedule of Resident Statistics

Name of Facility Cheshire House Nursing & Rehabilitation Center	License No. 2141c		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				Period 7/1 Thru 9/30									
					CCNH	RHNS			CCNH	RHNS	Total	CCNH	RHNS	Total	(Specify)			
1. Certified Bed Capacity																		
A. On last day of PREVIOUS report period	75	75				75	75			75	75							
B. On last day of THIS report period	75	75				75	75			75	75							
2. Number of Residents																		
A. As of midnight of PREVIOUS report period	73	73				73	73			73	73							
B. As of midnight of THIS report period	72	72				72	72			72	72							
3. Total Number of Days Care Provided During Period																		
A. Medicare	7,822	7,822				6,111	6,111			1,711	1,711							
B. Medicaid (Conn.)	13,826	13,826				10,202	10,202			3,624	3,624							
C. Medicaid (other states)																		
D. Private Pay	3,374	3,374				2,431	2,431			943	943							
E. State SSI for RCH																		
F. Other (Specify)	940	940				681	681			259	259							
G. Total Care Days During Period (3A thru F)	25,962	25,962				19,425	19,425			6,537	6,537							
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																		
A. Medicaid Bed Reserve Days	166	166				116	116			50	50							
B. Other Bed Reserve Days	174	174				140	140			34	34							
5. Total Resident Days (3G + 4A + 4B)	26,302	26,302				19,681	19,681			6,621	6,621							

Schedule of Resident Statistics (Cont'd)

Name of Facility Cheshire House Nursing & Rehabilitation Ce	License No. 2141c	Report for Year Ended 9/30/2015	Page 9	of 37
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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			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	12	40		20				
Per Diem Rate								
a. One bed rm.	see			\$350/\$460				
b. Two bed rms.	attached	242.59		380.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	1,537	1,537		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	21,304	21,304		
D. Total Physical Therapy Treatments	22,841	22,841		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	150	150		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	791	791		
D. Total Speech Therapy Treatments	941	941		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,306	1,306		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	20,332	20,332		
D. Total Occupational Therapy Treatments	21,638	21,638		



**OCTOBER 1, 2014 – SEPTEMBER 30, 2015
CONNECTICUT – FEDERAL SNF MEDICARE RATES**

CMS MSA CT Counties Transition Wage Index RUG-IV Category	ADL Score	CMI Rural	CMI Urban	Fairfield	W. Hartford, E. Hartford	New Haven	Litchfield (Rural)
				CBSA 14860 1.3289 10/1/14→9/30/15	Hartford, Middlesex, Tolland CBSA 25540 1.1119 10/1/14→9/30/15	CBSA 35300 1.2207 10/1/14→9/30/15	CBSA 7 1.1273 10/1/14→9/30/15
RUX	11 - 16	66	66	\$953.56	\$836.94	\$895.41	\$864.70
RUL	2 - 10	65	65	\$932.78	\$818.70	\$875.90	\$847.10
RVX	11 - 16	64	63	\$848.74	\$744.94	\$796.99	\$759.76
RVL	2 - 10	62	61	\$761.46	\$668.34	\$715.03	\$685.86
RHX	11 - 16	61	62	\$768.96	\$674.92	\$722.07	\$680.42
RHL	2 - 10	57	57	\$685.85	\$601.97	\$644.03	\$610.04
RMX	11 - 16	58	58	\$705.39	\$619.12	\$662.38	\$618.35
RML	2 - 10	55	55	\$647.20	\$568.05	\$607.74	\$569.08
RLX	2 - 16	52	53	\$619.49	\$543.73	\$581.71	\$538.21
RUC	11 - 16	60	60	\$722.91	\$634.50	\$678.82	\$669.38
RUB	6 - 10	59	59	\$722.91	\$634.50	\$678.82	\$669.38
RUA	0 - 5	54	51	\$604.46	\$530.54	\$567.60	\$569.08
RVC	11 - 16	53	54	\$620.16	\$544.32	\$582.35	\$566.21
RVB	6 - 10	49	47	\$537.05	\$471.37	\$504.30	\$495.82
RVA	0 - 5	48	46	\$534.97	\$469.55	\$502.35	\$494.06
RHC	11 - 16	47	48	\$540.40	\$474.31	\$507.44	\$486.86
RHB	6 - 10	41	40	\$486.36	\$426.88	\$456.70	\$441.11
RHA	0 - 5	34	26	\$428.18	\$375.81	\$402.07	\$391.85
RMC	11 - 16	40	38	\$474.74	\$416.68	\$445.79	\$423.03
RMB	6 - 10	36	32	\$445.64	\$391.14	\$418.47	\$398.40
RMA	0 - 5	19	18	\$366.69	\$321.84	\$344.33	\$331.52
RLB	11 - 16	37	37	\$461.56	\$405.12	\$433.42	\$404.48
RLA	0 - 10	8	7	\$297.41	\$261.04	\$279.27	\$265.47
ES3	2 - 16	63	64	\$870.57	\$764.10	\$817.48	\$745.21
ES2	2 - 16	56	56	\$681.48	\$598.14	\$639.92	\$585.07
ES1	2 - 16	51	52	\$608.75	\$534.30	\$571.63	\$523.49
HE2	15 - 16	50	50	\$587.96	\$516.06	\$552.11	\$505.90
HE1	15 - 16	39	41	\$488.23	\$428.52	\$458.46	\$421.43
HD2	11 - 14	46	49	\$550.56	\$483.23	\$516.99	\$474.22
HD1	11 - 14	35	36	\$459.13	\$402.98	\$431.14	\$396.80
HC2	6 - 10	44	44	\$519.39	\$455.87	\$487.72	\$447.83
HC1	6 - 10	28	29	\$434.19	\$381.09	\$407.71	\$375.69
HB2	2 - 5	43	43	\$513.16	\$450.40	\$481.87	\$442.55
HB1	2 - 5	27	28	\$430.04	\$377.45	\$403.82	\$372.16
LE2	15 - 16	45	45	\$533.94	\$468.64	\$501.38	\$460.14
LE1	15 - 16	31	33	\$446.66	\$392.04	\$419.43	\$386.24
LD2	11 - 14	42	42	\$513.16	\$450.40	\$481.87	\$442.55
LD1	11 - 14	26	27	\$430.04	\$377.45	\$403.82	\$372.16
LC2	6 - 10	33	35	\$450.82	\$395.69	\$423.33	\$389.76
LC1	6 - 10	18	19	\$380.17	\$333.67	\$356.99	\$329.93
LB2	2 - 5	25	25	\$427.97	\$375.63	\$401.87	\$370.40
LB1	2 - 5	15	15	\$363.55	\$319.09	\$341.38	\$315.85
CE2	15 - 16	38	39	\$475.75	\$417.57	\$446.74	\$410.88
CE1	15 - 16	30	31	\$438.35	\$384.74	\$411.62	\$379.20
CD2	11 - 14	32	34	\$450.82	\$395.69	\$423.33	\$389.76
CD1	11 - 14	23	23	\$413.42	\$362.86	\$388.21	\$358.08
CC2	6 - 10	21	21	\$394.71	\$346.44	\$370.64	\$342.25
CC1	6 - 10	17	17	\$365.62	\$320.91	\$343.33	\$317.62
CB2	2 - 5	16	16	\$365.62	\$320.91	\$343.33	\$317.62
CB1	2 - 5	13	13	\$338.61	\$297.20	\$317.97	\$294.74
CA2	0 - 1	9	9	\$309.52	\$271.67	\$290.65	\$270.10
CA1	0 - 1	6	6	\$288.74	\$253.43	\$271.13	\$252.51
BB2	2 - 5	11	11	\$328.22	\$288.08	\$308.20	\$285.94
BB1	2 - 5	10	10	\$313.67	\$275.31	\$294.54	\$273.63
BA2	0 - 1	4	4	\$272.12	\$238.84	\$255.53	\$238.43
BA1	0 - 1	3	3	\$259.65	\$227.89	\$243.81	\$227.87
PE2	15 - 16	29	30	\$438.35	\$384.74	\$411.62	\$379.20
PE1	15 - 16	24	24	\$417.57	\$366.50	\$392.11	\$361.61
PD2	11 - 14	22	22	\$413.42	\$362.86	\$388.21	\$358.08
PD1	11 - 14	20	20	\$392.64	\$344.62	\$368.70	\$340.49
PC2	6 - 10	14	14	\$355.24	\$311.79	\$333.57	\$308.81
PC1	6 - 10	12	12	\$338.61	\$297.20	\$317.97	\$294.74
PB2	2 - 5	7	8	\$301.21	\$264.38	\$282.84	\$263.06
PB1	2 - 5	5	5	\$288.74	\$253.43	\$271.13	\$252.51
PA2	0 - 1	2	2	\$249.26	\$218.78	\$234.06	\$219.07
PA1	0 - 1	1	1	\$238.87	\$209.65	\$224.30	\$210.28
Default				\$238.87	\$209.65	\$224.30	\$210.28



OCTOBER 1, 2014 – SEPTEMBER 30, 2015
CONNECTICUT (CONTINUED) – FEDERAL SNF MEDICARE RATES

CMS NISA CT Counties Transition Wage Index				New London CBSA 35980 1.1813
RUG-IV Category	ADL Score	CMI Rural	CMI Urban	10/1/14→9/30/15
RUX	11 - 16	66	66	\$874.24
RUL	2 - 10	65	65	\$855.19
RVX	11 - 16	64	63	\$778.14
RVL	2 - 10	62	61	\$698.12
RHX	11 - 16	61	62	\$705.00
RHL	2 - 10	57	57	\$628.80
RMX	11-16	58	58	\$646.71
RML	2 - 10	55	55	\$593.37
RLX	2 - 16	52	53	\$567.96
RUC	11 - 16	60	60	\$662.77
RUB	6 - 10	59	59	\$662.77
RUA	0 - 5	54	51	\$554.18
RVC	11 - 16	53	54	\$568.58
RVB	6 - 10	49	47	\$492.37
RVA	0 - 5	48	46	\$490.47
RHC	11 - 16	47	48	\$495.45
RHB	6 - 10	41	40	\$445.90
RHA	0 - 5	34	26	\$392.56
RMC	11 - 16	40	38	\$435.25
RMB	6 - 10	36	32	\$408.57
RMA	0 - 5	19	18	\$336.19
RLB	11 - 16	37	37	\$423.17
RLA	0 - 10	8	7	\$272.67
ES3	2 - 16	63	64	\$798.15
ES2	2 - 16	56	56	\$624.79
ES1	2 - 16	51	52	\$558.11
HE2	15 - 16	50	50	\$539.06
HE1	15 - 16	39	41	\$447.61
HD2	11 - 14	46	49	\$504.76
HD1	11 - 14	35	36	\$420.94
HC2	6 - 10	44	44	\$476.19
HC1	6 - 10	28	29	\$398.07
HB2	2 - 5	43	43	\$470.47
HB1	2 - 5	27	28	\$394.27
LE2	15 - 16	45	45	\$489.53
LE1	15 - 16	31	33	\$409.51
LD2	11 - 14	42	42	\$470.47
LD1	11 - 14	26	27	\$394.27
LC2	6 - 10	33	35	\$413.32
LC1	6 - 10	18	19	\$348.54
LB2	2 - 5	25	25	\$392.37
LB1	2 - 5	15	15	\$333.31
CE2	15 - 16	38	39	\$436.18
CE1	15 - 16	30	31	\$401.89
CD2	11 - 14	32	34	\$413.32
CD1	11 - 14	23	23	\$379.03
CC2	6 - 10	21	21	\$361.88
CC1	6 - 10	17	17	\$335.21
CB2	2 - 5	16	16	\$335.21
CB1	2 - 5	13	13	\$310.45
CA2	0 - 1	9	9	\$283.78
CA1	0 - 1	6	6	\$264.72
BB2	2 - 5	11	11	\$300.92
BB1	2 - 5	10	10	\$287.58
BA2	0 - 1	4	4	\$249.48
BA1	0 - 1	3	3	\$238.05
PE2	15 - 16	29	30	\$401.89
PE1	15 - 16	24	24	\$382.84
PD2	11 - 14	22	22	\$379.03
PD1	11 - 14	20	20	\$359.98
PC2	6 - 10	14	14	\$325.69
PC1	6 - 10	12	12	\$310.45
PB2	2 - 5	7	8	\$276.16
PB1	2 - 5	5	5	\$264.72
PA2	0 - 1	2	2	\$228.53
PA1	0 - 1	1	1	\$219.00
Default				\$219.00

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Cheshire House Nursing & Rehabilitation Center	2141c	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	99,570	2,175				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	168,367	10,183				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	59,036	2,229				
c. Dietary Workers	266,600	22,527				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	184,166	16,471				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,712	2,126				
b. Other Maintenance Workers	33,978	2,041				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	58,582	4,091				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	86,599	2,300				
b. RN						
1. Direct Care	593,878	16,730				
2. Administrative**	263,788	6,625				
c. LPN						
1. Direct Care	774,409	28,440				
2. Administrative**						
d. Aides and Attendants	1,093,282	83,578				
e. Physical Therapists	610,730	18,937				
f. Speech Therapists	38,378	586				
g. Occupational Therapists	366,756	9,937				
h. Recreation Workers	71,610	3,660				
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	171,962	5,447				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	18,557	1,250				
<i>A-13. Total Salary Expenditures</i>	5,015,961	239,333				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medical Records Staff	\$ 18,557	1,250				
Total	\$ 18,557	1,250	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties*

Name of Facility		License No.		Report for Year Ended			Page	of	
Cheshire House Nursing & Rehabilitation Center		2141c		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									
Martin Sbriglio, RN, NHA							Ryders Health Management 88 Ryders Lane, Suite 208, Stratford, CT 06614	2,272	130,000
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).									
Jennifer Sbriglio	5,142	214	N/A	Physical Therapist Aide		A12E			

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

** Include all employment worked during the cost year.

Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)		License No.		Report for Year Ended		Page		of	
Cheshire House Nursing & Rehabilitation Center		2141c		9/30/2015		12		37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Joanne Gorenstein (10/1/14-09/12/2015)	91,543		non-discriminatory	Administrative	2,041	A2	N/A	N/A	N/A
Stanley DeCosta (09/01/15-09/30/15)	8,027		non-discriminatory	Administrative	134	A2	Aaron Manor 3 South Wig Hill Rd. Chester CT 06412	2,030	87,311
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Cheshire House Nursing & Rehabilitation Center	2141c	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	31,635	703				
2. Dentist	2,071	43				
3. Pharmacist	8,650	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	32,400	324				
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) Medical Staff	838	8				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	75,594	1,270				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.
 ** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.
 *** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Cheshire House Nursing & Rehabilitation Center		2141c	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 Group, 888 Worcester St., Wellesley, MA 02482	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Elizabeth Beisel, 72 Basswood Road, Farmington, CT 06032	Dietician-Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy of CT, PO BOX 9689, Uniondale, NY 11555	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Peter Giacomazzi, 509 Wolcott Road, Wolcott, CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. George Barchini 19 Waterbury Rd, Thomaston, CT 06787	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Alex Deshields 270 Farmington Ave., Farmington, CT 06032	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
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		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Cheshire House Nursing & Rehabilitation Center	2141c	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 252,197	252,197		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 486,059	486,059		
5. Health Insurance	\$ 478,260	478,260		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 10,132	10,132		
8. Uniform Allowance	\$ 30,448	30,448		
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 102,252	102,252		
d. Accounting and Auditing	\$ 23,429	23,429		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 40,481	40,481		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 23,199	23,199		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 15,546	15,546		
2. Cellular Phones	\$ 1,306	1,306		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 389,521	389,521		
Subtotal	\$ 1,852,830	1,852,830		

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

(Carry Subtotals forward to next page)

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

Cheshire House Nursing & Rehabilitation Center
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Cheshire House Nursing & Rehabilitation Center	2141c	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	1,852,830	1,852,830			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 7,664	7,664			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 2,359	2,359			
5. Education Expenses Related to Seminars and Conventions	\$ 7,509	7,509			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 3,043	3,043			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 881	881			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ (3,278)	(3,278)			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 18,418	18,418			
4. Fund-Raising***	\$				
5. Medical Records	\$ 10,800	10,800			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,547	3,547			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 5,201	5,201			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 799	799			
9. Subscriptions	\$ 229	229			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 64,418	64,418			
12. Administrative Management Services**	\$ 174,596	174,596			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 51,488	51,488			
C-14 Total Administrative & General Expenditures	\$ 2,200,505	2,200,505			

* 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)
Meals & Entertainment	\$ 881		
Total Other Travel and Entertainment	\$ 881	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adv. & Pub. Rel. Donations	\$ 18,418		
Total Other Advertising	\$ 18,418	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 5,201		
Total Dues	\$ 5,201	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
A/R Solutions - Bookkeeping Consultant	\$ 330		
Sales & Use Tax	\$ 835		
Marilyn Burlenski - MDS and Record Review Consultant	\$ 12,450		
Harmony Healthcare International - Medicare Consultant	\$ 18,780		
UTMC - Unemployment Tax Management Consultant	\$ 955		
Waterbury Pulmonary Assoc - Heart Disease Consultant	\$ 83		
Pac Planning Services- Healthcare System Consultant	\$ 191		
Waterbury Health Department - Public Swimming Pool License Fee	\$ 200		
Waterbury Health Department - Food Lic./Beauty Lic.	\$ 200		
OT/PT Therapists Lic. Renewals-Arnsten,Beaudoin,Gallahers, McCann,Moyla	\$ 1,000		
State of CT - Elevator Renewal License Fee	\$ 240		
State of CT - Boiler/H2O Fee	\$ 400		
City of Waterbury- Fire Marshall Fee	\$ 185		
State of CT Filing Fee	\$ 60		
State of CT - Facility License Renewal	\$ 815		
See attached	\$ 14,764		
Total Other Administrative and General	\$ 51,488	\$ -	\$ -

Other Fees Pge. 16m13

FYE 2015

Vendor	Service Provided	Amount
Russel Phillips & Assoc	LTC - Mutual Aide Plan	\$ 350.00
Ryders - Matt Bogio	Construction License Renewal	\$ 59.37
Pilego, Karen	Notary Fee Renewal	\$ 70.00
Giacomozzi LLC, Peter	Medical Consultant	\$ 771.00
Bank Fees - Customary		\$ 7,004.74
Physician Care - Employees		\$ 6,508.50
		\$ 14,763.61

Schedule C-1 - Management Services*

Name of Facility Cheshire House Nursing & Rehabilitation	License No. 2141c	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management, 88 Ryders Lane Suite 208, Stratford, CT 06614	174,596	Financial and Managerial Services	16m12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Cheshire House Nursing & Rehabilitation Center	2141c	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 160,810	160,810		
2. Non-Food Supplies	\$ 17,144	17,144		
3. Other (Specify) _____ Food Café- Self Disallow	\$ 8,160	8,160		
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)	\$ 186,114	186,114		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	Café Provides Food
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.	\$551
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				30IV8
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Cheshire House Nursing & Rehabilitation Center		License No. 2141c	Report for Year Ended 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$	9,437	9,437		
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Supplies Laundry		\$	5,206	5,206		
3E. Total Laundry Expenditures (3a + b + c + d)		\$	14,643	14,643		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Cheshire House Nursing & Rehabilitation Cent		2141c	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	54,513	54,513		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 54,513	54,513		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from Medicare \$173,861.93 Managed Care \$91,165.00		\$ 265,027	265,027		
b.	Medicine Cabinet Drugs		\$ 21,913	21,913		
c.	Medical and Therapeutic Supplies		\$			
d.	Ambulance/Limousine***		\$ 1,544	1,544		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 45,046	45,046		
f.	X-rays and Related Radiological Procedures***		\$ 15,650	15,650		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 27,944	27,944		
i.	Recreation		\$ 23,033	23,033		
j.	Other (Specify)**** See Attached Schedule		\$ 238,910	238,910		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 639,066	639,066		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Physician Care Patients	\$ 11,163		
PT Supplies	\$ 34,113		
Routine Medical Supplies	\$ 193,274		
OT Supplies - Part A	\$ 360		
Total Other Resident Care	\$ 238,910	\$ -	\$ -

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		License No.	Report for Year Ended	Page of				
Cheshire House Nursing & Rehabilitation Center		2141c	9/30/2015	21	37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
		Yes	No					
ADP Fees	1 ADP Plaza, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>	Payroll Services	25,930		16	M11
PointClickCare	Unit 4, Mississauga, ON L5N 8E9	<input type="radio"/>	<input checked="" type="radio"/>	Software Services	11,562		16	M11
Environmental Systems Corporation	18 Jansen Court, West Hartford, CT, 06110	<input type="radio"/>	<input checked="" type="radio"/>	HVAC Servicing	19,310		22	6C
Cintas Fire Protection	Cincinnati, OH 45263-0803	<input type="radio"/>	<input checked="" type="radio"/>	Generator Servicing	12,936		22	6C
NCL Services	PO BOX 6268, Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>	Landscaping, Snow Plowing	27,324		22	6C
Winter Bros Waste Systems CT	307 White St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	Disposal of Garbage	16,995		22	6C
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Cheshire House Nursing & Rehabilitation Cer	2141c	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 188,169	188,169				
b. Heat	\$ 10,570	10,570				
c. Light & Power	\$ 104,154	104,154				
d. Water	\$ 25,474	25,474				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 13,318	13,318				
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 341,685	341,685				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 9,741	9,741				
b. Building & Building Improvements	\$ 196,121	196,121				
c. Non-Movable Equipment	\$ 17,409	17,409				
d. Movable Equipment	\$ 28,499	28,499				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 251,770	251,770				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 480,000	480,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 137,109	137,109				
c. Personal property taxes	\$ 24,223	24,223				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 893,101	893,101				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -

Cheshire House Nursing & Rehabilitation Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
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:				
	2015 Total Improvement Additions - see attached for detail	\$ 31,177	10 years	\$ 1,381
Total additions for Building Improvements		\$ 31,177		\$ 1,381 *
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:				
	2015 Total Non-Movable Equipment Additions - see attached for detail	\$ 7,437	5 years	\$ 1,303
Total additions for Non-Movable Equipment		\$ 7,437		\$ 1,303 *
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:				
	2015 Total Movable Equipment Additions - see attached for detail	\$ 5,948	5 years	\$ 99
Total additions for Movable Equipment		\$ 5,948		\$ 99 *
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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Cheshire House Nursing & Rehabilitation Center	Date of Acquisition		License No. 2141c	Report for Year Ended 9/30/2015		Page 24	of 37
	Month	Year		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
A. Organization Expense							
1. Covenants not to compete	3	94	15 years	70,563	70,000		
2.							
3.							
A-4. Subtotal							
B. Mortgage Expense							
1.							
2.							
3.							
B-4. Subtotal							
C. Leasehold Improvements and Other							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
C-4. Subtotal							
D. Total Amortization							

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

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

Name of Facility Cheshire House Nursing & Rehabilitation	License No. 2141c	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		03/01/94		
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		75		
6. Square Footage		23,431		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed	Fixed	
b. Date Mortgage Obtained		10/26/05	05/01/12	
c. Interest Rate for the Cost Year		4.00%	4.00%	
d. Term of Mortgage (number of years)		12	5	
e. Amount of Principal Borrowed		2,189,859	4,731,035	
f. Principal balance outstanding as of		1,448,064	4,198,120	
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Cheshire House Nursing & Rehabil		2141c	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)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Cheshire House Nursing & Rehab		2141c		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)				\$	12,863	12,863	
Resident Trust - \$293.41 Int on Late Payments - \$9644.52							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	12,863	12,863	
14. Insurance							
a. Insurance on Property (buildings only)				\$	10,349	10,349	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	28,548	28,548	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	38,897	38,897	
15. Total All Expenditures (A-13 thru C-14)				\$	9,472,943	9,472,943	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Cheshire House Nursing & Rehabilitation Center				2141c	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.	10	12e	Outpatient Service Costs	\$ 51,109	51,109		
2.			Salaries not related to Resident Care	\$			
3.	10	a12g	Occupational Therapy	\$ 366,756	366,756		
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.	15	1C	Bad Debts	\$ 97,252	97,252		
10.	15	1e	Accounting & Legal	\$ 380	380		
11.			Telephone	\$			
12.	15	1H2	Cellular Telephone	\$ 25	25		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	i6	Automobile Expense (e.g. personal use)	\$ 3,043	3,043		
18.	16	m3	Unallowable Advertising *	\$ 18,418	18,418		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,680	1,680		
Page 18 - Dietary Expenditures							
24.	18	2a3	Meals to employees, guests and others who are not residents	\$ 8,160	8,160		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 546,822	546,822		

* 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	i7	Meals & Entertainment	\$ 881		
16	m8a	Chamber of Commerce	\$ 799		
Total Other A&G Adjustments			\$ 1,680	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Cheshire House Nursing & Rehabilitation Center				2141c	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 546,822	546,822		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 265,027	265,027		
28.	20	5d	Ambulance/Limousine	\$ 1,544	1,544		
29.	20	5f	X-rays, etc	\$ 15,650	15,650		
30.	20	5h	Laboratory	\$ 27,944	27,944		
31.			Medical Supplies	\$			
32.	20	5e 2	Oxygen (non emergency)	\$ 45,046	45,046		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 14,378	14,378		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 361	361		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 473	473		
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.	30	iv5	Interest Income on Accounts Rec	\$ 120	120		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 651	651		
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)				\$ 918,015	918,015		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Cheshire House Nursing & Rehabilitation Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Physician Care Patients	\$ 11,163		
20	5j	PT Supplies (Associated with Outpatient Therapy)	\$ 2,855		
20	5j	OT Supplies (Associated with Outpatient Therapy)	\$ 360		
Total Other Ancillary Costs			\$ 14,378	\$ -	\$ -

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)
22	6b	Heat (Associated with Outpatient Therapy)	\$ 30		
22	6c	Electricity (Associated with Outpatient Therapy)	\$ 274		
22	6d	Water (Associated with Outpatient Therapy)	\$ 67		
27	14a	Property Insurance (Associated with Outpatient Therapy)	\$ 27		
27	14c1	Umbrella Insurance (Associated with Outpatient Therapy)	\$ 75		
Total Other Property Adjustments			\$ 473	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Café Income	\$ 651		
Total Other Adjustments			\$ 651	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Cheshire House Nursing & Rehabilitation	2141c	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,345,078	4,345,078				
b. Medicaid Room and Board Contractual Allowance **	\$ (1,101,807)	(1,101,807)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,376,590	2,376,590				
b. Medicare Room and Board Contractual Allowance **	\$ 984,793	984,793				
4. a. Private-Pay Residents and Other	\$ 2,573,101	2,573,101				
b. Private-Pay Room and Board Contractual Allowance **	\$ (491,166)	(491,166)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 82,451	82,451				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 392,317	392,317				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 27,253	27,253				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 307,699	307,699				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 22,812	22,812				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,519,121	9,519,121				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 120	120				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 651	651				
V. Total Other Revenue (1 thru 8)	\$ 771	771				
VI. Total All Revenue (III +V)	\$ 9,519,891	9,519,891				

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II6b	X-Ray - Managed Care	\$ 10,053		
30 II6b	Lab - Managed Care	\$ 11,767		
30 II6b	Lab Private Insurance	\$ 992		
Total Other Resident Revenue		\$ 22,812	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	PMA Interest		\$ 34		
30 IV5	Interest on A/R		\$ 86		
Total Interest Income			\$ 120	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Café Income	\$ 551		
30 IV 8	Gift/Donation	\$ 100		
Total Other Revenue		\$ 651	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Cheshire House Nursing & Rehabilitati	2141c	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(7,788)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,522,942
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	68,583
a. Prepaid Payroll	68,583			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	288,392
Refunds	39,865			
15 Bed Purchase	248,527			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,872,129
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	385,350	\$	345,806
	Accum. Depreciation	39,544		Net
3. Buildings	*Historical Cost	7,183,767	\$	5,756,047
	Accum. Depreciation	1,427,720		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	354,829	\$	90,031
	Accum. Depreciation	264,798		Net
6. Movable Equipment	*Historical Cost	937,236	\$	188,504
	Accum. Depreciation	748,732		Net
7. Motor Vehicles	*Historical Cost	22,963	\$	
	Accum. Depreciation	22,963		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	6,380,389

* 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
Cheshire House Nursing & Rehabilitation	2141c	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	8,252,518
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	70,563		
	Accum. Depreciation	70,000	Net	\$ 563
4. Goodwill (Purchased Only)			\$	5,000
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	13,041
Due from Aaron		1,733		
Due from Greentree / Due from Mystic		8,117		
Due from Ryders Health Management		3,190		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	18,603
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	8,271,121

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Cheshire House Nursing & Rehabilitation Center		2141c	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	456,603
2. Notes Payable (<i>itemize</i>)				\$	64,197
Note Payable - Partners Pharmacy					64,197

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	147,876
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	243,518
Resident Funds		10,565	Management Fee	1,955	
Accrued User Fee		103,145	Aflac Individual/Group	7,964	
Accrued PTO		109,166	Help Wanted/ Data Procc	938	
Accrued Pension		9,686	Recreation Expense	100	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	912,194

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Cheshire House Nursing & Rehabilitation C	License No. 2141c	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				912,194
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 7,895,350
Due to M. Sbriglio, CEO		70,000		
Due to Belair Manor		395,671		
Due to Lord Chamberlain and Chamberlain Man		832,596		
Due to Cheshire House Realty		6,597,083		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 7,895,350
C. Total All Liabilities (Lines A-13 + B-5)				\$ 8,807,544

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

Name of Facility	License No.	Report for Year Ended	Page	of
Cheshire House Nursing & Rehabilita	2141c	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	(89,373)
3. Paid-in Surplus			\$	90,000
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(583,999)
6. Gain or Loss for Period			\$	46,949
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(536,423)
C. Total Reserves and Net Worth			\$	(536,423)
D. Total Liabilities, Reserves, and Net Worth			\$	8,271,121

H. Changes in Total Net Worth

Name of Facility Cheshire House Nursing & Rehabilitatio		License No. 2141c	Report for Year Ended 9/30/2015	Page 36	of 37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(587,573)
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	9,519,891
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	9,472,943
D.	Net Income or Deficit			\$	46,949
E.	Balance			\$	(540,624)
F.	Additions				
	1. Additional Capital Contributed <i>(itemize)</i>				
	2. Other <i>(itemize)</i>				
F-3.	Total Additions			\$	
G.	Deductions				
	1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
	Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
	2. Other Withdrawings <i>(Specify)</i>			\$	
	Purpose	Amount			
	3. Total Deductions			\$	
H.	Balance at End of Period		09/30/15	\$	(540,624)

I. Preparer's/Reviewer's Certification

Name of Facility Cheshire House Nursing & Rehabilitation	License No. 2141c	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Dir. of Finance	Date Signed 2/11/2016		
Printed Name of Preparer Ryders Health Management				
Address Address 88 Ryders Lane, Suite 208 Stratford, CT 06614		Phone Number 203-381-1327		