State of Connecticut

Keyed
15-1 DC

Annual Report of Long-Term Care Facility
Cost Year 2015

Name of Facility (as licensed) Colonial Health & Rehab Center of Plainfield, LLC
Address (No. & Street, City, State, Zip Code) 16 Windsor Avenue, Plainfield, CT 06374
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Report for Year Beginning	Report for Year Ending
10/1/2014	9/30/2015

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2387			07-5310

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	2387		

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

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Colonial Health & Rehab Center of Plainfield, LLC	2387	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 Colonial Health & Rehab Center of Plainfield, LLC [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
		11/30/15		
Printed Name (Administrator) Curtis Rodowicz			Printed Name (Owner)	
Subscribed and Sworn to before me: LOUISA R. TRAKAS	State of CONNECTICUT	Date 11/30/15	Signed (Notary Public)	Comm. Expires 08/31 2020
Address of Notary Public 8 COMMUNITY AVE PLAINFIELD CT 06374				

(Notary Seal)

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State of Connecticut
Department of Social Services
25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Colonial Health & Rehab Center of Plainfield, LLC	Period Covered:		From 10/1/2014	To 9/30/2015
Address of Facility 16 Windsor Avenue, Plainfield, CT 06374				
Report Prepared By Craig J. Lubitski Consulting LLC	Phone Number 860-610-9009		Date	

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.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
860-564-4081	9/30/2015	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Colonial Health & Rehab Center of Plainfield, LLC	16 Windsor Avenue, Plainfield, CT 06374

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider No.
	2387			07-5310

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.:
Curtis Rodowicz	001775

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name	License No.:
N/A	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
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Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
Colonial Health & Rehab Center of Plainfield, LLC	16 Windsor Ave, Plainfield, CT 06374	CT

Name of Partners/Members	Business Address	Title	% Owned
Curtis Rodowicz	318 E. Haddam Colchester Tpke, East Haddam, CT 06423	President	50%
Robert Darigan	74 Lennys Lane, Hampton, CT 06247	Vice President	50%

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfiel	2387	9/30/2015	3A	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

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield, LLC	2387	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

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield, LLC	2387	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	%**				
The Law Firm of Joseph Rodowicz, LLC	13730 Whispering Lakes Lane, Palm Beach Gardens, FL 33418	⊙	○		1199 Contract Negotiations, DPH Hearings a	15/1e	2,046	2,046
See attach to pages 11 & 12 for detail of related parties		○	⊙					
Rosemarie Rodowicz, DBA Keystone Ergonomics	137351 Whispering Lakes Lane, West Palm Beach, FL 33418	⊙	○		Medical management: WC, Ergonomic Inspe		28,800	28,800
Deborah Darigan, DBA BARR-NUNN, LLC	74 Lenny's Land, Hampton, CT 06420	⊙	○		Medical Record Management		270	270
Colonial Health & Rehab Management, LLC	137351 Whispering Lakes Lane, West Palm Beach, FL 33418	○	⊙		Management Services	16-m12	237,666	237,666
		○	○					
		○	○					
		○	○					
		○	○					

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

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General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
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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 (*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.

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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
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Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Ricoh USA, Inc, 70 Valley Stream Parkway, Malvern, PA 19355	O	⊙	Copier	01/18/13	1 Year	10,926	10,926
	O	O					
	O	O					
	O	O					
	O	O					
	O	O					
	O	O					
	O	O					
	O	O					
	O	O					
						Total ***	10,926

Is a Mileage Log Book Maintained for All Leased Vehicles ? O Yes O 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.

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General Information and Questionnaire

Accounting Basis

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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	Address (No. & Street, City, State, Zip Code)
1 Steve Dudas, CPA	12 New Jersey Ave, Flemington, NJ 08822
2 Craig J. Lubitski Consulting LLC	225 Pitkin Street, East Hartford, CT 06108
3	
4	

Services Provided by This Firm (*describe fully*)

1	Audited annual financial statements, tax preparation services	$ 13,500
2	Medicaid/Medicare cost reports and appeal	$ 5,350
3		$
4		$
		Charge for Services Provided $ 18,850

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 The Law Firm of Joseph Rodowicz, LLC	
2 Berchem, Moses & Devlin, P.C.	
3 Murtha Cullina LP	
4 Real-Time Court Reporting	
5	

Address (*No. & Street, City, State, Zip Code*)
1 13730 Whispering Lakes Lane, Palm Beach Gardens, Fl 33418
2 75 Broad Street, Milford, CT 06460
3 Dept. 101001, PO Box 150435, Hartford, CT -6115
4 9 Hammond St., Worcester, MA 01610
5

Services Provided by This Firm (*describe fully*)

1	1199 vs. Colonial (NLRB) & DPH Hearing	$ 1,027
2	NLRB dues check off	$ 1,830
3	DPH IDR 2014 survey	$ 3,113
4	Colonial vs. 1199	$ 250
5		$
		Charge for Services Provided $ 6,219

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

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Schedule of Resident Statistics

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	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	90	90			90	90			90	90		
B. On last day of THIS report period	90	90			90	90			90	90		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	90	90			90	90			90	90		
B. As of midnight of THIS report period	90	90			90	90			90	90		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,212	6,212			4,574	4,574			1,638	1,638		
B. Medicaid (Conn.)	20,985	20,985			15,669	15,669			5,316	5,316		
C. Medicaid (other states)												
D. Private Pay	2,017	2,017			1,392	1,392			625	625		
E. State SSI for RCH												
F. Other (Specify) Managed/Hospice	511	511			502	502			9	9		
G. Total Care Days During Period (3A thru F)	29,725	29,725			22,137	22,137			7,588	7,588		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	8	8			8	8						
B. Other Bed Reserve Days												
5. ***Total Resident Days*** **(3G + 4A + 4B)**	29,733	29,733			22,145	22,145			7,588	7,588		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
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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						
	(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-IID
No. of Residents	11	73		5			1	
Per Diem Rate								
a. One bed rm.	543.40	230.00		350.00				
b. Two bed rms.				325.00				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	2,523	2,523		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. ***Total Physical Therapy Treatments***	2,523	2,523		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	4,137	4,137		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. ***Total Speech Therapy Treatments***	4,137	4,137		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	608	608		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
D. ***Total Occupational Therapy Treatments***	608	608		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
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Are time records maintained by all individuals receiving compensation? ⊙ Yes O No

Item	Total Cost and Hours					
	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)	108,534	1,896				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	191,178	6,826				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	258,214	17,253				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	129,417	8,669				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	112,643	3,223				
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	50,614	3,202				
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	102,596	2,268				
b. RN						
1. Direct Care	454,709	11,970				
2. Administrative**	177,276	3,888				
c. LPN						
1. Direct Care	748,355	25,293				
2. Administrative**						
d. Aides and Attendants	1,254,816	67,664				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	98,977	3,819				
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	37,999	1,526				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	94,421	3,390				
A-13. Total Salary Expenditures	3,819,747	160,886				

* 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)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Admissions	94,421	3,390				
Total	$ 94,421	3,390	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

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

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

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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).										
See Attached										

* 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.

Colonial Health & Rehab
Related Party Salaries
CY 9/30/2015

Employee	Dollars	Fringe Benefits	Description	Hours	Line Claimed On	Other Employment	Hours	Compensation Other Employment
Myriah Rodowicz	33,739.00	Standard	Admisions Office Staff	1,560	A12o	Clinton Public Schools, 27 Killingworth Turnpike, Clinton, CT 06413	1,950	
Joseph Rodowicz Jr	43,328.33	Standard	NEHCEU 1199 Grievance procedures and legal review of correspondences Contract reviews for Vendors & Partners. HUD Compliance	1,560	A4	The Law Firm of Joseph Rodowicz, LLC, 13730 Whispering Lakes Lane, Palm Beach Gardens, FL 33418	Variable	
Robert Darigan	64,741.00	Standard	Director of Construction	1,560	A7a			
Deborah Darigan	41,275.00	Standard	Business Office Staff	1,560	A4			
Amber Darigan	65,738.00	Standard	Business Office Manager	2,080	A4			

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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
Colonial Health & Rehab Center of Plainfield, LLC	2387	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* **										
Curtis Rodowicz (10/1/14 - 9/30/15)	108,534				Administrator	2,080	A2			
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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield, LLC	2387	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						
2. Dentist	10,206	Contract				
3. Pharmacist	8,069	96				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	317,766	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	21,975					
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)						
Physician	2,085	Contract				
9. Speech Therapist						
a. Resident Care	55,165	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	352,737	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	61,075	348				
2. Administrative***						
b. LPN						
1. Direct Care	25,999	929				
2. Administrative***						
c. Aides	3,921	72				
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	858,997	1,445				

* 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.

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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
Colonial Health & Rehab Center of Plainfield, LLC	2387	9/30/2015	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
HealthPro Therapy Service, LLC, 10600 York Road, Suite 105, Cockeysville, MD 21030	PT, ST & OT	○	◉	
Health Consultant, 88 Worcester St, Wellesley, MA 02482	Dental Consultant	○	◉	
Omnicare of CT, 525 Knotter Drive, Cheshire, CT 06410	Pharmacist	○	◉	
Pro Health Pysicians, P.O. Box 150483, Hartford, CT 06115	Medical Director	○	◉	
Pro Health Pysicians, P.O. Box 150483, Hartford, CT 06115	Physician Fees	○	◉	
Superior Scheduling & Consulting, 1326 SW Sultan Drive, Port St. Lucie, FL 34953	Facility Scheduling	○	◉	
Analia Gray, 755 Campbell Ave, West Haven, CT 06516	APRN	○	◉	
Madeline Weaver	MDS Coordinator	○	◉	
Joanne Collettie	Nurse Monitor	○	◉	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	
		○	○	

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

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CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield, LL	2387	9/30/2015	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	114,558	114,558		
2. Disability Insurance	$	30,621	30,621		
3. Unemployment Insurance	$	96,123	96,123		
4. Social Security (F.I.C.A.)	$	288,272	288,272		
5. Health Insurance	$	597,857	597,857		
6. Life Insurance (employees only) (not-owners and not-operators)	$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	$	193,696	193,696		
8. Uniform Allowance	$	5,329	5,329		
9. Other (*Specify*) See Attached Schedule	$	6,088	6,088		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	5,454	5,454		
d. Accounting and Auditing	$	18,850	18,850		
e. Legal (*Services should be fully described on Page 7)*	$	6,219	6,219		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$	11,996	11,996		
g. Office Supplies	$	15,114	15,114		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	9,245	9,245		
2. Cellular Phones	$				
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$	394	394		
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*) See Attached Schedule	$				
3. Resident Day User Fee	$	493,360	493,360		
Subtotal	$	1,893,176	1,893,176		

* 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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Other Employee Benefits (disallowed)	$ 6,088		
Total	$ 6,088	$ -	$ -

Schedule of Other Taxes

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

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CSP-16 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield, LLC	2387	9/30/2015	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		1,893,176	1,893,176		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$	1,045	1,045		
3. Gifts to Staff and Residents	$	8,425	8,425		
4. Employee Travel	$	4,109	4,109		
5. Education Expenses Related to Seminars and Conventions	$	7,270	7,270		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*) See Attached Schedule	$	3,063	3,063		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	2,421	2,421		
2. Advertising Telephone Directory (*all such expenses*)***	$	6,968	6,968		
3. Advertising Other (*Specify*)*** See Attached Schedule	$				
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)***	$				
7. Postage	$	3,978	3,978		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$	13,545	13,545		
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	75,239	75,239		
12. Administrative Management Services**	$	237,666	237,666		
13. Other (*Specify*) See Attached Schedule	$	102,586	102,586		
C-14 Total Administrative & General Expenditures	$	2,359,490	2,359,490		

* 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)
Meal & Entertainment - disallowed	$ 3,063		
Total Other Travel and Entertainment	$ 3,063	$ -	$ -

Schedule of Other Advertising

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

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
A & G Late Fees - disallowed	$ 1,434		
A & G Background checks	$ 4,829		
License & Permit fees	$ 1,090		
Bank fees	$ 3,339		
Civil Money Penalty - disallowed	$ 150		
Software Maintenance	$ 67,531		
Community awarness - disallowed	$ 24,213		
Total Other Administrative and General	$ 102,586	$ -	$ -

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CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plaint	2387	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 #
Colonial Health & Rehab Management, LLC	237,666	Management Services	Pg 16, Line m12

*** 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.**

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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
Colonial Health & Rehab Center of Plainfield, LLC	2387	9/30/2015	18	37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	191,917	191,917		
2. Non-Food Supplies	$	18,582	18,582		
3. Other (*Specify*)_____	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	119,916	119,916		
c. Management Services**	$				
d. Other (*Specify*)_____	$				
2E. ***Total Dietary Expenditures*** (2a + b + c + d)	$	330,415	330,415		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		248	248		

H.	Is cost of employee meals included in 2E?	○ Yes	◉ No	
I.	Did you receive revenue from employees?	◉ Yes	○ No	If yes, specify amt. $488
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)			30/IV1
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.

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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
Colonial Health & Rehab Center of Plainfield, LLC	2387	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. $	15,768	15,768		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$	33,762	33,762		
c. Management Services**	$				
d. Other (*Specify*) Laundry Supplies	$	2,779	2,779		
3E. ***Total Laundry Expenditures*** (3a + b + c + d)	$	52,310	52,310		

3F.	Laundry Questionnaire			
G.	Is cost of employee laundry included in 3E?	○ Yes	⊙ No	If yes, specify cost.
H.	Did you receive revenue from employees?	○ 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?	○ Yes	⊙ No	If yes, specify cost.
K.	Did you receive revenue from these people?	○ 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.

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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
Colonial Health & Rehab Center of Plainfield, I	2387	9/30/2015	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$	26,344	26,344		
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	38,593	38,593		
c. Management Services*		$				
d. Other (*Specify*)		$				
4E. ***Total Housekeeping Expenditures*** (4a + b + c + d)		$	64,937	64,937		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	257,102	257,102		
b. Medicine Cabinet Drugs		$	13,335	13,335		
c. Medical and Therapeutic Supplies		$	58,420	58,420		
d. Ambulance/Limousine***		$	7,450	7,450		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	11,244	11,244		
f. X-rays and Related Radiological Procedures***		$	15,593	15,593		
g. Dental (*Not dentists who should be included under salaries or fees*)		$				
h. Laboratory***		$	18,574	18,574		
i. Recreation		$				
j. Other (Specify)**** See Attached Schedule		$	192,463	192,463		
5K. ***Total Resident Care Expenditures*** (5a - 5j)		$	574,181	574,181		

* 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)
PT supplies	$ 4,098		
PT Medicaid Supplies	$ 370		
PT Equipment rental	$ 2,834		
OT supplies - disallowed	$ 3,197		
OT Medicaid Supplies - disallowed	$ 280		
ST supplies	$ 95		
ST Medicaid Supplies	$ 120		
IV therapy consult - disallowed	$ 250		
IV supplies - disallowed	$ 2,235		
IV solution - disallowed	$ 13,956		
Rental Respiratory equipment	$ 3,265		
Central Supp-Personal supplies	$ 42,219		
Incontinent Care Diapers	$ 53,415		
Wound Care Medicare A - disallowed	$ 11,700		
Wound Care Medicaid - disallowed	$ 214		
Wound care equip Pvt CI VA Otr - disallowed	$ 23,548		
Nursing supplies	$ 15,652		
Equipment over $100	$ 3,937		
Cable Television / Internet	$ 9,060		
Resident expense	$ 2,018		
Total Other Resident Care	$ 192,463	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield, LLC	2387	9/30/2015	21	37

Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Services Group, Inc	3220 Tillman Drive, Bansalem, PA 19020	○	⊙		Housekeeping Services			38,593	20	4b
Healthcare Services Group, Inc	3220 Tillman Drive, Bansalem, PA 19020	○	⊙		Laundry Services			33,762	19	3b
Point Click Care	Unit 4, Mississauga, Ontario Canada 109178-	○	⊙		Software Provider			24,457	16	m11
Integrity Health Care Management	33 Chesterfield Road, Amston, CT 06231	○	⊙		A/R Billing Services			40,413	16	m11
Healthcare Services Group, Inc	3220 Tillman Drive, Bansalem, PA 19020	○	⊙		Dietary Services			119,916	18	2b
		○	⊙							
		○	⊙							
		○	⊙							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							
		○	○							

* 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).

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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
Colonial Health & Rehab Center of Plainfield,	2387	9/30/2015			22	37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	120,867	120,867		
b. Heat	$	66,080	66,080		
c. Light & Power	$	74,103	74,103		
d. Water	$	17,296	17,296		
e. Equipment Lease (*Provide detail on page 6*)	$	10,926	10,926		
f. Other (*itemize*) See Attached Schedule	$	50,264	50,264		
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	339,536	339,536		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$				
c. Non-Movable Equipment	$	19,214	19,214		
d. Movable Equipment	$	70,620	70,620		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	89,834	89,834		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$	13,847	13,847		
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$	13,847	13,847		
9. Rental payments on leased real property less real estate taxes included in item 10b	$	398,776	398,776		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	88,698	88,698		
c. Personal property taxes	$	10,487	10,487		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	601,642	601,642		

* 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)
Plant Garbage	**36,581**		
Equipment rental	**13,683**		
Total Other Repairs and Maintenance	$ 50,264	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield, LLC	2387	9/30/2015	23	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								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal								
C. **Non-Movable Equipment**								
1. Acquired prior to this report period	108,951		108,951	12,345	S/L	Var	15,916	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	28,710		28,710				3,298	
C-4. Subtotal								19,214

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. **Movable Equipment**												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	283,917		283,917	59,820	S/L	Var	46,698	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)			Var	Var	220,567		220,567				23,922	
D-3. Subtotal												70,620
E. ***Total Depreciation***												89,834

Colonial Health & Rehab Center of Plainfield, LLC
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:					
Various	See Attached	$ 28,710	Various	$ 3,298	
Total additions for Non-Movable Equipment		$ 28,710		$ 3,298	*
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:					
Various	See Attached	$ 220,567	Various	$ 23,922	
Total additions for Movable Equipment		$ 220,567		$ 23,922	*
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:					
Various	See Attached	$ 195,174	Various	$ 2,818	
Total additions for Leasehold Improvement		$ 195,174		$ 2,818	*
Deletions:					
Total deletions for Leasehold Improvement		$ -		$ -	**

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

Colonial Health & Rehab LLC
9/30/2015
Asset Addition Schedule

Description	Date Acquired	Useful Life	Cost
Leasehold Improvements			
Painting Labor	10/1/2014	39	1,079.00
Break Room and Corridor	10/6/2014	39	1,161.87
Woodworking Labor	10/7/2014	39	2,960.00
Painting	10/7/2014	39	1,170.00
Office Carpet	10/15/2014	39	1,410.20
Nurse's Station Generator	10/8/2014	39	275.00
Paint Supplies	10/2/2014	39	91.99
Painting	10/14/2014	39	675.00
Hand Rails	10/21/2014	39	120.00
Hand Rails Block Corner	10/21/2014	39	360.00
Install 30 Bed Molding Rails and Blocks	10/21/2014	39	340.00
Hand Rails, 30 Bed Trim	10/21/2014	39	440.00
Hand Rails, Finish Break Room	10/21/2014	39	420.00
Hand Rails, Molding, Nurse's Station	10/21/2014	39	400.00
Hand Rails, PT Hall	10/21/2014	39	320.00
Sand Hand Rails, Finish Break Room Counter/Sink	10/21/2014	39	400.00
Painting Ceiling	10/23/2014	39	30.00
Wallpaper & Door/Ceiling	10/23/2014	39	210.00
kitchen Doors	10/23/2014	39	210.00
Therapeutic Kitchen	10/23/2014	39	180.00
Service Corridor Ceilings	10/23/2014	39	180.00
Service Corridor Ceilings	10/23/2014	39	255.00
Bathroom	10/23/2014	39	90.00
Service Corridor Decorations	10/2/2014	39	79.92
Paint Supplies	10/24/2014	39	35.03
Paint Supplies	10/1/2014	39	287.09
Paint Supplies	10/16/2014	39	88.69
Paint Supplies	10/8/2014	39	333.36
Paint Supplies	10/16/2014	39	228.07
Paint Supplies	10/16/2014	39	85.06
Paint Supplies	10/21/2014	39	40.39
Paint Supplies	10/28/2014	39	87.19
Paint Supplies	10/1/2014	39	120.76
Breakroom Renovations	10/1/2014	39	1,318.73
Paint Supplies	10/1/2014	39	170.11
Paint Supplies	10/1/2014	39	99.77
Hand Rails Main Hall	11/4/2014	39	240.00
Hand Rails Main Hall	11/4/2014	39	360.00
Hand Rails Main Hall, Cove Base 30 Bed	11/4/2014	39	400.00
Hand Rails Main Hall, Bar Dining Room	11/4/2014	39	400.00
Hand Rails Main Hall, Ceiling 30 Bed	11/4/2014	39	240.00
Hand Rails Main Hall, Water Breakroom	11/4/2014	39	360.00

Description	Date Acquired	Useful Life	Cost
Hand Rails Main Hall	11/4/2014	39	400.00
Nurse's Station Renovation Lights	11/7/2014	39	495.00
Paint Supplies	11/1/2014	39	61.96
Remove Rubber Cove Base Prep Shower Area	11/13/2014	39	360.00
Remove Rubber Cove Base/Cell Cedar, 60 Bed	11/13/2014	39	640.00
Hand Rail Remove, Cedar/Maple Half, Rd. Sign	11/13/2014	39	480.00
30-60 Bed Hallway Wall Bead Board Install	11/13/2014	39	400.00
Trim Beadboard 30 Bed Area	11/13/2014	39	400.00
Rail Trim 30 Bed Stations, 60 Bed Corridor Demo	11/13/2014	39	360.00
Painting Labor	11/14/2014	39	435.00
Painting Labor	11/10/2014	39	775.00
Service Corridor Decorations	11/3/2014	39	112.64
Paint Supplies	11/13/2014	39	231.05
Beadboard C-M Lounge	11/25/2014	39	560.00
Tape/Mud Cedar Ceiling	11/25/2014	39	380.00
Tape/Mud Maple Hallway	11/25/2014	39	360.00
Maple Ceiling Tape/Mud	11/25/2014	39	380.00
Cedar/Maple Ceiling	11/25/2014	39	600.00
Tape/Mud Cedar Ceiling	11/25/2014	39	400.00
Floor Drains/Rubber Base	11/25/2014	39	400.00
Cedar Wing Door Frames	11/23/2014	39	1,425.00
Lounges	11/28/2014	39	1,425.00
Paint 60 Bed Unit	11/18/2014	39	579.78
Rehab Dept Privacy	11/24/2014	39	819.27
VCT Install and Labor	11/26/2014	39	6,444.81
Cove Base & VCT - 60 Bed Floor	11/12/2014	39	366.91
Framing For Quilt Renovations	11/15/2014	39	631.58
Paint Supplies	11/24/2014	39	210.87
Cove Base Br	11/26/2014	39	159.53
Window Blinds - Lounges	11/21/2014	39	1,305.00
15 Quilts CHOW	12/1/2014	39	1,379.43
Prep Wall Paper C&M Halls	12/4/2014	39	400.00
Therapy Track Curtain Patch Halls	12/4/2014	39	400.00
Tape Ceiling	12/4/2014	39	360.00
Beard Board Prep	12/4/2014	39	440.00
Tape Ceiling Cedar Hall	12/4/2014	39	120.00
C&M Lounge Base Trim	12/4/2014	39	320.00
Sand Hand Rails	12/17/2014	39	400.00
Reinstall Hand Rails	12/17/2014	39	440.00
Remove Rails Left Side Maple, Sand	12/17/2014	39	400.00
Sand Rails Tape Maple	12/17/2014	39	280.00
Tape Maple Sand Hand Rails	12/17/2014	39	400.00
Sand Prep Maple Ceiling	12/17/2014	39	400.00
Reinstall Rails on Cedar Ceiling	12/17/2014	39	440.00
Remove Hand Rails Prep Cedar	12/17/2014	39	440.00
Cedar Tape	12/17/2014	39	360.00
Cedar & Maple Painting and Vinyl Wall Cover	12/15/2014	39	700.00

Description	Date Acquired	Useful Life	Cost
185 Yards Wall Covering	12/15/2014	39	2,220.00
Labor & Material	12/30/2014	39	2,760.00
Miscellaneous	12/3/2014	39	58.26
Hallway Light Fixtures	12/9/2014	39	835.00
Miscellaneous	12/8/2014	39	233.04
Paint Supplies	12/22/2014	39	145.01
52 Privacy Curtains & 20 Bedspreads	12/20/2014	39	9,477.60
Cove Base - Cedar and Maple Wings	12/30/2014	39	638.10
Set Counter, Trim Sink, Breakroom Outlets	10/21/2014	39	400.00
Hand Rails Main Hall	11/4/2014	39	400.00
Hand Rails Main Hall Trim 30 Bed	11/4/2014	39	400.00
Leasehold Improvement Labor 12/18-01/05/15	1/5/2015	39	3,080.00
1/13 10 Hours Molding & Hand rail prep	1/13/2015	39	450.00
1/12 10 Hours Prep Molding Hallways	1/13/2015	39	450.00
1/10 9 Hours Install Rubber Base 60 bed st, Moldin	1/13/2015	39	405.00
1/9 9 Hours Tape/Mud M Exit, Rubber Base	1/13/2015	39	405.00
1/8 10 Hours Install Rubber Base Hallway	1/13/2015	39	450.00
1/7 10 Hours Install Rubber Base Hallway	1/13/2015	39	450.00
1/6 10 Hours Bead Board Install Shower area	1/13/2015	39	450.00
Leasehold Improvement Labor 01/14-01/22/15	1/22/2015	39	2,430.00
Cedar & Maple Renovation Painting Labor Jan 2015	1/6/2015	39	1,580.00
Leasehold Paint Supplies Cedar & Maple Wings	1/5/2015	39	91.99
Leasehold Improvement Paint Supplies Cedar & Maple	1/9/2015	39	137.99
CHOW Refinish Seal Kitchen Area Ceilings- 01/22/15	1/22/2015	39	2,635.00
The Sherwin-Williams Company - Overcharge Discount Janu	1/17/2015	39	(78.11)
The Sherwin-Williams Company - Kitchen Ceiling Paint Supp	1/17/2015	39	427.28
Bar Sign- Decor	1/29/2015	39	14.99
Hallway Room Signage	1/7/2015	39	2,798.07
Room Signage Hallways	1/15/2015	39	3,037.70
Leasehold improvement supplies cedar & maple	1/7/2015	39	413.49
Leasehold Improvement Supplies Cedar & Maple	1/8/2015	39	347.13
Leasehold Labor 01/22-02/01/15	2/1/2015	39	2,925.00
Leasehold improvement labor 02/04-02/17/15	2/17/2015	39	3,105.00
Leasehold Improvement Cedar & Maple Paint Supplies	2/5/2015	39	192.41
Leasehold Improvement Labor 02/19-03/01/15	2/28/2015	39	3,600.00
01/07, 01/14, 02/12, 02/19/15 Painting Leasehold	2/28/2015	39	900.00
Leasehold Improvement Labor 03/02-03/12/15	3/12/2015	39	4,275.00
Leasehold Improvement Paint Supplies March 2015	3/6/2015	39	115.90
3/2015 - 3/16-3/25/2015 Renovations	3/25/2015	39	2,835.00
Leasehold Improvement Labor 04/08-04/19/15	4/19/2015	39	4,140.00
Maple & Cedar Lounge Paint Supplies April 2015	4/9/2015	39	357.26
Maple & Cedar Lounge Paint Supplies April 2015	4/10/2015	39	91.57
Cedar & Maple Bathroom Light fixtures	4/14/2015	39	1,400.40
Bulletin Boards (30)	4/18/2015	39	819.30
Leasehold Improvement Labor 04/21-04/29/15	4/29/2015	39	3,735.00
4/2015 - 3/26-4/7/2015 Renovations	4/7/2015	39	3,487.50
Rec:Paint & Prime Cedar & Maple Lounges April 2015	4/21/2015	39	1,000.00

Description	Date Acquired	Useful Life	Cost
VCT Cedar Wing Room Renovation April 2015	4/17/2015	39	930.56
VCT Cedar Wing Room Renovations April 2015	4/27/2015	39	930.56
Leasehold Improvement Labor May 2015	5/12/2015	39	3,870.00
Leasehold Improvement Painting May 2015 Cedar Wing	5/13/2015	39	1,120.00
Leasehold Improvement Labor 05/13-05/26/15	5/26/2015	39	3,600.00
60 pieces at 7ft long, Window valances	5/5/2015	39	1,301.90
Home Depot - Room #117 Renovation	5/5/2015	39	156.97
The Sherwin-Williams Company - Cedar Wing Paint Supplies	5/19/2015	39	610.30
VCT Cedar Wing Room Renovation May 2015	5/26/2015	39	771.04
VCT Cedar Wing Room Renovation May 2015	5/14/2015	39	930.56
Vinyl Cove Base Cedar Wing Renovations May 2015	5/1/2015	39	2,494.97
Leasehold Improvement Labor 05/27-06/04/15	6/4/2015	39	3,150.00
Leasehold Improvement Labor 06/04-06/10/15	6/10/2015	39	2,587.50
Cedar & Maple Wing Paint Supplies June 2015	6/4/2015	39	411.23
10 Overbed Lights Renovations Cedar	6/8/2015	39	1,190.95
Leasehold Improvement Cedar & Maple June 2015	6/8/2015	39	1,400.00
Leasehold Improvement Labor 06/11/15-06/23/15	6/23/2015	39	3,375.00
Cedar & Maple Wing June 2015 Renovations	6/13/2015	39	913.34
2 Overbed lights	6/30/2015	39	297.74
Leasehold Improvements June 2015	6/3/2015	39	843.54
Leasehold Improvements June 2015	6/4/2015	39	180.16
Leasehold Improvement Labor Painting July 2015	6/13/2015	39	1,600.00
VCT Install Cedar Room June 2015	6/13/2015	39	489.21
VCT Install Cedar Room June 2015	6/8/2015	39	489.21
VCT Install Patient Room June 2015	6/29/2015	39	489.21
Leasehold Improvement Labor 06/25-07/06/15	7/6/2015	39	3,735.00
Leasehold Improvements labor 07/08-07/18/15	7/18/2015	39	3,600.00
Victor painting labor 05/28/15	7/20/2015	39	600.00
Scherber Woodworking, LLC - Leasehold Improvement Labc	7/29/2015	39	3,015.00
Northeast Flooring & Kitchens, LLC - VCT Install Maple Wing	7/5/2015	39	489.21
Paint Supplies Maple Wing July 2015	7/17/2015	39	47.06
Grainger - Order #1239475254/ PO#71415	7/16/2015	39	908.82
ProTek Wall Board July 2015	7/23/2015	39	2,536.70
VCT Room Install July 2015	7/22/2015	39	489.21
Window Blinds Room Renovation	7/30/2015	39	3,004.39
VCT Install July 2015	7/27/2015	39	489.21
VCT Room Install July 2015	7/29/2015	39	489.21
Leasehold Improvement Labor 07/30-08/12/15	8/12/2015	39	4,005.00
Leasehold Improvement Labor 08/13-08/24/15	8/24/2015	39	3,690.00
Room Renovation Paint Supplies August 2015	8/4/2015	39	449.83
VCT Room Install August 2015	8/3/2015	39	489.21
VCT Floor Install - Northeast Flooring	8/25/2015	39	489.21
M#4 Crane Lift Fee HVAC Unit	9/9/2015	39	500.00
Leasehold Improvement Labor September 2015	9/6/2015	39	4,410.00
Leasehold Improvement Labor 09/08-09/22/15	9/8/2015	39	5,760.00
Leasehold Improvement Paint Supplies	9/9/2015	39	244.07
Painting Supplies September 2015	9/21/2015	39	537.93

Description	Date Acquired	Useful Life	Cost
Northeast Flooring 9/8/15 Install Reclass	9/8/2015	39	930.56
Paint, Sand, Prime, walls trim and FRP - C&M Rooms	9/22/2015	39	1,600.00
Floor Installation Resident Room Renovations	9/17/2015	39	489.21
Floor Installation Resident Room Renovations	9/23/2015	39	489.21
Total Leasehold Improvements			**195,173.93**
Movable Equipment			
34 Beds	10/8/2004	5	12,743.14
Ricoh Aficio MP C6000	10/10/2014	5	4,071.54
Miscellaneous	10/22/2014	5	679.08
2 IV Stands	10/29/2014	5	129.99
Diathermy Rehab Services	10/28/2014	5	7,927.63
File Cabinets/Cork Boards	11/10/2014	5	550.00
5 Computers	11/12/2014	5	4,045.55
Rehab Equipment	11/14/2014	5	1,272.65
Cross trainer	11/21/2014	5	42.54
Rehab Renovations & Equipment	11/3/2014	3	3,383.59
Ultra Sound	10/30/2014	5	6,482.99
Rehab Equipment	10/31/2014	5	6,666.92
34 Electric Beds	11/8/2014	5	12,742.79
Cross Trainer Rehab	11/4/2014	5	4,174.58
IV Wheelchair	12/12/2014	5	734.27
Shower Gurney	12/22/2014	5	839.64
3 Resident Room TVs & Brackets	12/9/2014	5	544.43
34 Beds	12/8/2014	5	12,743.15
File Cabinets/Folding Chairs/Cork Boards	1/29/2015	5	640.00
Air Mattress	1/1/2015	5	3,158.56
3 Televisions for Resident Rooms	1/20/2015	5	714.67
Direct Supply - Order #20101258/ PO #111814	1/1/2015	5	207.98
Steve Donahue - Furniture Labor 01/26/15	1/26/2015	5	1,000.00
Michaels - Framing & Decor Hallways	1/12/2015	5	912.61
Television Resident Room	2/6/2015	5	231.84
Spruce Lounge - 2 Chairs and Storage Cont. Furnitu	2/5/2015	5	170.12
3 Benches for 3 Unit lounges	2/20/2015	5	852.00
4 Laptops	3/12/2015	3	3,073.51
70 Resident Room Wallmount clocks	3/11/2015	5	687.87
Reclass 3 Kiosks April 2015	4/24/2015	5	6,151.33
Reclass 3 Kiosks April 2015	4/23/2015	5	5,703.51
4 Televisions for Resident Rooms Cedar	4/23/2015	5	927.37
Window Blinds Cedar Wing	4/13/2015	5	1,278.03
Wardrobe- Order #442080608	4/1/2015	5	479.01
4 Televisions	5/11/2015	5	1,105.99
Medline Industries - Order #443250800/ PO#05132015	5/28/2015	5	1,652.68
4 Televisions Cedar Wing	5/22/2015	5	959.23
Direct Supply - Order #20599119/ PO#6415	6/5/2015	5	255.22
Direct Supply - Bed Controls June 2015	6/4/2015	5	424.87

Description	Date Acquired	Useful Life	Cost
4 Televisions	6/1/2015	5	896.18
30 TV wall brackets	6/3/2015	5	1,593.97
10 TV's Resident Rooms Cedar	6/30/2015	5	2,369.22
Drug Shredder	6/29/2015	5	2,262.75
50% 60 Units Resident Room Furniture - Maple&Cedar	7/31/2015	5	42,761.69
60 Units - 50% Furniture Deposit Delivered	7/31/2015	5	42,761.69
3 TV's Cedar Renovation	7/9/2015	5	789.91
3 Televisions Renovations	8/28/2015	5	799.75
HVAC Unit #4 Supplies, Repairs & Labor	8/31/2015	5	7,962.26
Direct Supply - Order #20828665/ PO# LIFT	9/7/2015	5	3,805.18
Microsoft Surface Pro 3	9/30/2015	5	849.74
35 TV mounts Maple Wing	9/2/2015	5	838.25
11 Televisions Cedar/Maple Renovations	9/16/2015	5	2,515.98
Total Movable Equipment			**220,567.45**
Non Movable Equipment			
Exhaust Fan Material	10/23/2014	7	1,296.94
Exhaust Fan Material	10/29/2014	7	3,890.81
Exhaust Fan Material	10/23/2014	7	5,582.10
Annunciator Panel	10/15/2014	7	3,311.68
Exhaust Fan Material	11/12/2014	7	366.39
Exhaust Fan Speed Control	11/18/2014	7	1,114.89
Exhaust Fan Material Downblast	11/13/2014	7	2,368.95
Electric Front Door Install	1/22/2015	7	4,303.80
Water Heater 98 Gal	4/25/2015	7	6,474.55
Total Non-Movable Equipment			**28,710.11**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield, LLC	2387	9/30/2015	24	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	Var	Var	Var	428,948	9,234	S/L	Var	11,029	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				195,174				2,818	
C-4. Subtotal									13,847
D. ***Total Amortization***									13,847

* 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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Pl	2387	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	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	12/29/12
4. Date of Initial Licensure	07/13/83
5. Total Licensed Bed Capacity	90
6. Square Footage	37,000
7. Acquisition Cost	
a. Land	
b. Building	

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				
c. Interest Rate for the Cost Year	3.35%			
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of 09/30/2015	3,506,854			
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.

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

Name of Facility	License No.	Report for Year Ended			Page of
Colonial Health & Rehab Center of P	2387	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)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of	2387	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*) $ Interest Expense	47,677	47,677		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	47,677	47,677		
14. Insurance				
a. Insurance on Property (buildings only) $	78,324	78,324		
b. Insurance on Automobiles $	858	858		
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $				
2. Fire and Extended Coverage $				
3. Other (*Specify*) $				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	79,182	79,182		
15. ***Total All Expenditures (A-13 thru C-14)*** $	9,128,113	9,128,113		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page
Colonial Health & Rehab Center of Plainfield, LLC	2387	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.	13	B10a	Occupational Therapy	$	352,737	352,737		
7.			Other - See attached Schedule	$				
Pages 15 & 16 - Administrative and General								
8.	15	1a9	Discriminatory Benefits	$	6,088	6,088		
9.	15	1c	Bad Debts	$	5,454	5,454		
10.			Accounting & Legal	$				
11.			Telephone	$				
12.			Cellular Telephone	$				
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	$	11,996	11,996		
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.			Unallowable Advertising *	$				
19.	15	1j	Income Tax / Corporate Business Tax	$	144	144		
20.			Fund Raising / Contributions	$				
21.	16	m12	Unallowable Management Fees	$	237,666	237,666		
22.			Barber and Beauty	$				
23.			Other - See attached Schedule	$	28,860	28,860		
Page 18 - Dietary Expenditures								
24.	30	IV1	Meals to employees, guests and others who are not residents	$	488	488		
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)	$	643,433	643,433		

* 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	l7	Meals & Entertainment	$ 3,063		
16	m13	Late Fees	$ 1,434		
16	m13	Community Awareness	$ 24,213		
16	m13	Civil Money Penalty	$ 150		
Total Other A&G Adjustments			$ 28,860	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield, LLC	2387	9/30/2015	29	37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	643,433	643,433		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs $	257,102	257,102		
28.	20	5d	Ambulance/Limousine $	7,450	7,450		
29.	20	5f	X-rays, etc $	15,593	15,593		
30.	20	5h	Laboratory $	18,574	18,574		
31.			Medical Supplies $				
32.	20	5e2	Oxygen (non emergency) $	11,244	11,244		
33.	20	5j	Occupational Therapy $	3,477	3,477		
34.			Other - See Attached Schedule $	53,492	53,492		
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 $				
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.			Interest Income on Accounts Rec $				
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)*** $			1,010,365	1,010,365		

*** 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.

Colonial Health & Rehab Center of Plainfield, LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Resident Expense	$ 1,589		
20	5j	IV Therapy Consult	$ 250		
20	5j	IV Supplies	$ 2,235		
20	5j	IV Solution	$ 13,956		
20	5j	Would Care Medicare A	$ 11,700		
20	5j	Would Care Medicaid	$ 214		
20	5j	Wound Care Equip PVT CI VA Otr	$ 23,548		
Total Other Ancillary Costs			$ 53,492	$ -	$ -

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)
Total Other Property Adjustments			$ -	$ -	$ -

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			$ -	$ -	$ -

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plain	2387	9/30/2015	30	37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	6,942,248	6,942,248		
b. Medicaid Room and Board Contractual Allowance **	$	(2,037,251)	(2,037,251)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	3,320,523	3,320,523		
b. Medicare Room and Board Contractual Allowance **	$	(55,206)	(55,206)		
4. a. Private-Pay Residents and Other	$	822,968	822,968		
b. Private-Pay Room and Board Contractual Allowance **	$	(128,270)	(128,270)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	249,882	249,882		
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$	20,462	20,462		
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	$	819,755	819,755		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	54,570	54,570		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	182,000	182,000		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	6,600	6,600		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	987,400	987,400		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$	58,300	58,300		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	(2,011,532)	(2,011,532)		
b. Other *(Specify)* - Non-Medicare	$	(8,980)	(8,980)		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	9,223,469	9,223,469		
IV. Other Revenue*					
1. Meals sold to guests, employees & others	$	488	488		
2. Rental of rooms to non-residents	$				
3. Telephone	$				
4. Rental of Television and Cable Services	$				
5. Interest Income *(Specify)*	$	22	22		
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$	23,997	23,997		
V. Total Other Revenue (1 thru 8)	$	24,507	24,507		
VI. Total All Revenue (III +V)	$	9,247,977	9,247,977		

* *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		RHNS	(Specify)
30/I16a	Medicare Settlement	$ 5,593		
30/I16a	X-Ray -Medicare A	$ 13,906		
30/I16a	Lab Revenue-Medicare A	$ 13,656		
30/I16a	Contractual Allow-Med A Ancill	$ (1,894,202)		
30/I16a	Contractual Allow - Med B	$ (146,865)		
30/I16a	Contractual Allow-Med B Seq 2%	$ (3,620)		
Total Other Resident Revenue - Medicare		$ (2,011,532)	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/I16b	Medicaid Settlement	(10,844)		
30/I16b	X-ray Medicaid	412		
30/I16b	X-ray Managed Care	992		
30/I16b	Lab Revenue - Medicaid	133		
	Lab Revenue Managed Care	327		
Total Other Resident Revenue		$ (8,980)	$ -	$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income		$ 22		
Total Interest Income			$ 22	$ -	$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Miscellaneous Income	$ 23,997		
Total Other Revenue		$ 23,997	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Pla	2387	9/30/2015	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 100,445
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,025,832
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$
5. Prepaid Expenses				$ 44,755
a. Prepaid Insurance P&L		19,863		
b. Prepaid Insurance Workers Comp		8,519		
c. Prepaid Expenses (Other)		12,000		
d. Prepaid PP Taxes		4,373		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$ 255,855
Security Deposits - Short Term		5,000		
HUD Tax		105,253		
HUD Insurance		72,494		
HUD Replacement Reserves		73,108		
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 1,426,888
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	624,122		$ 601,042
	Accum. Depreciation	23,080	Net	
5. Non-Movable Equipment	*Historical Cost	137,661		$ 106,102
	Accum. Depreciation	31,559	Net	
6. Movable Equipment	*Historical Cost	504,485		$ 374,044
	Accum. Depreciation	130,441	Net	
7. Motor Vehicles	*Historical Cost			$
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 1,081,188

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plai	2387	9/30/2015	32	37

Account			Amount
		Total Brought Forward:	$ 2,508,076
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			$
2. Land Improvements	*Historical Cost		
	Accum. Depreciation	Net	$
3. Buildings	*Historical Cost		
	Accum. Depreciation	Net	$
4. Non-Movable Equipment	*Historical Cost		
	Accum. Depreciation	Net	$
5. Movable Equipment	*Historical Cost		
	Accum. Depreciation	Net	$
6. Motor Vehicles	*Historical Cost		
	Accum. Depreciation	Net	$
7. Minor Equipment-Not Depreciable			$
C-8 ***Total Leasehold or Like Properties*** (C1 thru 7)			$
D. Investment and Other Assets			
1. Deferred Deposits			$
2. Escrow Deposits			$
3. Organization Expense	*Historical Cost		
	Accum. Depreciation	Net	$
4. Goodwill (Purchased Only)			$
5. Investments Related to Resident Care (*itemize*)			$
6. Loans to Owners or Related Parties (*itemize*)			$
Name and Address	Amount	Loan Date	
7. Other Assets (*itemize*)			$ 50,000
Security Deposits-Long Term	50,000		
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)			$ 50,000
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)			$ 2,558,076

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfield,	2387	9/30/2015	33	37

Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				$ 1,134,713
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*)				$ 174,381
5. Accrued Payroll (*Owners and/or Stockholders only*)				$
6. Accrued Payroll Taxes Payable				$ 3,240
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*)				$ 79,836
Prepaid RE Tax Expense	63,941	Home Depot Credit	3,691	
Payroll Related	153	American Express	9,851	
Union PAC Withheld	1			
Union Dues Withheld	2,199			
A-13. ***Total Current Liabilities*** (Lines A1 thru 12)				$ 1,392,169

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plainfie	2387	9/30/2015	34	37

Account	Amount
Total Brought Forward:	1,392,169
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$ 831,759

Name and Address of Lender	Amount	Loan Date
Various	831,759	

4. Other Long-Term Liabilities (*itemize*)	$
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)	$ 831,759
C. ***Total All Liabilities*** (Lines A-13 + B-5)	$ 2,223,928

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

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Pl	2387	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 (*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	$
B.	**Net Worth**	
	1. Owner's Capital	$
	2. Capital Stock	$
	3. Paid-in Surplus	$ 5,016
	4. Treasury Stock	$
	5. Cumulated Earnings	$ 209,268
	6. Gain or Loss for Period 10/1/2014 thru 9/30/2015	$ 119,864
	7. Total Net Worth	$ 334,148
C.	***Total Reserves and Net Worth***	$ 334,148
D.	***Total Liabilities, Reserves, and Net Worth***	$ 2,558,076

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of Plain	2387	9/30/2015	36	37

Account				Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2014				$ 241,996
B. Total Revenue (*From Statement of Revenue Page 30*)				$ 9,247,977
C. Total Expenditures (*From Statement of Expenditures Page 27*)				$ 9,128,113
D. Net Income or Deficit				$ 119,864
E. Balance				$ 361,860
F. Additions				
1. Additional Capital Contributed (*itemize*)				
2. Other (*itemize*)				
Draws		(19,094)		
F-3. Total Additions				$ (19,094)
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			$ 342,766

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I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Colonial Health & Rehab Center of	2387	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
	Partner	11/30/15

Printed Name of Preparer

Craig J. Lubitski Consulting LLC

Addres Address	Phone Number
225 Pitkin Street, Hartford, CT 06108	860-610-9009