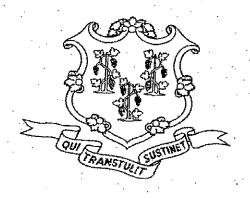
State of Connecticut



15-90

Annual Report of Long-Term Care Facility

		C	ost Year 2	015		RECI	EIVED
Name of Facility (as licensed	•					FEB	8 2016
Fairview Health of Southpor						<u> </u>	
Address (No. & Street, City,		-			ļ	DESTE OF CO	CIAL SERVICES
930 Mill Hill Terrace, South	port, CT					DEFLORADI FICE OF COLF	LUMATE SETTI
Type of Facility							
Chronic and Convale Nursing Home only (Rest Home wit Supervision on (RHNS)	_	□ (\$	Specify)	
Report for Year Beginning 10/1/2014			Report for Yea 9/30/2015	r Ending			
License Numbers:		CCNH	RHNS		(Specify)	Me	dicare Provider
		2307-C		. .		07-5200	
Medicaid Provider Numbers	•	CC	NH ·	RI	INS	IC	F-IID
For Department Use Only						•	
Sequence Number Sign	ed and arized	Date Received	Sequence N Assign		Signed and	d Notarized	Date Received

RECEIVED

FEB 23 2016

MYERS & STAUFFER LC

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General Information

	Contract America	AVAA		
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Fairview Health of Southport LLC	2307-C	9/30/2015	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Fairview Health of Southport 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. {a}

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

{a} SUBJECT TO DESK AUDIT REVIEW

Signed (Administrator)		Date	Signed (Owner)	2/16/18
Printed Name (Administrator)			Printed Name (Owner)	- 1
Jenner Rose (1/13/16-Present)			Eliyahu Mirlis	
Subscribed and Sworn to before me:	State of Chine Chicut	Date 2-18-16	Signed (Notary, Public)	Comm. Expires
Address of Notary Public	Hill Teera	ce, So	Ahport, CT Obs	\$90

(Notary Seal)

Carol Fischer Notary Public My Commission Expires 08/31/2018

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adju	stm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Fairview Health of Southport LLC				10/1/2014	9/30/2015
Address of Facility					
930 Mill Hill Terrace, Southport, CT					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	1/28/2016	
Item		Total	CCNH	RHNS	(Specify)
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

		ne No. of Fac -259-7894	ility	Report for Ye 9/30/2015	ar Ended	Page	of 37	
Name of Facility (as shown on license)	203		2 & S	Street, City, Sto	ite Zin)		- 37	_
Fairview Health of Southport LLC				race, Southpor				
CCNE	I I	RHNS		(Specify)		Medicare I	rovider N	Īο.
License Numbers: 2307-C						07-5200		
Type of Facility (Check appropriate box(es))								
☐ Chronic and Convalescent Nursing Home only (CCNH)		t Home with ervision only			(Specify))		
Type of Ownership (Check appropriate box)						•	* * * * * * * * * * * * * * * * * * * *	
O Proprietorship O LLC O Partnership	p 0	Profit Corp.	0	Non-Profit Con	rp. O	Government	O Tru	st
If this facility opened or closed during report year pro	ovide:		Date	Opened	Date Clo	sed	. 20. 10. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2	
Has there been any change in ownership								
or operation during this report year?	0	Yes	•	No	If "Yes,"	explain full	у.	
					·			
Administrator	***							
Name of Administrator				Nursing Ho	ome			
Jenner Rose (1/13/16-Present)				Administrat)	001272		
			0.1	License 1	No.:			
Other Operators/Owners who are assistant administra	itors (ful	l or part time) of th	License	No.			
Name N/A				License				

General Information and Questionnaire Partners/Members

Name of Facility		License No.		Year Ended	Page of
Fairview Health of Southport LLC		2307-C	9/30/2015		3 37
Legal Name of Partnership/LLC		Business		Which	d/or Town(s) in Registered
Fairview Health of Southport LLC		930 Mill Hill T Southport, CT		СТ	
Name of Partners/Members	Business A	ddress		Title	% Owned
See Attached Schedule					
	·				

Fairview Healthcare Center of Fairfield Org Chart

Yaakov (Jacob) Sod	13.50%
Eliyahu Mirlis	2.00%
Shalom Auerbach	12.00%
Benjamin Landa	23.85%
Lori Fensterman	9.90%
Stuart Serota	3.00%
Matthew Serota	3,00%
Jack Jaffa	9.00%
Baruch Klien	10.00%
Miriam Taub	8.75%
Aliza Beer	5.00%

Fairview Health of Southport, LLC (OE)



Fairview Healthcare Center of Fairfield (d/b/a)

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

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	r Ended	Page of
Fairview Health of Southport LLC	2307-C	9/30/2015		3A 37
If this facility is owned or operated as a corpo	ration, provide the following information:			
Legal Name of Corporation	Busin	ess Address	State(s) in W	hich Incorporated
N/A				
				No. Shares
Name of Directors, Officers	Busir	ness Address	Title	Held by Each
N/A				
	-			
Names of Stockholders Owning at Least 10%				
of Shares				
NT/A				
N/A				
1	1			

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

General Information and Questionnaire Individual Proprietorship

Name of Facility Fairview Health of Southport LLC	License No. 2307-C	Report for Year Ended 9/30/2015	Page 3B	of 37
If this facility is owned or operated as an individua				
Ow	ner(s) of Facility		***	
	,			
N/A				
		N		
417				
		· · · · · · · · · · · · · · · · · · ·		
			-	

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

General Information and Questionnaire Related Parties*

Name of Facility Fairview Health of Southport LLC	nport LLC	License No. 2307	e No. 2307-C	Report for Year Ended 9/30/2015		Page 4	of 37
Are any individuals rece marriage, ability to contr	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	scility rel	ated through iation? O	Yes © No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Adc	ress and ge 11 of the report.
Are any individuals or coincluding the rental of prelated through family as association to any of the	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?	or services, to this facilit , control, or of this facili	services, his facility, ntrol, or business this facility?	© Yes O No	If "Yes," provide the following information:	e following	information:
		Also	Also Provides		Indicate Where		
F-7-1-0.5	50,10,10	C000	Goods/Services to	Description of Goods/Services	in Annual Renort	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %**		Page #/Line#	Reported	Related Party
	930 Mill Hill Terrace, Southport, CT	0	0	Management Fee	Pg 16/ Line m12	186,000	186,000
Terrace LLC	930 Mill Hill Terrace, Southport, CT	0	•	Rental Property	Page 22 / Line 9	487,466	487,466
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0				
		0	0		-		

* Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	of
Fairview Health of Southport LLC	2307-C		9/30/2015	5	37
If the facility is licensed as CDH and/or RCH or	provides Al	DS or TBI	services with special Medicaio	l rates, co	sts
must be allocated to CCNH and RHNS as follow	vs:				
Item			Method of Allocation	1	
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping			square feet serviced		
			hours of routine care provided		
Nursing		employee o	classification, i.e., Director (or	Charge N	lurse),
			Nurses, Licensed Practical Nu	ırses, Aid	es and
		Attendants			
Direct Resident Care Consultants		1	hours of resident care provide	d by EAC	JH
			(See listing page 13)		
Maintenance and operation of plant		Square fee			
Property costs (depreciation)		Square fee			
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 follow	owing quest	ons applica	ble to the cost information pro	vided.	
1. In the preparation of this Report, were all	O Yes	⊙ No	If "No," explain fully why su	ch allocat	ion was not
costs allocated as required?			made.		
N/A - One Level of Care					
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data		
N/A					
	10 1' 11	1! 4 a.u.d.!.	direct costs to non nursing he	vme cost c	enters?
3. Did the Facility appropriately allocate and se	elf-disallow	direct and ii	Core Corriges etc.)	illic cost o	CHICIS:
(e.g., Assisted Living, Home Health, Outpat	ient Services	s, Adult Day			
	O Yes	⊙ No	If "No," explain fully why su made.	ich alloca	tion was not
N/A - One Level of Care					

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

General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.

SHOULD HOUR DE HIGHER IN HIGH WILLIAM							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Fairview Health of Southport LLC			2307-C	9/30/2015			6 37
	Related * to	1 * to					
	Owners,	ers,					
	Operators,	tors,				Annual	
	Offic	ers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	Yes No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Eagle Leasing	0	•	Storage Rental		Monthly	3,608	3,608
Great America Financial Services	0	0	Copier		Monthly	3,909	3,909
Pitney Bowes Inc	0	0	Postage Meter		Monthly	1,934	1,934
	0	0					
	0	0					
	0	0					
	0	0			ATTITUTE TO THE PARTY OF THE PA		
	0	0					
	0	0					
	0	0					

Is a Mileage Log Book Maintained for All Leased Vehicles?

o O

O Yes

^{*} Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

^{**} Attach copies of newly acquired leases.

^{***} Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Fairview Health of Southport LLC	2307-C	9/30/2015		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
	Modified Cash				
	Widdined Cash				
Is the accounting basis for this	77	XCIDTA II avantain			
i F	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm	1137-1137-1137-1137-1137-1137-1137-1137				
Name of Accounting Firm	11.1.77	Address (No. & Street, City, State, Zip Code)	~~~	-	
1 Marcum LLP		555 Long Wharf Drive, New Haven, CT (06511		
2 Roth & Co, LLP		1428 36th St #200, Brooklyn, NY 11218			
3 XYZ		33 Saw Mill Lane, Avon, CT 06001			
4					
Services Provided by This Firm (de	scribe fully)				
1 Annual Review and Preparation of Co	est Reports		\$	37,752	
2 Preparation of Tax Returns			\$	8,600	
3 Accounting Consultant			\$	1,550	
4			\$		
			Charge fo	r Services Pr	ovided
			\$	47,902	
Are These Charges Reflected in the Expend	liture Portion of This Report? If Ye	s, Specify Expense Classification and Line No.			
	Page 15, Line 1d				
Legal Services Information					
Name of Legal Firm or Independen	t Attorney		Telephon	e Number	
1 See Attached					
2					
3 4					
4					
5	7. C. I.				
Address (No. & Street, City, State, 2	Zip Code)				
1 2 3 4 5		•			
2					
3					
5					
Services Provided by This Firm (de	scribe fully)		•		
,			\$	37,590	··-
2			\$	01,000	
2			<u> </u>		
3			\$		
4					
5			Charge fo	n Comilera D	orride d
			_	r Services Pr	Ovided
	W. D. J. 0571 B. 10 - 12-	0 10 10 10 10 10 10 10 10 10 10 10 10 10	\$	37,590	
Are These Charges Reflected in the Expend		es, Specify Expense Classification and Line No.			
⊕ Yes O No	Page 15, Line 1e				
1					

General Information and Questionnaire Accounting Basis

Vame o	f Facility	License No.	Report for Year Ended	Page	of
airviev	v Health of Southport LLC	2307-C	9/30/2015	7a	37
Legal S	ervices Information				
Vame of	f Legal Firm or Independent Attorney		Tele	phone Number	
1	Robinson & Cole LLP				
2	Kaufman and Serota				
3	Murtha Cullina				
4	Naness, Chaiet & Naness, LLC				
5	Martin F. Scheinman				
6	Schettino and Temchin				
7	Jacobi & Case				
8	Case & Case, P.C.				
Address	(No. & Street, City, State, Zip Code)				
1	280 Trumbull St., Hartford, CT 06103				
2	119 North Park Ave., Suite 308, Rocky	ille Center, NY 1157	0		
3	185 Asylum St., Hartford, CT 06103				
4	375 North Broadway, Suite 202, Jeriche	o, NY 11753			
5	38 Arden Lane, Sands Point, NY 11050				
6	18 Peck Ave., North Haven, CT 06473				
7	57 Plains Road, Suite 2B, Milford, CT	06461			
8					
Services	Provided by This Firm (describe fully)				
1	Labor/Union Contract Negotiations			\$ 4,119	
2	Lawyer against Lawsuits (self-disallowed 50%)			\$ 10,000	
3	Health Care Law With State			\$ 4,867	-
4	Union Arbitration			\$ 4,308	
5	Union Contract Negotiations			\$ 6,000	
6	Attorney for Collections (self-disallow)			\$ 4,350	
7	Lawyers for AP settlements (self-disallow)		1	\$ 3,662	
8	Union Arbitration	***************************************		\$ 284	
			Char	ge for Services Pro	vide
			100 40000 (100	\$ 37,590	
re These	Charges Reflected in the Expenditure Portion of	This Report? If Yes, Spe	cify Expense Classification and Lin	ne No.	
	O Yes O No	Page 15, Line 1e			

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

Schedule of Resident Statistics

Total All Cont. Total All	Name of Facility			License No.	Jo.			Report for	Report for Year Ended	, g		Page	fo
Total All CCNH RHNS Total Total Level Total Leve	Fairview Health of Southport LLC			23	07-C			9/30/2015				8	37
Total All CCNH RHNS Total All CCNH RHNS Total CCH RH						ď	eriod 10/	1 Thru 6/3	01		Period 7/1 Thru 9/30	Thru 9/3	0
Certified Bed Capacity 120		Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHINS	(Specify)
B. On last day of THIS report period 120	Certified Bed Capacity On last day of PREVIOUS report period	120	120			120	120			120	120		
A. As of midnight of PREVIOUS report period 110	B. On last day of THIS report period	120	120			120	120			120	120		
A. As of midnight of PREVIOUS report period 110			;			,	,			Ş	Č		
B. As of midnight of THIS report period 102 102 102 102 102 102 102 102 102 102 103 104 104 104 105	A. As of midnight of PREVIOUS report period	110	110			110	110			40 <u>I</u>	104		
Total Number of Days Care Provided During Period 6,210 6,210 6,210 4,559 4,559 1,651 A. Medicare B. Medicare (Conn.) 29,543 29,543 29,543 29,543 7,682 B. Medicard (Conn.) C. Medicard (Conn.) 1,655 1,655 1,356 1,356 1,356 299 C. Medicard (Other states) 1,655 1,655 1,356 1,356 140 E. State SSI for RCH 832 832 692 692 140 G. Total Care Days During Period (3A thru F) 38,240 38,240 28,468 28,468 9,772 Total Number of Days Not Included in Figures in Beds 36,710 10,712 10,712 10,712 Beds A. Medicard Bed Reserve Days 10,714 10,717 10,717 10,717 B. Other Bed Reserve Days 10,717 10,717 10,717 10,717 10,717	B. As of midnight of THIS report period	102	102			104	104			102	102		
A. Medicard (Conn.) 6,210 6,210 6,210 4,559 4,559 4,559 1,651 B. Medicaid (Conn.) 29,343 29,543 29,543 29,543 29,543 7,682 C. Medicaid (Conn.) 29,243 29,543 29,543 29,543 29,643 7,682 D. Private Pay 1,655 1,655 1,655 1,356 1,356 29,9 E. State SSI for RCH 832 832 692 692 140 F. Other (Specify) 38,240 38,240 28,468 28,468 9,772 G. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved 36,000 28,468 28,468 9,772 Beds A. Medicaid Bed Reserve Days 38,240 28,468 28,468 9,772 B. Other Bed Reserve Days 38,240 28,468 28,468 9,772 B. Other Bed Reserve Days 38,240 38,240 38,240 38,240 38,240 38,240 38,240 38,468 38,468 38,468 38,468 38,468 38,468 38,468 38,468 38,468 38,468 38,468<	3. Total Number of Days Care Provided During Period												
B. Medicaid (Conn.) 29,543 29,543 29,543 29,543 29,543 7,682 C. Medicaid (other states) 1,655 1,655 1,655 1,655 1,356 1,356 299 D. Private Pay 1,655 1,655 1,655 1,655 1,655 1,356 299 E. State SSI for RCH 832 832 832 692 692 692 9,772 G. Total Care Days During Period (3A thru F) 38,240 38,240 28,468 28,468 9,772 Go Total Care Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved 36,772 8 A. Medicaid Bed Reserve Days A. Med	A. Medicare	6,210	6,210			4,559	4,559			1,651	1,651		
C. Medicaid (other states) C. Medicaid (other states) 1,655 1,655 1,655 1,655 299 D. Private Pay 1,655 1,655 1,655 1,655 1,655 289 299 E. State SSI for RCH 832 832 832 692 692 140 F. Other (Specify) G. Total Care Days During Period (3A thru F) 38,240 38,246 28,468 28,468 9,772 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved 3G for Which Revenue Was Received for Reserved 8eds 8.468 28,468 28,468 9,772 Beds A. Medicaid Bed Reserve Days B. Other Bed Reserve Days B. O		29,543	29,543			21,861	21,861			7,682	7,682		
D. Private Pay 1,655 1,655 1,655 1,655 1,655 1,556 1,356 1,356 299 E. State SXI for RCH E. State SXI for RCH 832 832 692 692 140 F. Other (Specify) G. Total Care Days During Period (3A thru F) 38,240 38,240 28,468 9,772 G. Total Care Days During Period (3A thru F) 38,240 38,240 28,468 9,772 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days B. Other Bed Reserve Days B. Oth													
E. State SSI for RCH E. State SSI for RCH E. Other (Specify) 832 832 832 832 140 G. Total Care Days During Period (3A thru F) 38,240 38,240 28,468 28,468 9,772 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved 3G for Which Revenue Was Received for Reserved 8 A. Medicaid Bed Reserve Days		1,655	1,655			1,356	1,356			299	299		
F. Other (Specify) 832 832 832 832 140 G. Total Care Days During Period (3A thru F) 38,240 28,468 28,468 9,772 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved 3G for Which Revenue Was Received for Reserved 8 Beds A. Medicaid Bed Reserve Days A. Medicaid Bed Reser													
G. Total Care Days During Period (3A thru F) 38,240 38,240 28,468 28,468 9,772 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds 3G for Which Revenue Was Received for Reserved 8 8 9,772 A. Medicaid Bed Reserve Days B. Other Bed Reserve Days 9,773 9,773		832	832			692	692			140	140		
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days B. Other Bed Reserve Days Correct Advices and April 2007	G. Total Care Days During Period (3A thru F)	38,240	38,240			28,468	28,468			9,772	9,772		
A. Medicaid Bed Reserve Days B. Other Bed Reserve Days B. Other Bed Reserve Days Other Bed Reserve Days	i										_		
A. Medicaid Bed Reserve Days B. Other Bed Reserve Days The state of	Beds												
B. Other Bed Reserve Days	A. Medicaid Bed Reserve Days												
077.00 02													
10th Resident Days (3GT + 4A + 4D) 36,240 36,240 36,240	5. Total Resident Days (3G + 4A + 4B)	38,240	38,240			28,468	28,468			9,772	9,772		:

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Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licer	ise No.				Report	for Year	Ended		Page	of
Fairview Heal		outhport	LLC	2	307-C					9/30/201	5		9	37
4. Were the	ere any c	changes	in the certified b		cacity dur	ing th	ne repo	rt year	?	0	Yes	•	No	
If "YES"	', provid	le the fol	llowing informat	ion:										
		Place of	f Change		Cl	nange	in Bed	S		Ca	pacity Afte	er Change		
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	1					
Change												(0.10)		CI.
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason to	or Change
								ļ						
						<u> </u>		ļ					<u></u>	
1			in certified bed c			the re	eport ye	ar (as	reporte	ed in item	4 above) j	provide the num	ber of	
			Change in Ro	esider	nt Days					CC	CNH	RHNS	(Spa	cify)
1st chan											_			
2nd char										ļ <u> </u>				
3rd chan														
4th chan 6. Number	ge of Posic	donte on	d Rates on Septe	mber	30 of Co	et Vec	r			L		<u> </u>		
o, Number	OI KESI	ucius air	Medicare	moci	Medi		п	Г		S	elf-Pay		Other Sta	te Assisted
1			XXXXX			T		i						
	Item		CCNH	(CNH	R	HNS	CO	CNH	RI	HNS	(Specify)	R.C.H.	ICF-MR
No. of R		3	13		83	the commit	INVESTIGATION CONTRACTOR	A RESPONDED TO	6		na menganan kembanan ke	AND NOTE THE PROPERTY OF THE PARTY OF THE PA	- Processor Association	alle an interestadores (1809).
Per Dier			THE COURSE OF THE STREET	7				2,50		1,26,25,4	社会的意识的现代		(1994-1998)	
a. One l						-		<u> </u>	425-435	 				
b. Two			Various	 	250.47	┼			440-450			<u> </u>		
c. Three		е				ŀ								
bed 1	rms.			<u> </u>		L		Ļ		 		<u> </u>		
A.	. Medica	are - Par									TAL 795	CCNH 795	RHINS	(Specify)
B.			lusive of Part B)							95.44.2		2,000 2,000	And the specific of	- E (2 t) (1-)
			e Treatments							<u> </u>			<u> </u>	
		torative	Treatments							 	10.007	10.007		<u> </u>
	Other	Dr	Th Transfer							 	19,907 20,702	19,907 20,702		
			Therapy Treatm Therapy Treatm									19824 332 232	-10000000	
		are - Par		iciies						3-50 M-200-50 20-50 20	148	148		1144.430
			lusive of Part B)							enteria en		-1201267		
]			e Treatments							SE SAN PARTICIPATION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Treatments											
C	. Other										3,880	3,880		
			Therapy Treatme			•					4,028	4,028	A TELL OF A PROPER AND A SECOND	
			ational Therapy	Treati	nents					555	24. 73. 227.73			
A	. Medic	are - Par	tB								407	407		
B.			lusive of Part B)										962/1007/5-955	
<u></u>			e Treatments Treatments							 			 	
F	. Other	noranye	Treatments							1	18,067	18,067	· · · · · ·	
$\frac{C}{D}$. Total	Occupat	ional Therapy T	reatn	ients					1	18,474	18,474		
. –														

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year		Page	of
Fairview Health of Southport LLC	2307-C		9/30/2015		10	37
Are time records maintained by all individuals receiving com	pensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
Item	CCNH	Hours	RHINS	Hours	(Specify)	Hours
A. Salaries and Wages*	-5.450-505-5					
Operators/Owners (Complete also Sec. I of Schedule A1)						ATECHE
Administrator(s) (Complete also Sec. III	30/8K978/9					120614
of Schedule A1)	152,582	2,184	1500 (5-10) \$505.	wikingsano tempolika		383786477520850
3. Assistant Administrator (Complete also Sec. IV	15 E		ENGLISH TO A	200000000000000000000000000000000000000		
of Schedule A1)		01A (1-61A) (1-62A)		data in the	A CHARLET A SHOW	44 OH 44 (2)
4. Other Administrative Salaries (telephone	301,813	12,330		ALERLAN	175110100	
operator, clerks, receptionists, etc.) 5. Dietary Service	301,813	12,330		2240320000	71 (5 of 15)	
a. Head Dietitian			2244			S. PHILLIP
b. Food Service Supervisor	56,504	2,176				
c. Dietary Workers	471,910	29,773		. et . et . et . e . e . e . e . e . e .	TOWNS OF THE RES.	
Housekeeping Service				44.5.4.4.	24.00% Will WELZ's	
a. Head Housekeeper	246,000	22.207				
b. Other Housekeeping Workers	346,890	23,387	100000000000000000000000000000000000000	TPLEASURE SE	56.05T002074122	2004000000
Repairs & Maintenance Services Engineer or Chief of Maintenance	62,005	2.064	100	1000-0200-0200-021		The second of the second of the second
b. Other Maintenance Workers	41,737	2,321				
8. Laundry Service	38 31 31 4 3 5 4 3 5	H. 100 (45)	0.674	i en antige		
a. Supervisor						
b. Other Laundry Workers	201,323	13,620	<u> </u>			
Barber and Beautician Services	<u> </u>		ļ			
10. Protective Services	of English Education	75-520-33-96132	13 2 6 3 2 2 6			2.53.52.37
11. Accounting Services a. Head Accountant	#45 (01) sea (12) (15)	124 SOLD NORWAY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b. Other Accountants						
12. Professional Care of Residents	5.7620052	Station.	28 (San 1. 3) (S		in new	GENERALIES
a. Directors and Assistant Director of Nurses	111,735					
b. RN	34.00 Eps. 30 / 52	-74.51% b)		经数据的	70.00	基项-跨线
Direct Care	530,158			ļ		
2. Administrative**	182,160	7,899	North Control of the	e weekstooneestoonees	TO A STORY AND A SHARE BUILDING	i Gundalindes delle
c. LPN	1 000 100	27.02			- 防防型型	\$27.00 (DE) A100 (
1. Direct Care	1,003,176	37,932	-	<u> </u>	<u> </u>	<u> </u>
2. Administrative** d. Ajdes and Attendants	1,744,762	109,319		1	· · · · · · · · · · · · · · · · · · ·	
d. Aides and Attendants e. Physical Therapists	122,788					
f. Speech Therapists	1,013	· ·				
g. Occupational Therapists	177,472	4,833				<u> </u>
h. Recreation Workers	87,979		A Second State Of the Control of the	- Activities and the second	n leggin of the law-a-da-Zalen en da	a Partanoposada dura
i. Physicians	14 St. 15 (18)	\$ 25.5		200		10:50
1. Medical Director		 		<u> </u>		
2. Utilization Review 3. Resident Care***	 	 	 		1	
4. Other (Specify)	35 Y 28 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1 The 1997	aan gaal giptig Nobel oo gaarde. Aan daar daar daar daar daar daar daar da	# 4.50 ×	"三"等的 的	200
i. Onio (opton))	CONTRACTOR STATE OF S	The second second				<u> </u>
j. Dentists						<u> </u>
k. Pharmacists		1				
l. Podiatrists	110.51	1 70	1		ļ	
m. Social Workers/Case Management	140,545	4,42	'			
n. Marketing	2.222	1		70075		Notes de la comp
Other (Specify) See Attached Schedule	<u>-41,47,975 (resonal Sales Cities C</u>		n new contract contract	a are in the second limit		
A-13. Total Salary Expenditures	5,736,552	284,670	5			

^{*} 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)

	CCI	NH	RH	INS	(Spe	cify)
Position	S	Hours	\$	Hours	\$	Hours
	_					
	2 1 2					
				·		
and the second of the second of the second of	48 A 18 A 18		a disastant		1 1 1 1 1 1	1.
Nagara di Santa Santa	Standard in		I this where is	1 11		
	44544, 141	3.5	n intailer i	11.44.41.1	mer serve	175
	Supplied to the		1450 4133	4 444	1000000	Security Mark
	#\$####################################	+ 6.5.7 S.T	es seguine	3 - (V)-1 × 1 × 1	ahiri in 1	to stage a set up of
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	1.15 %	100000	100	1.2 S. M. J. J.	arija ir	8. A.A.
	14.	* 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		the Arraganta	THE STATE OF THE S	Activity 1
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	4.4	4.14.1.44	1 11 11 11 11	14.874	No Confessor	The Milytti Se
	Appropriate to	100	1,555,000,000,000	in report	17 25 5 5 6	1.000
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	054 4 54 F	t with a		a fix		and the second
	14.40.4					
Total	\$ -		\$ -		\$ -	_

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	(Spe	cify)
Service	\$	Hours	\$	Hours	\$	Hours
	-	2.5				
	* . *					* .
	the April 1990					24.4
	Control of the Control				1.5	1.77
	Jan Barra					
the second secon	u kaj tre tanze e		:	-4	19 19 19 19 19 19 19 19 19 19 19 19 19 1	
		41 2 1 1				N. 1
	9 800 97 98	al e Mila				te de la
and the second of the second o		a Easter din			ur Barr	2 - 15 1 -
		H442141411		1.16	1, 11, 11, 11, 11	N. 1484
		. Assidence	ar s	15.5	1 2 3 7	1 WEST
	u gir triba, a shiir	93744 F 435		11:1	45.00	a Make Tali
	gain and Sign	3491141	:			a 3345a,
		ja saria				1,1
	181 4 1					N
	All years			1.		
The state of the s	grista di					
	14 Pt. 14				·	<i>i</i>
Total	\$ -		s -		s -	

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005 Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

			1 TOOTO COL	ייי ל איייייייייייייייייייייייייייייייי	radiotality admiration and call calculations and calculations	77777	7 77 77 77			
Name of Facility				License No.		Report for Year Ended	fear Ended		Page	of
Fairview Health of Southport LLC				2307-C		9/30/2015			11	37
		Salary Paid	d							
Name	CCNH	RHNS	(Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners										
Eliyahu Mirlis	56,950			Nondiscrim	Oversee the financial operation of facility	1,600 A.4.	A.4.			
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).				·						
									:	
7277	:	-		11 1 11	143.2	-				

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

^{**} Include all employment worked during the cost year.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

		7	TOOTORY	or a variation of	tabletant tanining along along taning taning a trop	ואסומורים	יו מונים	. •		
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	Jo
Fairview Health of Southport LLC				2307-C		9/30/2015			12	37
		Salary Paid	q							
				Fringe Benefits and/or Other					Total	
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Terrance Brennan (10/1/2014 - 6/7/2015)	106,193			Nondiscrim	Oversee the daily operations of the facility	1,520 A.2.	A.2.			
Marjorie Simpson (6/18/2015 - 1/13/2016)	46,389			Nondiscrim	Oversee the daily operations of the facility	664 A.2.	A.2.			
Section IV - Assistant Administrators										
									-	
**************************************		and the first factor of the factor	1-11 2. C	1 1 1 1	0. 77. 1					

^{*}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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of E	License No.		Report for Y		Page	of
Name of Facility Fairview Health of Southport LLC	2307		9/30/2015	our Direct	13	37
Fairview Health of Southport LLC	L30,		Total Cost	and Hours	i	
			Total Cost	ind Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee	32.52.5(5)	12 (\$1.5%) (1) X			2 22 24	
for service basis in lieu of salary	B 2 6 (32)					
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	5,500	contract	ļ <u></u>			
3. Pharmacist	17,245	480				
4. Podiatrist					AHADISAT DOMESTIA	701-74 TO 100-100
Physical Therapy					100	Government of the second of th
a. Resident Care	444,521	10,103				
b. Other						
6. Social Worker	<u>.</u>					
7. Recreation Worker				NAMES OF THE PARTY	Jakanan Tananan Jak	APAR STRAITS CONTRACT
8. Physicians	在 机砂锅	医化位置学	100 E 6 2 3	1978 (B) (B)		
a. Medical Director (entire facility)	30,000	480			value of a discrete law end on the discrete	acceptation of the restor of the
b. Utilization Review		176 N S	220			
(Title 18 and 19 only) monthly meeting	;					
c. Resident Care**						Code avortous
d. Administrative Services facility			51355			
 Infection Control Committee 						
(Quarterly meetings)			ļ			
Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee						
(Once annually)	<u> </u>					
e. Other (Specify)	(32)-70-01-02-02-02-02-02-02-02-02-02-02-02-02-02-			9490		8-7-8-25
9. Speech Therapist	140000000000000000000000000000000000000		0 C 5 C 5	(60) (C) (G)	4,000 to 1991	12 NT 0.
a. Resident Care						<u> </u>
b. Other						
10. Occupational Therapist		- 40102414	1.00 EE0.00	44776	108 9 24	\$25.5M
a. Resident Care	4,084	86				
b. Other						
11. Nurses and aides and attendants		4-8-18-12 X	146-144	19 (112 Air)		
a. RN	21-19-27-9-00				有多年原本	
1. Direct Care	93,206	1,996				
2. Administrative***	128,883	2,123				
b. LPN		n galleria ili	1000年前4			到标题 多处
1. Direct Care	196,395	5,096				
2. Administrative***						
c. Aides			1			
d, Other						
12. Other (Specify)		5454 July 16 Mar	11 6 71 07 5-			
See Attached Schedule	A					
B-13 Total Fees Paid in Lieu of Salaries	919,834	20,364	 			
D-Y2 LOUR LEES LAIR IN THER OF SHRIVES	1 717,037		£ 13 and supported		<u> </u>	

^{*} 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 Y 9/30/2015	ear Ended	Page 14	of 37
Fairview Health of Southport LLC Name & Address of Individual	Full Evols	2307-C anation of Service	Related**	* to Owners, rs, Officers	Explai	nation of Re	
Name & Address of Individual	run Expia	mation of Belvice	Yes	No	z.np.m.		
LifeMed Pharmacy	Pharmacy, Med Pharm	dical Records, Nurse and nacy Consultant	0	0			
Prime Choice Dental		Dentist	0	0			
Wayne Levin		lical Director	0	0			
Accelerated Care Plus Corp		ental Equipment	0	0			
Ardor Health Solutions, 5830 Coral Ridge Drive, Suite 120, Coral Springs, FL 33076		ational Therapy	0	0			
Towne Nursing, 1413 38th St., Brooklyn, NY 11218		ng Admin, and LPN	0	0			
High Tech Nursing, 1 Stafford St., Springfield, MA 01104		ersing Admin	0	0			
HBS Professional Services		Recruiter	0	0			
			0	0			
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^{*} 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 Y	ear Ended	Page	of
Fairview Health of Southport LLC	2307-C		9/30/2015		15	37
		İ				
				CONTI	DIDIO	(5
Item		4	Total	CCNH	RHNS	(Specify)
1. Administrative and General			14,25,25,25			
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	301,374	301,374		
Disability Insurance		\$				
3. Unemployment Insurance		\$	126,317	126,317		
4. Social Security (F.I.C.A.)		\$	427,445	427,445		
5. Health Insurance		\$	833,787	833,787		Turkan salah s
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	212,434	212,434		
(not-owners and not-operators)					5. 66. 68. A. G. 10.	Sec. 15. 15. 15.
8. Uniform Allowance		\$	43	43		
9. Other (Specify)		\$	25,341	25,341		
See Attached Schedule					(A) (A) (A) (A) (A)	
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and				5 5 5 5		
Operators (Discriminatory)*			200 200 200 200			
(() ,			0.00 15.364			
c. Bad Debts*	*******	\$	500,000	500,000		
d. Accounting and Auditing		\$	47,902	47,902		
e. Legal (Services should be fully described	on Page 7)	\$	37,590	37,590		
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*				7/5 (<u>1</u> 148) 451 486		
g. Office Supplies		\$	12,611	12,611		
h. Telephone and Cellular Phones					34.0	
1. Telephone & Pagers		\$	20,217	20,217		
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and		\$				
attach copy)*		•		医精明 护护		154
инист сору)						
j. Corporation Business Taxes franchise tax	c)	\$	- Lorentz of the Post of the Control			
k. Other Taxes (Not related to property - See		~		76.77 To 19.19	(d) (3) (4) (2)	5 (2) 10 4 5 6 2 72
1. Income*	/	\$	process to the second of the second		A STATE OF THE PROPERTY OF THE PARTY OF THE	A THE PERSON AND THE PERSON AND THE PERSON
2. Other (Specify)		\$				
See Attached Schedule		Ψ			- 75 July 1970	1.455/00/00/00/00
3. Resident Day User Fee		\$	703,896	703,896	The second secon	cond the management of the
		\$		3,248,957	<u> </u>	<u> </u>
Subtotal		ψ	1 3,270,737		tals forward	1

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

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

Fairview Health of Southport LLC 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	· _		
Union Training	\$ 25,341		
	n inggista		
	a ja saita ja ja ja	1.3	
	, vý s		
		그 기계 보냈	
Total	\$ 25,341	\$	\$

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
Fairview Health of Southport LLC	2307-C		9/30/2015		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtota	ls Brought Forward	d:	3,248,957	3,248,957		
Travel and Entertainment						
Resident Travel and Entertainment		\$				
Holiday Parties for Staff		\$				
Gifts to Staff and Residents		\$	1,984	1,984		
4. Employee Travel		\$	3,863	3,863		
5. Education Expenses Related to Seminars an	d Conventions	\$	1,180	1,180		
6. Automobile Expense (not purchase or depre		\$	148	148		
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses	-				12085	idita da salah a
1. Advertising Help Wanted (all such expenses	s)	\$				
2. Advertising Telephone Directory (all such e.	xpenses)***	\$				
3. Advertising Other (Specify)***		\$	66,996	66,996		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$	3,777	3,777		<u></u>
6. Barber and Beauty Supplies (if this service	is supplied	\$				
directly and not by contract or fee for service	ce)***					
7. Postage		\$	3,104	3,104		
* 8. Dues and Membership Fees to Professional		\$		2004-200-100-100-100-100-100-100-100-100-100	The state of the s	· Present R Strandsweet nature
Associations (Specify)			in comparation			6 7046
See Attached Schedule			生物的 推出			
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$		Service.		
9. Subscriptions		\$	V-440-T-1-1-1-1			
10. Contributions***		\$				
See Attached Schedule				50 Feb. 9 K		
11. Services Provided by Contract (Specify and	Complete	\$	90,510	90,510		
Schedule C-2, Page 21 for each firm or ind	ividual)				garran dayar	
12. Administrative Management Services**		\$	186,000	186,000		
13. Other (Specify)		\$	70,151	70,151	The state of the s	***
See Attached Schedule			2 数 4 数 6			
C-14 Total Administrative & General Expenditures		\$	3,676,670	3,676,670		

^{*} 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

	CCNH	RHNS		(Specify)
	+			
+				
-1		 	-	
 s 		s	- 1	s -
	\$	\$ -	\$ - \$	\$ - \$ - :

Schedule of Other Advertising

Description	c	CNH	RH	NS	(Specify)
Business Promotion	5	66,996				
	·					
Total Other Advertising	\$	66,996	s		<u> </u>	

Schedule of Dues

Description			CCNH	RHNS	(Specify)
Description	A 1.1	 			
		 			14
	-	 : "			
		 	I		
* .		 			
					<u></u>
Total Dues		 	2 -	\$ -	s -

Schedule of Contributions

Description	 CCN	н	RHN	s	(Spe	ecify)
	<u> </u>					
Total Contributions	 S	-	\$	-	S	

Schedule of Other Administrative and General

Description		C	CONH	RHNS	(Speci	iy)
1 1			-			
Printing		S	1,023	1. 4.4.4		
Fees & Registration		\$	764	- 19-51		
License & Permits		\$	420	14,54		
Penalties & Fines (self-disallow)	11 11 11	\$	4,252	7.15		
Late Fees (self-disallow)	1	s	28,642			
Miscellaneous Admin Expense		s	(11,153)			
Bank Fees		s	2,021			
Bank Charges		S	6,929			
Unemployment Tax Consultant		S	1,580	1.5		
Real Estate Tax Consultants		5	35,323			
Russell Phillips & Associates		S	350			
						_
Total Other Administrative and General		S	70,151	s <u>-</u>	\$	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No. 2307-C	Report for Year Ended 9/30/2015	Page of 17 37
Fairview Health of Southport LLC	2307-0	9/30/2013	17 27
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided Control of the Control	Report Page #/Line #
Fairview Healthcare Management	186,000	Oversee operations of the facility	Page 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.

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

			n Page :	<u>"</u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	···
Name of Facility]	Licens	e No.		Report for Yo	ear Ended	Page	of
Fairview Health of Southport LLC			2307-C		9/30/2015		18	37
Item		· · · · · · · · · · · · · · · · · · ·	Total	Variation of the	CCNH	RHNS	(S	pecify)
2. Dietary			0.00		8 1-8		450.07-0	de la rese
a. In-House Preparation & Service					19-18-19-18-19-1		4550122	
1. Raw Food				714	714		ļ	
2. Non-Food Supplies				848	18,848		<u> </u>	
3. Other (Specify)		5	S CONTRACTOR OF THE CONTRACTOR	ZEENS.			A 17/20 15/20/20	
				(2)			4 6 5 6 6	
b. Purchased Services (by contract other		5	220,	094	220,094		7 800 Suado São	
than through Management Services)								
(Complete Schedule C-2 att. Page 21)			404.30.50	13.675	Company of the Section of the Company of the Compan		54,823	
c. Management Services**			<u> </u>				- -	
d. Other (Specify)			5					
			A145 61752		10.00	contract from	1461419602	60 E E 60
	1				000.656		9 45 6500	(Contact State of the Contact
2E. Total Dietary Expenditures (2a+b+c+c	1)		239,	656	239,656	<u> </u>		
2F. Dietary Questionnaire			Tota	<u>l</u>	CCNH	RHNS	(5	pecify)
G. Resident Meals: Total no. of meals served	per day	:*						
H. Is cost of employee meals included in 2E?		Yes		0	No			
I. Did you receive revenue from employees?	0	Yes		0	No	If yes, specify amt.		
J. Where is the revenue received reported in t	he Cost	Repo	rt? (Page/I	ine	Item)			
Is cost of meals provided to persons other						If was ansaifu		
K. than employees or residents (i.e., Board	•	Yes		0	No	If yes, specify cost.		
Members, Guests) included in 2E?						cost.		
L. Is any revenue collected from these people'	? •	Yes		0	No	If yes, specify amt.		\$2,949
M. Where is the revenue received reported in t	he Cost	t Repo	rt? (Page/I	ine	ltem)		30IV1	
Is cost of food (other than meals, e.g.,						-		
N. snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes		•	No	If yes, specify cost.		
O. Is any revenue collected from employees?	0	Yes		0	No	If yes, specify amt.		
P. Where is the revenue received reported in t	he Cos	t Repo	rt? (Page/I	ine	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)

	ne of Facility	License		Report for Y 9/30/2015	ear Ended	Page 19	of 37
Fair	view Health of Southport LLC		307-C	9/30/2013		19	31
	Item		Total	CCNH	RHNS	(Sp	ecify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,687	1,687			
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					····
	processed.***	Amt. \$					
	 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.					
		Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs. Amt. \$					
	b. Purchased Services (by contract other	\$	T				
	than through Management Services)		15				(阿特特基)
	(Complete Schedule C-2 att. Page 21)						
	c. Management Services**	\$					
	d. Other (Specify)	\$					
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	1,687	1,687			
3F.	Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E? O	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? O	Yes	•	No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost	Report?		(Page/Line	tem)		

^{*} 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)

Nam	e of Facility	License No.	Rep	ort for Year E	inded	Page	of
Fairy	view Health of Southport LLC	2307-C		9/30/2015		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel					
	 Supplies - Cleaning (Mops, 	Amt.	\$	43,210	43,210		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
	c. Management Services*		\$				
	d. Other (Specify)		\$		75247488847 <i>8</i> 8848748		
				- 15 (S) (S) (S) (S) (S)		de la radio par	
4E.	Total Housekeeping Expenditures (4a +	b+c+d	\$	43,210	43,210	Volido - Ann Maron Andrews	Constitue to the constitue of the constitue of
5.	Resident Care (Supplies)**						新疆 经制度。
İ	a. Prescription Drugs***					1 1 1 1 1 1 1	
	Own Pharmacy		\$				
	Purchased from		\$	260,006	260,006		
	b. Medicine Cabinet Drugs		\$				
	c. Medical and Therapeutic Supplies		\$	187,685	187,685		
	d. Ambulance/Limousine***		\$	927	927		
	e. Oxygen						
Ĺ	For Emergency Use		\$				
	2. Other***		\$	35,940	35,940		
	f. X-rays and Related Radiological		\$	6,756	6,756		-11-000-00-0
	Procedures***			3 7 7 6 6 2 8	45 4 \$ 825		
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)				10 SM 10 TE		
	h. Laboratory***		\$		26,333		
L	i. Recreation		\$	22,620	22,620		
	j. Other (Specify)****		\$	64,040	64,040		
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	5j)	\$	604,307	604,307		<u> </u>

^{*} 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	RHINS	(Specify)
	-	ŧ	e de ville e
Physical Therapy Equipment	\$ 28,039	1.5	s Africa
Medicare Non Billable	\$ 1,090		e for a light second
Medicare Non Billable	\$ 5,308		
Patient Specific Bed Rentals (self-disallow)	\$ 29,603	winioni – v i	
	in the Helitage		
	F 254	1.25 to 1.15	SET 84.50
人物、大學、大學等的主要、大學、大學、學習自己、一學、學學、學學、學學、學學、學學、學學、學學、學學、學學、學學、學學、學學、		Again a true	
Total Other Resident Care	\$ 64,040	\$ -	\$. Heatigments

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 Fairview Health of Southport LLC	LLC			License No. 2307-C	Report for Year Ended 9/30/2015	7			Page of 21 37
		Related ** to Owners.	Owners.						
		Operators, Officers	Officers				Fotal Cost/	Total Cost/Page Ref.***	_
Name of Individual or Company	Address	Yes	ž	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg Line
Point Click Care	PO Box 674802, Detroit, MI 48267	0	•	N/A	Computer Services	27,137			9
Advantage Payroll Services	75 Glen RD, Sandy Hook, CT 06482	0	0	N/A	Payroll Services	20,609			16 m11
Central Care Solutions	1420 E Linden Avenue, Linden, NJ 07036	0	•	N/A	Dietary Services	26,812			18 2b
Caretech	1123 McDonald Ave., Brooklyn, NY 11230	0	•	N/A	Dietary Services	193,282			18 2b
Caretech	1123 McDonald Ave., Brooklyn, NY 11230	0	•	N/A	Purchasing	11,700			22 6f
City Carting & Recycling	I Federal St, Yonkers, NY 10705	0	•	N/A	Trash Removal Services	13,529			22 6f
		0	0						
	,	0	0						
		0	0						
		0	0						
		0	0						
		0	0						
See Acceptable to the second s		0	0						
		0	0						

^{*} 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

Naı	ne of Facility	License No.	Report for Y	ear Ended		Page	of
Fai	view Health of Southport LLC	2307-C	9/30/2015			22	37
	Item		Total	CCNH	RHNS	(S	pecify)
6.	Maintenance & Operation of Plant						
	a. Repairs & Maintenance	\$	56,676	56,676			
	b. Heat	\$	47,910	47,910			
	c. Light & Power	\$	118,343	118,343			
	d. Water	\$	18,086	18,086			
	e. Equipment Lease (Provide detail on po	ige 6) \$	9,451	9,451			
	f. Other (itemize)	\$	52,928	52,928	WY WENT HOUSE STREET		A
	See Attached Schedule					推设 基	es en le commune Profesiones
6g.	Total Maint. & Operating Expense (6a -	6f) \$	303,394	303,394			
7.	Depreciation (complete schedule page 23*	*)					
	a. Land Improvements	\$					
	b. Building & Building Improvements	\$	2,870	2,870			
	c. Non-Movable Equipment	\$	6,000	6,000			
	d. Movable Equipment	\$	12,287	12,287			
*7e	. Total Depreciation Costs $(7a + b + c + d)$	\$	21,157	21,157			
8.	Amortization (Complete att. Schedule Page	ge 24*)					
	a. Organization Expense	\$				<u> </u>	
	b. Mortgage Expense	\$					
	c. Leasehold Improvements	\$					
	d. Other (Specify)	\$					
*8e	. Total Amortization Costs (8a + b + c + d	\$					
9.	Rental payments on leased real property le	ess					
	real estate taxes included in item 10b	\$	487,466	487,466			
10.	Property Taxes						
	a. Real estate taxes paid by owner	\$					
	b. Real estate taxes paid by lessor	\$	121,230	121,230			
	c. Personal property taxes	\$					
11.	Total Property Expenses (7e + 8e + 9 + 1	0) \$	629,853	629,853			

^{*} 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)
Markette Section 1997	-		
Maintenance Service Contracts	\$ 43,290		- 1 1 1 1
Sewer System Assessment	\$ 9,638		, the second
		tu Parent	
			egele seller e
			The Agency
· · · · · · · · · · · · · · · · · · ·			Page 1989
	and the transfer of	tologi Rebe	
	55. 5 SS		
	ABORT BASE	a in Karawa	
Total Other Repairs and Maintenance	\$ 52,928	\$ -	\$ -

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

					Deprec	Depreciation Schedule	hedule					
Name of Facility Fairview Health of Southport LLC				<u>1</u>	License No. 2307-C	ر-ر ر-ر	:	Report for Year Ended 9/30/2015	papu		Page 23	of 37
				Щ.	Historical Cost Exclusive of		Cost to Be	Accumulated Depreciation to Beginning of Year's		Useful	Depreciation	E.
Property Item					Land	Value	Depreciated	Operations	Depreciation	Life	tor I'ms Year	Jotals
A. Land Improvements 1 Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	h sched	을 (일										
A-4. Subtotal												
B. Building and Building Improvements					362.90		375 90	7 638	S.T.	Various	2.638	
Acquired prior to uns report period Dismosals (attach schedule)					C 1007		2 (26)					
3 Acquired during this report neriod (attach schedule)	h sched	[e]			2.320		2,320		S/L	Various	232	
				\$250 								2,870
C. Non-Movable Equipment												
 Acquired prior to this report period 					18,000		18,000	6,000	S/L	Various	6,000	
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	ch sched	ıle)									,	
-				340		South Indiana South	25, 25, 35, 35	3.000				6,000
	Is a mileage logbook maintained?	leage ook ined? I	ate of Aco	Inisition E	Is a mileage logbook maintained? Date of Acquisition Historical Cost	t Less	:	Accumulated Depreciation to	Method of			
	\$	2	4107	, i	Exclusive of	Salvage	Cost to Be	Beginning of Year's Operations	Computing Depreciation	Useful	Depreciation for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a.	AND A LANGUAGE STOP A	Column Column Wood Coly								£		
b. c.												
ď.	1		100	200000000000000000000000000000000000000	entition of the control of the contr	all the second s	Section Section 1	Section of the sectio	Carlo Charles and Parish School	the contract of the contract o	SERVICE SERVIC	· · · · · · · · · · · · · · · · · · ·
 Movable Equipment Acquired prior to this report period 		ds (4)	Var.	Var.	52,142		52,142	8,966	S/L	Various	7,283	
b. Disposals (attach schedule)					See The Control of the Control	The second secon	and of the property of the con-	Control of the Contro		Medical States		
 Acquired during this report period (attach schedule) 			Var.	Var.	21,630		21,630		S/L	Various	5,004	
6.												12,28/
E. Total Depreciation												751,137

Fairview Health of Southport LLC

	provements Acquired during this repor		Cost	Useful Life	Depreciation
Acquisition Date	Description of	or trem		23.10	
dditions:					
			2.5		***
					-
			12 8 1 5 3		
					: :
			N 10 1		
n . 1 1122	·		\$		\$ -
Fotal additions for l	Janu Improvement		-		
Deletions:					14.7
		·			
					······································
					11.
				- :	
			1.2.3	1.45	1,71
Total deletions for I			\$ -		\$ -
*Ties to Page 23, I	ine A2	port period			
	ine A2 g Improvements Acquired during this re			Useful	
**Ties to Page 23, I	ine A2		Cost	Useful Life	Depreciatio
**Ties to Page 23, I Schedule of Buildin Acquisition Date	ine A2 g Improvements Acquired during this re Description	of Item		Life	Depreciation
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions:	ine A2 g Improvements Acquired during this re Description Return Ducts	of Item	\$ 2,320	Life 10	\$ 2 ³
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts	of Item	\$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts	of Item	\$ 2,320	Life 10	\$ 23
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts	of Item	\$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts	of Item	\$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts	of Item	\$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts	of Item	\$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts Building Improvement	of Item	\$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts Building Improvement	of Item	\$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts Building Improvement	of Item	\$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts Building Improvement	of Item	\$ 2,320 \$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts Building Improvement	of Item	\$ 2,320	Life 10	\$ 2:
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015	ine A2 g Improvements Acquired during this re Description Return Ducts Building Improvement	of Item	\$ 2,320 \$ 2,320	Life 10	\$ 22 \$ 2
**Ties to Page 23, I Schedule of Buildin Acquisition Date Additions: 4/30/2015 Total additions for Deletions:	ine A2 g Improvements Acquired during this re Description Return Ducts Building Improvement	of Item	\$ 2,320 \$ 2,320	Life 10	\$ 2:

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report perio

Acquisition Date	Equipment Acquired during this repo Description of It		Cost	Useful Life	Depreciation
Additions:					
	· · · · · · · · · · · · · · · · · · ·	54471 5151			
			3 3 3	The second of the second	and the second
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			and the second	8 155 ges	-
1.11.11.15		Tables All Colors	1.4		
	a sa e segar de esta			The first of the	- 14 th
gara agai				uni ni	
Total additions for Non-			\$ -	s = 1 21 2	S
Deletions:					
1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A		<u> Paratuara ya Kibulua</u>		<u> </u>	
		and the second of the second			
		·			
		to the state of			
Total deletions for Non-	Acychle Feninmen		s -	•	\$ -

^{**}Ties to Page 23, Line B2

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Useful

Schedule of Movable Equipment Acquired during this report peric

Acquisition Date		Description of Item	 	Cost	Life	Depreciation
Additions:			 			
6/30/2014	Pressure Mattress			7,200	3	2,400
	Cardio Stress Sorftware			3,137	3	1,046
	Wander system Alarm		 	907	5	181
	Patient Wander System		 	7,000	10	
	Wander guard tags		 	3,386	5	677
	Maria de la companya della companya					
Cotal additions for	Movable Equipmen			\$ 21,630		\$ 5,004
Deletions:			 			
····				<u> </u>		
			 7/			
			 1.			
					·	<u> </u>
Total deletions for	Movable Equipmen		 	\$ -	:	\$ <u>-</u>

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report perio

Acquisition Date	dom improvement	Description of Iten			Cost	Useful Life	Deprec	iation
Additions:								
	N/A	1999		is stell		i i işgiçir		
	****	1,546.4		117.11		4 41 44 5		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<u> </u>		
· · ·	1,000	1.8 4 (6) 11						
104	- 25 to 1	and the same		* * * * * * * * * * * * * * * * * * *		1 1 1 1 1 1		
Total additions for	r Leasehold Impro				\$ -		\$	
Deletions:	T					- 		
				•				
			-					
							<u> </u>	
,	-							
	r Leasehold Impro	I'amari			s -		\$	

^{*}Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Fairview Health of Southport, LLC Asset /Depreciation Schedule - Page 23, 23a & 24 September 30, 2015

BUILDING IMPROVE				Monthly	9/30/2013 Accum	9/30/2014	9/30/2014 Accum	9/30/2015	9/30/2015 Accum	Net Book Value
DATE	DESCRIPTION	<u>Life</u>	Cost	<u>Deoree</u>	Depreciation	Depreciation	Depreciation	<u>Depreciation</u>	Depreciation	
12/10/13	AC Units Rooftop	10	26,375	220	•	2,638	2,638	2,638	5,276	21,099
Building Improvements	2014		26,375			2,638	2,638	2,638	5,276	21,099
04/30/15	Return Ducts	10	2,320	19	-	-	-	232	232	2,088
Building Improvements	2014		2,320		-	-	<u> </u>	232	232	2,088
NON-MOVABLE EQUI			.	Monthly	9/30/2013 Accum Depreciation	9/30/2014 Depreciation	9/30/2014 Accum Depreciation	9/30/2014 Depreciation	9/30/2014 Accom Depreciation	Net Book <u>Value</u>
<u>DATE</u>	DESCRIPTION	<u>Lîfe</u>	Cost	Deprec				6,000	12,000	6,000
3/1/2014	Balance Call System	3	18,000	500	-	6,000	6,000			
Non-Movable Equipmen	at 2014		18,000		·	6,000	6,000	6,000	12,000	6,000
EQUIPMENT MOVEA				Monthly	9/30/2013 Accum	9/30/2014	9/30/2014 Accum	9/30/2015 Degreciation	9/30/2014 Accum Depreciation	Net Book Value
DATE	<u>DESCRIPTION</u>	<u>Life</u>	Cost	Deprec	<u>Depreciation</u>	Depreciation	Depreciation			
01/09/13	Computers	5	3,457	58	519	691	1,210	691 240	1,901 660	1,556 540
01/17/13	Broda - Sling	5	1,200	20	180	240	420 517	295	812	665
01/31/13	televisions	5	1,477	25	222	295 766		766	1,851	446
05/01/13	Pressure Mattress	3	2,297	64	319	129	1,085 183	129	312	978
05/04/13	Water Cooler	10	1,290	11	54	129 497	621	497	1,118	3,847
07/31/13	Freezer	10	4,965	41	124	348	406	348	754	289
08/22/13	Pressure Mattress	3	1,043	29	58		2,708	2,500	5,208	24,792
09/30/13	Beds - Electric	12	30,000	208	208	2,500				
Movable Equipment 20	13		45,729	455	1,683	5,466	7,149	5,466	12,615	33,114
1/31/2014	Med Essentials	3	2,851	24	-	950	950	950	1,900	951
1/31/2014	Pressure Mattress	10	1,375	11	-	138	138	138	276	1,099
3/9/2014	Wheel Chair Ramp Scale	3	1,073	30	-	358	358	358	716	357
5/31/2014	Pump	3	1,114	31	-	371	371	371	742	372
Movable Equipment 20	14		6,413	96	-	1,817	1,817	1,817	3,634	2,779
		3	7,200	60	_	_	_	2,400	2,400	4,800
6/30/2014	Pressure Mattress Cardio Stress Sorftware	3	3,137	26	-			1,046	1,046	2,091
6/29/2015	Wander system Alarm	5	907	8	_	_	_	181	181	726
7/26/2015	Patient Wander System	10	7,000	194		_	-	700	700	6,300
8/18/2015 9/28/2015	Wander guard tags	5	3,386	94	-	-	-	677	677	2,709
Moyable Equipment 20			21,630	382			-	5,004	5,004	16,626
Institute Editibutent So										
Total Assets			120,467		1,683	15,921	17,604	21,157	38,761	81,706
Per Trial Balance			120,467				· · · · · · · · · · · · · · · · · · ·	13,818	25,486	94,981
Variance			-					7,339	13,275	(13,275)

 ^{1.} F/S vs CR NBV
 13,275

 Rounding
 (1)

 F/S vs CR NBV - Pg. 31, Line B9
 13,274

2. F/S vs C/R Deprec. - Pg. 36, Line F1

(7,339)

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

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	of
Fairview Health of Southport LLC		2307-C	7-C	9/30/2015			24	37
				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month Year	r Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense							2.00	
1.								
2.								
3.								19 de 19 de 19
A-4. Subtotal	T A							
B. Mortgage Expense							49 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 Fairview Health of Southport LLC	License No. 2307-C	Report for Year End	ded		Page 25	of 37
	1 2507 6	1272				
11. Property Questionnaire				·		
Part A Is the property either owned by the property of Party 2*	ne Facility	⊙ Yes	0	No	If "Yes," comp	
or leased from a Related Party?*			+		11 140, comp	olo I al Co.
*If any owner or operator of this fa business association to any person of related party transaction.	cility is related by famili- or organization from wh	y, marriage, ownership, abilition buildings are leased, ther	it is considered a			:
Description		Total	11 14 16 10 10 14 15 15 15 15 15 15 15 15 15 15 15 15 15			gr. 35 (6, 20.5).
Date Land Purchased		11/26/13				
Date Structure Completed						
3. If NOT Original Owner, Date	e of Purchase		0.0000000000000000000000000000000000000			(1) (A) (A) (-1, A)
4. Date of Initial Licensure			0.00		0.00	
5. Total Licensed Bed Capacity	,	120		and the second		
6. Square Footage			2001 July 2001			100
7. Acquisition Cost		STATE GOVERNMENT	10.455.000			
a. Land			7 - 2 - 3			
b. Building			10000			,
Part B - Owner and Related Pa	erties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mor	tgage
1. Financing			A. 1919-1-1-2		15 45 11 5 11 12 11 11 11 11 11 11 11 11 11 11 11	
a. Type of Financing (e.g., 1	fixed variable)	***************************************				
b. Date Mortgage Obtained		***				
c. Interest Rate for the Cost	Year					
d. Term of Mortgage (numb						
e. Amount of Principal Born						
f. Principal balance outstan		5				
Complete if Mortgage was		DESCRIPTION OF STREET	-1, 26, -185 <u>(1</u> . 16) (1. 17)	autoro Liedo	Section 1	和建造铁道
During Current Cost Y						
g. Type of Financing (e.g.,		2012/01/01/01/01/01/01/01/01/01/01/01/01/01/	C. 470,041000 TR TRIVEL T, 174,174			
h. Date of Refinancing	incu, variable)				-	
i. New Interest Rate						
j. Term of Mortgage (numb	er of years)					
k. Amount of Principal Bor						
Amount of Timepar Bor Principal Outstanding on	Note Paid-Off					
Part C - Arms-Length Lea		rty Improvements Onl	v			
Name and Address of Less		Property Leased	Date of Lease	Term of Leas	e Annual Amou	unt of Lease
930 Mill Hill Terrace LLC		ill Hill Terrace,		10 years	-	487,466
930 Mill Till Tellace LLC		ort, CT				
	Dodan					
		-				
			<u> </u>	<u> </u>		
1						

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 Ye	ar Ended		Page	of
Fairview Health of Southport LLC 23	307-C	9/30/2015			26	37
Item		Total	CCNH	RHNS	(Spe	ecify)
12. Interest					<u> </u>	
A. Building, Land Improvement & N	Ion-Movable					
Equipment 1. First Mortgage		\$				
Name of Lender	Rate		-2.06-2.77 E			
					366 E	
Address of Lender						
O. Consult Montaneo		\$	<u> </u>	10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10 de 10		
Second Mortgage Name of Lender	Rate	Φ			10.00	1000
Name of Lender					200 A	
Address of Lender					00 S 50 S	
		ф.				5045 6045
3. Third Mortgage	Rate	\$			24-87-63	
Name of Lender	Rate					60 to 10
Address of Lender						
		200	第 第		<u>∆30 50 .66</u>	
4. Fourth Mortgage		\$				
Name of Lender	Rate		10 - 21 <u>1</u> 10 11 11 11 11 11 11 11 11 11 11 11 11	100		
Address of Lender		1 1 1 2 2 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 4 2 3 3 3 4 2 3 3 3 3				
Address of Bender					(1	
B. CHEFA Loan Information						
Original Loan Amount		\$		10 10 10 10 10 10 10 10 10 10 10 10 10 1		
2. Loan Origination Date				1		
3. Interest Rate %				4.9 3.5		
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A	1 - A4 + B5)	\$		<u> </u>		
<u> </u>		(Car	ry Subtotals	forward to	next page	2)

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

1	ense No.		Report for Ye	ear Ended		Page of 27 37
Fairview Health of Southport LLC	2307-C		9/30/2015			21 31
Item			Total	CCNH	RHNS	(Specify)
	Subtotals Bro	ught Forward:				
12. C. Movable Equipment						
Automotive Equipment		\$			and the same	
A. Item	Rate	Amount		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Lender	•		100			
Address of Lender	.#***		200 (100 (100 (100 (100 (100 (100 (100 (
2. Other (Specify)		\$	-105		<u> </u>	
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				20 (\$100 <u>.25</u> .00.32) es les Shores204.00
Lender	<u> </u>					
Address of Lender						
12. C. 3. Total Movable Equipmen Expense (C1 + 2)	t Interest	\$				
12. D. Other Interest Expense (Spec	ify)	\$	144,803	144,803	Opposit was seen like a total field in the first field.	
Working Capital Loan						
13. Total All Interest Expense (12B)	7 + 12C3 + 12D	\$	144,803	144,803		
14. Insurance a. Insurance on Property (build		\$	84,169	84,169		
b. Insurance on Automobiles	<u> </u>	\$				
c. Insurance other than Property	y (as specified at	oove)				
1. Umbrella (Blanket Coverd		\$				
2. Fire and Extended Covera	ige	\$				
3. Other (Specify)		\$				
14d. Total Insurance Expenditures (1	(4a+b+c)	\$	84,169	84,169	who recommended the Ski	To a superior of the superior
15. Total All Expenditures (A-13 thr		\$		12,384,135		

D. Adjustments to Statement of Expenditures

	of Fa			Lic	ense No.	Report for Yea	r Ended	Page 28	of 37
Fairv	iew H	ealth (of Southport LLC	<u> </u>		9/30/2015		28	37
					Total				
	Page				Amount of	G CO TT	מזחזמ	(6)	.:6.3
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	CHY)
Page	10 - S	alarie	es and Wages					2.2 5.3	
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	177,472	177,472			
4.			Other - See attached Schedule	\$				- 17. A <u>.</u> B. T., (2)	
	13 - 1	rofes	sional Fees				多数进程的 系	陳基實物	
5.	<u> </u>	Γ <u>΄</u>	Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
	c 15 &	. 16 -	Administrative and General		describito esco	/A. 35925#6-1614	14. A. O.	West of	
1 uge 8.	3150	10	Discriminatory Benefits	-\$					
9.	15	1.c.	Bad Debts	\$	500,000	500,000			
<u>9.</u> 10.	15		Accounting & Legal	\$		13,012	•		
	13	1.e.		\$					
11.			Telephone Cellular Telephone	\$					
12.		ļ		Ψ		这些是要的 传		a Marian	
13.			Life insurance premiums on the life	\$					
	ļ	<u> </u>	of Owners, Partners, Operators	<u> </u>					
14.	<u> </u>	ļ	Gifts, flowers and coffee shops	¹Þ	encies son regress es		ASSENTATION AVE. SA.	Approximate	115-1625
15.			Education expenditures to colleges or		240 980 566	6 05 05 05 05	746 5 10 16 70		
			universities for tuition and related costs			Kara Bast Care	1400 For 150 150 150 150 150 150 150 150 150 150	243,220	<u> </u>
L			for owners and employees	\$			128 cet (100 (100 (100 (100 (100 (100 (100 (10	Maria de Caración	rederigie (til)
16.			Travel for purposes of attending		100000000000000000000000000000000000000	7.76.0			
			conferences or seminars outside the			10-148 美多克		2 (Carding)	748,455
			continental U.S. Other out-of-state			0.0000000000000000000000000000000000000		13/4-39-32	
		l	travel in excess of one representative	\$				 	
17.	. 16	L6	Automobile Expense (e.g. personal use)	\$		148		<u> </u>	
18	. 16	m3	Unallowable Advertising *	\$	66,996	66,996			
19			Income Tax / Corporate Business Tax	\$		<u> </u>		<u> </u>	
20			Fund Raising / Contributions	\$					
21		1	Unallowable Management Fees	9					
22	1	T	Barber and Beauty	\$	3			<u> </u>	
23	1	—	Other - See attached Schedule	3	34,878	34,878			
		Dieta	y Expenditures				16 W 1912		Makada da ka Ang ayang
24		IV1	Meals to employees, guests and others		建筑设置的	1000000		建设	
24	. 50	1 4 7	who are not residents	5	2,949	2,949	1		
Dag	2 10	Lave	dry Expenditures				- Landing	56-	
		Luun	Laundry services to employees, guests		ACC 65-66-66-66-6		0.003030-01-01	44,419.4	
25	1		and others who are not residents	5			200000000000000000000000000000000000000	1	and the second section of the second
<u></u>	1	<u></u>			ア 安全5-マージ 2012-10	100	6 5 8 4 9 7 7 7 7 8 2 8	124.0	78 - Grego
		Hous	ekeeping Expenditures		FIRST CONTROL OF THE				
26			Housekeeping services to employees, guests						
	Ш.		and others who are not residents		705 466	795,455	 	 	
			Subtotal (Items 1 - 26)	795,455	arry Subtotal	1	<u>ــــــــــــــــــــــــــــــــــــ</u>	

^{*} 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)
						1
						1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	1.					198-19
					-	1 11 1
			* 11 a	1.44		14.
J.	1.5	- 145 - 146 <u>146 1</u>	A North Committee of the Committee of th	The State of		1200
Fotal Othe	r Salaries	Adjustment		\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description			CCNH	RHNS	(Spe	cify)
	· · · .	:	•••	 				
				 1. 1. 1.				
	:							
	: 7							
								19
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	- :		••	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Total Othe	r Fees Adj	ustments			\$ -	\$ -	\$	-

Schedule of Other A&G Adjustments

Page Ref Line Re	ef Description	CCNH	RHNS	(Specify)
16 m13	Penalties & Fines (self-disallow)	\$ 4,252		
16 m13	Late Fees (self-disallow)	\$ 28,642		
16 L 3	Gifts to Staff and Residents	\$ 1,984		
4 4		10.00	\$ 8 10 10	
1				
74				
Total Other A&G	Adjustments	\$ 34,878	\$ -	\$ -

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

			D. Adjustments to Statemen						
Name	e of Fa	cility		Lic	ense No.	Report for Y	ear Ended	Page	of
Fairv	iew H	ealth (of Southport LLC		2307-C	9/30/2015		29	37
					Total				
Item	Page	Line			Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(SI	ecify)
			Subtotals Brought Forward	\$	795,455	795,455			
Page	20 - I	Reside	nt Care Supplies***				E-15(14)(40)(42)		1616 U-165) 1976 - 1
27.			Prescription Drugs	\$	260,006	260,006			
28.	20	5.d.	Ambulance/Limousine	\$	927	927			
29.	20	5.f.	X-rays, etc	\$	6,756	6,756			
30.	20	5.h.	Laboratory	\$	26,333	26,333			
31.			Medical Supplies	\$	•				
32.	20	5.e.2.	Oxygen (non emergency)	\$	35,940	35,940			
33.		<u> </u>	Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	41,762	41,762			
Page	22 - N	Iainte	enance and Property					inequality.	
35.			Excess Movable Equipment Depreciation					120000 012 11-750-550	
			See Attached Schedule	\$					
36.			Depreciation on Unallowable						
			Motor Vehicles	\$					
37.			Unallowable Property and Real				新基式 (基本)		
			Estate Taxes	\$		<u> </u>			
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - 1	nsura	nce		电视电路 面	1996年3月18日			
40.		<u> </u>	Mortgage Insurance	€					
41.			Property Insurance	\$					···
Othe	r - Mi.	scella	neous			ur se compa		23876	學的學習
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$					
44.	30	IV8	Vending Machine Revenue	\$	127	127			
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,		海绵 计方案				
			enhancement or promotion of the						
			providers interest	\$					
48.			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other			0.7(\$.2), (\$45)	生传 (B) (2) (B)	新於數	
			costs unrelated to resident care) - See				1 5 <u>1</u> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1	
		<u> </u>	Attached Schedule	\$	104,786	104,786			
Not 1	or Pr	ofit P	roviders Only		eller and State of the	943000000000000000000000000000000000000		\$14,285	
50.		<u> </u>	Building/Non Movable Eq. Depreciation					1 60 60	
			Unallowable Building Interest -		6000				30年67年
			See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	1,272,092	1,272,092		<u> </u>	

^{***} 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.

Fairview Health of Southport LLC 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
20 :	5í	Cable TV (see attached)	\$	12,159		
20	5 <u>i</u>	Patient Specific Bed Rentals (self-disallow)	<u>s</u>	29,603		
-			+			-
			+			
			+			
Total Other An	nillary Co	rfs		41,762	\$ -	s -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref Description	CCNH	RHNS	(Specify)
· ·				
		·		
				-
otal Excess	Moyable Equipment Depreciation	\$ -	s -	s -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	 	CCNH	RHNS	(Specify)
	·					
		ļ	 			
		<u> </u>				
Total Other	Property Ad	justments	 	S -	5	12 -

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
	IV8	Vendor Settlement (self-disallow)	\$	97,017		
		Sales Adjustment Account (self-disallow)	S	7,769	.,	
			<u> </u>			<u> </u>
	—					
	 		П			
	-					
		***	7			
	 				T T	
Total Other A	diustments		S	104,786	s	\$

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description		ENH	RHNS	(Specify)
			-			
	<u> </u>					
	 				 '-	
	-					
						
Total Unallo	wable Build	ng Interest	\$			- \$ -

Fairview Health of Southport, LLC 2015 Disallowance Schedule for Cable TV 9/30/2015

Total Cable TV Expense acct #52.4970	A	<u>mount</u> 15,759	D.06
Monthly Allowable amount Months in Cost Report Year Total Allowable Cost	\$ 	300 12 3,600	-
Disallowed Cable TV	<u> </u>	12,159	-

F. Statement of Revenue

27 CD 114	F. Statement of Re	Y CIII	Report for Y	ear Ended		Page	of
Name of Facility Fairview Health of Southport LLC	2307-C		9/30/2015	ear Enueu		30	37
rairview Health of Southport LLC	2307-C	•	7/30/2013				
	Item		Total	CCNH	RHNS	(Spe	cify)
I. Resident Room, Board & Routin	e Care Revenue			3533464006		7/10/15/19/19/	
1. a. Medicaid Residents (CT on	ly)	\$	12,118,705	12,118,705			
b. Medicaid Room and Board		\$	(4,782,567)	(4,782,567)			
2. a. Medicaid (All other states)		\$					
b. Other States Room and Boa	rd Contractual Allowance **	\$				·	
3. a. Medicare Residents (all inc		\$	2,695,005	2,695,005			
b. Medicare Room and Board		\$	1,570,213	1,570,213			
4. a. Private-Pay Residents and C		\$	954,770	954,770		-	
b. Private-Pay Room and Boar		\$		(158,924)			
II. Other Resident Revenue			5 - 35 W-19 W	多数数 数型	医毒素素	ZACESAE.	3139 8
a. Prescription Drugs - Medica	are.	\$	133,999	133,999	arturina sile America di America		. Trucker in Pro-
b. Prescription Drugs - Medica		<u>~</u>					
c. Prescription Drugs - Non-M		\$		41,111			
	Iedicare Contractual Allowance **	\$	*****			1	
A. Medical Supplies - Medicar	•••	\$					
b. Medical Supplies - Medicar		\$					
c. Medical Supplies - Non-Me		\$					
	edicare Contractual Allowance **	\$		0.00			
		\$	1,116,030	1,116,030		-	*** ***
3. a. Physical Therapy - Medicar		 \$		1,110,050			
b. Physical Therapy - Medicar		\$	-	257.004			
c. Physical Therapy - Non-Me				257,004		 	
	edicare Contractual Allowance **	<u> \$</u>		507.210		-	
4. a. Speech Therapy - Medicare		- \$		507,318			
b. Speech Therapy - Medicare		\$		07.566			
c. Speech Therapy - Non-Med		\$		87,566			
	licare Contractual Allowance **	\$				 	
5. a. Occupational Therapy - Mo		\$		1,110,455	-	ļ	
	edicare Contractual Allowance **	\$					
c. Occupational Therapy - No		\$		194,306			
	on-Medicare Contractual Allowance **	\$	 				
6. a. Other (Specify) - Medicare		\$				<u> </u>	
b. Other (Specify) - Non-Med		\$	1			<u> </u>	
III. Total Resident Revenue (Section	n I. thru Section II.)	\$	12,498,645	12,498,645			nouvelente en
IV. Other Revenue*							
1. Meals sold to guests, employed	es & others	\$	2,949	2,949		<u> </u>	<u>-</u>
2. Rental of rooms to non-resider		\$					
3. Telephone		\$					
4. Rental of Television and Cable	Services	\$					
5. Interest Income (Specify)		\$	203	203			
6. Private Duty Nurses' Fees		\$					
7. Barber, Coffee, Beauty and Gi	ft shops	\$	<u> </u>				
8. Other (Specify)	A	\$	4	99,872			
V. Total Other Revenue (1 thru 8)		\$		103,024			
		\$	T				
VI. Total All Revenue (III +V)		Φ	12,601,669	12,601,669	<u> </u>	<u> </u>	

^{*} 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)
1.0				
30II6a	Lab Med A	\$ 22,725		
30П6а	Radiology Med A	\$ 5,745		
30II6a	C/A Medicare A Ancillaries	\$ (2,804,530)		
30II6a	C/A Medicare B Therapy	\$ (49,417)		
30II6a	Medicare Retro Settlement	\$ (4,577)		
Total Oth	er Resident Revenue - Medicare	\$ (2,830,054)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description				CCNH	RHNS	(Specify)
1,200	REPORT OF STATE			10.00			<u> </u>
30II6b	Lab Medicaid			1.	\$ 136		
	Lab Other	and the second of the second o		<u> </u>	\$ 3,732		
30П6ь	Radiology Other	A PART OF			\$ 691	1. 1.	
30П6Ь	C/A Medicaid MN Ancillaries		14. 1		\$ (336,989)		
30II6b	C/A Managed Care Ancillaries	1000		10.1	\$ (202,167)		
	C/A Private Revenue	the same			\$ 18,305	•	
Total Othe	er Resident Revenue				\$ (516,292)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30IV5	Interest Income	N/A	203		
				4.	
		1.11			
Total Inte	rest Income		\$ 203	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	 CCNH	RHNS	(Specify)
	A Mary Control of the	-		
30IV8	Medicaid Cost Settlement	\$ (5,041)		
30IV8	Vendor Settlement (self-disallow)	\$ 97,017	1.2	
30IV8	Vending Machine Income (self-disallow)	\$ 127		
30IV8	Sales Adjustment Account (self-disallow)	\$ 7,769		
				<u> </u>
Total Othe	ет Кеуеппе	\$ 99,872	\$ -	\$ -

G. Balance Sheet

	of Facility	License No.	Report for Year Ended	Page	of
Fairvie	ew Health of Southport LLC	2307-C	9/30/2015	31	37
		Account		F	Mount
Assets	S				
	Current Assets			œ.	100 066
	 Cash (on hand and in banks 	2)	7 (7)	\$	408,066
	Resident Accounts Receiva	ble (Less Allowance fo	or Bad Debts)	\$	2,410,528
3	3. Other Accounts Receivable	(Excluding Owners or	Related Parties)	\$	
4				\$ \$	1 421 110
5	5. Prepaid Expenses		(700	2	1,421,110
	a. Security Deposit		6,792		
	b. Cost - Purchase of Busin	ess	1,414,318		2.62.620.9(0):56
	с				
	d.			©2645 - 12 (12)	
	6. Interest Receivable			\$ \$	
	7. Medicare Final Settlement			\$	
8	8. Other Current Assets (itemi	ze)		.	
					19 SESSECTION 1
		1.4. 0)		\$	4,239,704
	Total Current Assets (Lines A	1 thru 8)		J.	4,239,104
	Fixed Assets			dr.	
	1. Land	477		\$ \$	
2	Land Improvements	*Historical Cost		1 _p	
		Accum. Depreciati		\$	23,187
3	3. Buildings	*Historical Cost	28,695	φ.	23,107
		Accum. Depreciati	on 5,508 Net	\$	
4	4. Leasehold Improvements	*Historical Cost		3	
		Accum. Depreciati		\$	6,000
5	5. Non-Movable Equipment	*Historical Cost	18,000 Not	Þ	0,000
		Accum. Depreciati		6	52,519
6	Movable Equipment	*Historical Cost	73,772	\$	32,319
		Accum. Depreciati	on 21,253 Net	Φ.	
7	7. Motor Vehicles	*Historical Cost	37-4	\$	
		Accum. Depreciati	on Net		
8	8. Minor Equipment-Not Dep	reciable		\$	
9	9. Other Fixed Assets (itemize	2)		\$	13,275
	F/S vs. C/R NBV Adjus		13,275	_	
	m d Frit 14 d /T '	D1 then (1)		\$	94,981
B-10.	Total Fixed Assets (Lines	סו מונת א)			77,701

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page	of
Fairy	iew	Health of Southport LLC	2307-C	9/30/2015		32	37
			Account			Amo	
				Total Brought Forward	: \$		4,334,685
C.	Lea	asehold or like property recor	ded for Equity Purpos	ses.			
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost		1.		
			Accum. Depreciation	on Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	on Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
			Accum. Depreciation	on Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciation	on Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	on Net	\$		
		Minor Equipment-Not Depr			\$		
C-8		tal Leasehold or Like Proper	rties (C1 thru 7)		\$		
D.	Inv	vestment and Other Assets					
		Deferred Deposits			\$		
		Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost				
			Accum. Depreciati	on Net	\$		407.212
	4.	Goodwill (Purchased Only)			\$		407,313
	5.	Investments Related to Resi	dent Care (temize)		\$		
					46		elikula da
	6.	Loans to Owners or Related			\$		Jajanija Konstilinio)
		Name and Address	Amount	Loan Date			
<u> </u>		0.1 1 1 1 1 1			\$	+ 6 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C	
	7.	Other Assets (itemize)			I D		
					-		
		17	(Y ! T)1 41	7\	e e	KSE TO BOTO S	407,313
		otal Investments and Other A		1)	\$ \$		4,741,998
ID-9	Ta	otal All Assets (Lines A9 + B	10 + C8 + D8)		12		4,/41,770

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

G. Balance Sheet (cont'd)

Name of Fac	cility		License No.	Report for Year I	Ended	Page	of
Fairview He	alth o	f Southport LLC	2307-C 9/30/2015		33	37	
			Account	<u></u>		An	nount
Liabilities							
A.	Cu	rrent Liabilities			_		
	1.	Trade Accounts Payable			\$ \$		2,276,247
	2. Notes Payable (itemize)						
						9-18-19-19-1 3	
				~		·	
	3.	Loans Payable for Equip		(itemize)) Aleksia estera	
		Name of Lender	Purpose	Amount	Date Due		
					898		
					5000		
					100		
					1		
					200		
						F 67 255	
	4.	Accrued Payroll (Exclusi	ve of Owners and/or	Stockholders only)	9	\$	143,786
	5.	Accrued Payroll (Owners			5	\$	
	6.	Accrued Payroll Taxes P				\$	6,094
<u> </u>	7.	Medicare Final Settleme			ļ	\$	
	8.	Medicare Current Finance				\$	
	9.	Mortgage Payable (Curr				\$	
		. Interest Payable (Exclusi	ve of Owner and/or F	Related Parties)	:	\$	10,312
		. Accrued Income Taxes*				\$	
		. Other Current Liabilities	(itemize)			\$	824,957
Accrued Nursing Home User Fee 467,243 Accrued Deductions 23,604							
	Deferred Income 21,675						
	Accrued Expenses 320,170						
		Patient Refund		,735)			200100
A-1	3. To	otal Current Liabilities (L	ines A1 thru 12)			\$	3,261,396

^{*} 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	License No.	Report for Year	Ended	Page	of
Fairview Health of Southport LLC	2307-C	9/30/2015		34	37
	Account			An	nount
		Total Broug	ht Forward:		3,261,396
Liabilities (cont'd)			-		
B. Long-Term Liabilities					:
Loans Payable-Equipment			\$	RASINA NI SERBANTANO DI DEL	
Name of Lender	Purpose	Amount	Date Due		
			e d		10.000000000000000000000000000000000000
					Acceptance
	<u> </u>		L		
Mortgages Payable			\$		
3. Loans from Owners or Rel			\$	and the second s	Newschaper and described a first of the English
Name and Address of Lender	Amount	Loan D	ate		
					1975
					456 22 66 2 6
				排弃与各级	1000
			iv.		100
			453		
t					
				4.0	A PERMIT
A Other I are Terms I !-L!!!!	oo (itamiza)		- \$		682,566
1. Outer Hong Term Allerman (************************************					332,300
100					
Due to/from HJM		300,000		TENER BUSE	AND SHEET
D. F. Total I am Town I in Little in	Tinas D1 thm, 4)		\$	SERVICE OF STREET	682,566
B-5. Total Long-Term Liabilities (C. Total All Liabilities (Lines A.		<u>,, , , , , , , , , , , , , , , , , , ,</u>	\$		3,943,962
C. Total All Liabilities (Lines A.	10 TD-01		[φ		J, 1J, 104

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

	e of Facility	License No.	Report for Ye 9/30/2015	ar Ended	Page 35	of 37
Fair	view Health of Southport LLC	2307-C Account	19/30/2013		-, '	mount
A.	Reserves	2 FOOGLIST				
	1. Reserve for value of leased la	and			\$	
	Reserve for depreciation value to be amortized	ue of leased buildir	ngs and appurtena	nces	\$	
	3. Reserve for depreciation value	ie of leased person	al property (Equi	ty)	\$	
	4. Reserve for leasehold real pr	operties on which	fair rental value i	s based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves				\$	
В.	Net Worth 1. Owner's Capital				\$	1,261,771
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock			44. may 1	\$	
	5. Cumulated Earnings				\$	(688,610)
	6. Gain or Loss for Period	10/1/20	14 thru	9/30/2015	\$	224,875
	7. Total Net Worth				\$	798,036
C.	Total Reserves and Net Worth				\$	798,036
D.	Total Liabilities, Reserves, and	Net Worth			\$	4,741,998

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Fairview Health of Southport LLC	2307-C	9/30/2015		36	37
	Account				nount
A. Balance at End of Prior Period as	shown on Report of	09/30/2014	\$		748,770
B. Total Revenue (From Statement of	of Revenue Page 30)		\$		12,601,669
C. Total Expenditures (From Statem	ent of Expenditures	Page 27)	\$		12,376,794
D. Net Income or Deficit			\$		224,875
Balance))	973,645
F. Additions			20		
Additional Capital Contribute					SHERE WAS LITTED
Total Expenditures - PG	27 12,384,135		(a)		
Depreciation Adjustment	(7,339)		02.00 02.00 02.00 03.00	55.668	Heriota e e
Rounding	(2)		(%) (%)		
Total Expenditures - Line	e C 12,376,794				1. (F-1) 是 1.
2. Other (itemize)					
Prior Period Adjustment		(175,609)			
			12		
					control of the state of
			¥.		22
				A CALLED OF THE	
F-3. Total Additions			9	<u> </u>	(175,609)
G. Deductions				_	
Drawings of Owners/Operator					
Name and Address (No., Cit	y, State, Zip)	Title	Amount		
			,		
			100	\$	ad referencia (p. 18)
2. Other Withdrawings (Specify)					
Purpose		Amoi	ınt 🦊		7 7 7
			57		
			3	des E	
			9 N		
3. Total Deductions				\$	
H. Balance at End of Period	09/30)/15		\$	798,036

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of			
Fairview Health of Southport LLC	2307-C	9/30/2015	37	37			
	Check appropriate category		4				
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. 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	Date Signed	6					
Printed Name of Preparer							
Matthew S. Bavolack		Phone Number					
Address		L Hotte Mantoci					
555 Long Wharf Drive New Haven CT 065	311	203-781-9600					

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

Facility Na	me Fairview Health of Southport LLC_
Complete the additional she	following check list. Provide an explanation for any "No" answers. Attach ets to explain further, if necessary.
Yes No X Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No X Explanation:	Are the methods of allocating costs consistent with cost year 2014? If not, explain the reporting change. Not Applicable
Yes No X Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No X Explanation:	4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Yes No X Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No X Explanation:	6. During cost year 2015, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health? Not Applicable
Yes No X Explanation:	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No X Explanation:	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated. Some hours are not available
Yes No X Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No X Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

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

Yes No X Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No X Explanation:	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No X Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No X Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No X Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No X Explanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Client: Engagement: Period Ending: Trial Balance:	Fairview Health Cost Reports Medicaid - Fairview Health of Southport, Lt 9/30/2015 A.01 - TB-CCNH	.C 2015		
Account	Description	ADJ JE Ro 9/30/2015	f# RJE FINAL 9/30/2015	1st PP-FINAL 9/30/2014
00-1110	Petty Cash	350.00	350.00	350.00
00-1110	Operating Cash Account	404,465.55	404,465.55	405,085.57
00-1121	Cash- Gov't Clearing Acct	605.64	605.64	605.64
00-1122	Cash- Diamond Health. Account	10,85	10.85	(30,484.02)
00-1123	Cash - Fairview Health	234.00 300.90	234.00 300.90	25,707,08 17,800.90
00-1125 00-1126	Cash Special Account Special Fund Escrow Account	1,797,89	1,797.89	1,797.07
00-1120	Cash Payroll Account	0.00	0.00	50.00
00-1149	Cash Recreation Fairview	300.75	300.75	386.17
00-1160	A/R Private	1,256,986.58	1,256,986.58	1,079,759.08
00-1161	A/R Private (Lifigation)	267,860.36 996,590.89	267,860.36 996,590.89	267,860.36 581,779.68
00-1162 00-1163	A/R CT Medicaid A/R Medicare	328,052.22	328,052.22	310,820.85
00-1164	A/R Other	203,838.28	203,838.26	114,583,40
00-1165	A/R Managed Care	343,117.75	343,117.75	423,291.27
00-1166	A/R Clearing Account	(60.00)	(60.00)	(60.00)
00-1168	A/R NY Medicald	11,140.00	11,140,00 (221,739,76)	11,140.00 (53,377.54)
00-1170	Medicaid Pending Allowance for Bad Debts	(221,739.76) (775,258.81)	(775,258.81)	(275,258.81)
00-117 5 00-1412	Security Deposit	6,792.38	6,792.38	6,792,38
00-1600	Cost - Purchase of Business	1,414,317.79	1,414,317.79	1,414,317.79
00-1810	Equipment	118,147.05	118,147.05	96,516.58
00-1825	Accum Deprec F & F	(15,064.97)	(10,189.26) (25,254.23)	(3,049.70)
00-1850	Leasehold Improvement	2,320.00 407,312.93	2,320.00 407,312.93	0.00 407,312.93
00-1910	Goodwill Deferred Finance Fees	0.00	00.0	20,000.00
08-1920 00-2210	Accounts Payable	(2,644,192.33)	(2,644,192.33)	(2,545,038.63)
00-2211	Accounts Payable - Constructi	55,785.82	55,785.82	0.00
00-2216	Accounts Payable - Settled	312,159.10	312,159.10	162,035.59
00-2220	Patients Exchange	0.15	0,15 10,832.09	(300.00) (11,519.77)
00-2240	Payroll Exchange Credit Union Deduction	10,832.09 (18,817.13)	(18,817.13)	0.00
00-2250 00-2251	Payroll Wage Execution	407.31	407.31	(266.70)
00-2251	Union Dues Deduction	(4,786.63)	(4,786.63)	(4,559.75)
00-2265	Patient Refund	7,735,01	7,735.01	17,005.00
00-2300	Accrued Expense and Other	(188,498,59)	(188,498.59)	(188,498.59)
00-2400	Accrued Taxes Property	(115,663.63)	(115,663.63) (16,001.60)	(41,879.43) (4,987.44)
00-2410 00-2500	Accrued Water & Sewer	(16,001.60) (155,025.75)	(155,025.75)	(136,151.45)
00-2520	Accrued Wages Accrued Payroll Taxes	(6,094.05)	(6,094,05)	(11,043.29)
00-2550	Accrued Nursing Home User Fee	(467,243.30)	(467,243.30)	(609,243.80)
00-2551	Accrued Sales Tax	(6.00)	(6.00)	D.00
00-2572	Deferred Income	(21,675.00)	(21,675.00) (693,287.41)	0.00 (755,228.97)
00-2578	Due to Facility Due To /From VOA	(693,287.41) 310,720.57	310,720.57	654,720.57
00-2579 00-2611	Loan Payable HJM	(300,000,00)	(300,000,000)	(300,000.00)
00-2705	Due to \ from Management Co	0.00	0.00	(300,000.00)
00-2712	Interest Payable	(10,312.00)	(10,312.00)	
00-3560	Retained Earnings	688,610.23 (1,261,770,75)	688,610.23 (1,261,770.75)	752,449,95 (1,261,770.75)
00-3570	Members Contribution Room & Board Private	(777,350.00)	(777,350.00)	
00-3710 00-3728	RM & BD Insurance	0.00	0.00	24,700.00
00-3730	Room & Board Medicare	(2,695,005.00)	(2,695,005.00)	
00-3740	RM & BD MDCD - CT	(12,118,704.93)	(12,118,704,93)	
00-3742	Room & Board Managed Care	(177,420.00)	(177,420.00) (1,068,326.46)	
00-3746	PT Revenue Med A	(1,068,326.46) (68,060.50)	(68,060.50)	
00-3747	OT Revenue Medicaid OT Revenue Med A	(1,085,223.02)	(1,085,223.02)	
00-3748 00-3750	ST Revenue Med A	(488,510.82)	(488,510.82)	(357,273.68)
00-3751	SP Revenue Medicald	(33,887.04)	(33,887.04)	(61,738.51)
00-3752	PT Revenue Med B	(47,703.76)	(47,703.76)	
00-3754	OT Revenue Med B	(25,232.14)	(25,232.14) (18,807.32)	
00-3756	ST Revenue Med B	(18,807.32) (1,905.04)	(1,905,04)	
00-3758 00-3760	PT Revenue Private OT Revenue Private	(1,874.14)	(1,874.14)	
00-3762	ST Revenue Private	263.02	263.02	898.46
00-3763	PT Revenue Medicaid	(128,111.58)	(128,111.58)	
00-3764	PT Revenue Managed Care	(126,987.00)	(126,987.00)	
00-3766	OT Revenue Managed Care	(124,371.22)	(124,371.22)	
00-3768	ST Revenue Managed Care	(53,942.44) (22,725.04)	(53,942.44) (22,725.04)	
00-3770	Lab Med A Lab Medicald	(22,725.04) (136.33)	(136.33)	
00-3772 00-3774	Lab Other	(3,732.37)	(3,732.37)	
DD-3774	Radiology Med A	(5,745.26)	(5,745.26)	(6,215.04)
00-3778	Radiology Medicaid	0,00	0.00	30.22
00-3780	Radiology Other	(691.12)	(691.12) (433.000 (837)	
00-3788	Pharmacy Med A	(133,999.08) (3,127.11)	(133,999.08) (3,127.11)	
00-3790	Pharmacy Medicaid Pharmacy Other	(37,983.69)	(37,983.69)	
00-3792 00-3796	Med Supplies Medicald	0.00	0.00	(686.10)
		0.00	00.0	(135.92)
	Med Supplies Other	0.00		
00-3798 00-3820 00-3822	Med Supplies Other C/A Medicare Room & Board C/A MCDC CT RM & BD	(1,570,212.81) 4,782,556.78	(1,570,212.81) 4,782,566.78	

Account	Description	ADJ JE Ref#	RJE	FINAL	1st PP-FINAL
		9/30/2015		9/30/2015	9/30/2014
00-3824	C/A Medicare A Ancillaries	2,804,529.6B		2,804,529.68	2,182,640.07 0,00
00-3826	C/A Medicaid MN Ancillaries	336,989.37		336,989.37 49,417.04	95,143.78
00-3830	C/A Medicare B Therapy	49,417.04 202,167.44		202,167.44	34,394.63
00-3831	C/A Managed Care Ancillaries	140,618.92		140,618.92	203,250.46
00-3832 00-3833	C/A Managed Care R&B C/A Private Revenue	(18,305.26)		(18,305.26)	0,00
00-3834	C/A Private Ins R&B	18,305.26		18,305.26	(16,994,26)
00-3942	Medicaid Cost Settlement	5,041.82		5,041.82	0.00
00-3943	Medicare Retro Settlement	4,577.42		4,577.42 (203.02)	8,123.58 (0.84)
00-3949	Interest Income	(203.02) (97,017.36)		(97,017.36)	0.00
00-3950	Miscellaneous Income	0.00		0.00	(1,651.00)
00-3952 00-3953	Beauty Salon Revenue Vending Machine Income	(127,00)		(127.00)	(330.00)
00-3957	Sales Adjustment Account	(7,769.88)		(7,769.88)	(879.26)
00-3958	Non Patient Food	(2,948.67)		(2,948,67)	0.00
00-3990	Settlement of Accounts Payable	0.00		0.00	(88,238,00) 682,961.80
00-3995	Nursing Home Provider Tax	703,895,76	(56,950.00)	703,895.76 152,582.03	118,338.82
50-4010	Administration Salaries	209,532.03	56,950.00	301,813.16	307,163.31
50-4020	Office Salaries	244,863.16 12,611.12	55,555.55	12,611.12	11,593.53
50-4040 50-4050	Office Expense Printing	1,023.45		1,023.45	122.99
50-4055	Postage	3,104.21		3,104.21	2,213.67
50-4060	Telephone	20,217.03		20,217.03	15,796.97
50-4080	Bad Debts	500,000.00	4407 F07 F09	500,000.00	2,807.61 80,633.96
50-4100	Professional Fees	145,117.10	(107,527.50)	37,589.60 0.00	450.00
50-4105	Marketing Consultants	0,00 (64,83)		(84.83)	(1,655.14)
50-4110	Automotive Expenses	232.80		232.80	60.00
50-4111	Truck Expense	487,466.32		487,466,32	464,879,61
50-4200 50-4300	Building Charges Business Promotion	66,996.07		66,996.07	31,472.99
50-4309	Dues	0.00		0.00	1,364.80
50-4310	Dues & Subcriptions	0.00		0.00	195.00
50-4311	Fees & Registration	764.00		764.00 420.00	518.95 2,070.00
50-4315	License & Permits	420.00		4,252,00	365.07
50-4317	Penalties & Fines	4,252.00 1,180.00		1,180.00	976.40
50-4320	Employee Education	1,984.26		1,984.26	912.27
50-4330 50-4333	Employee Relations Employee 401K Match	0.00		0.00	375.00
50-4335	Employee Consultant	7,500.00		7,500.00	0.00
50-4340	Union Training & Upgrade Expe	25,341.39		25,341.39	28,416.41
50-4350	Union Pension Funds	212,434.23		212,434.23	197,374.74 592,124.23
50-4351	Union Welfare Fund	637,302.71		637,302.71 84,169.20	100,603.86
50-4400	Insurance Liability	84,169.20 301,374.29		301,374.29	224,486.66
50-4401	Workers Compensation Expense Insurance Employee Group	196,484.72		196,484.72	215,487.54
50-4410 50-4418	Union Contract Expense	0.00		0.00	34,750.00
50-4420	Equipment Rental	41,068,70	(31,617.70)	9,451.00	7,123.19
50-4425	Auto Rental	0.00		0.00	1,705.14
50-4430	Computer Services	40,029.09		40,029.09 427,445.23	43,982.59 394,065.57
50-4500	Payroll Taxes FICA	427,445.23		20,608.82	18,649.42
50-4502	Payroll service	20,608,82 92,188,00		92,188.00	67,740.62
50-4510	Payroll Taxes State U-C Payroll Taxes FED U-C	34,129.49		34,129.49	19,636.33
50-4520 50-4535	Tax Property	0.00		0.00	9,573.91
50-4540	Real Estate Taxes	121,230.05		121,230.06	170,669.70
50-4551	Corporate Tax	0.00		0.00	40,330.00 1,17 4 .20
50-4555	Business Entity Tax	0,00		0.00 3,862.60	2,814.67
50-4610	Travel & Entertainment	3,862.60 42.50		42.50	0.00
50-4650	Union Uniform Allowance	28,641.50		28,641.50	5,536.07
50-4770 50-4780	Late Fees Miscellaneous Admin Expense	(11,153.22)		(11,153.22)	(4,446.75)
50-5200	Management Fee	186,000.00		186,000.00	138,372.00
51-4810	Recreation Salaries	87,979.00		87,979.00	104,265.93
51-4820	Recreation Expense	6,860.74		6,860.74	5,959.06 138,115.04
51-4830	Social Services Salaries	140,544.70		140,544.70 0.00	630.00
51-4840	Social Service Expense	0.00 103,741.3B	(62,004.80)	41,736.58	39,395,69
52-4910	Maintenance Salaries	346,889.62	(02,00111-1)	346,889.62	358,901.84
52-4920 52-4930	Housekeeping Salaries Gas	47,910.40		47,910.40	65,158.78
52-4940	Electricity	118,343.32		118,343.32	152,504.62
52-4960	Housekeeping Supplies	43,209.52		43,209.52	35,628.52
52-4970	Maintenance Service Contracts	59,050.45	(15,759.40)	43,291.05	31,467.89 16,521.28
52-4977	Sewer System Assessment	9,637.39		9,637.39 56,676.09	49,019.14
52-4980	Repair & Maintenance	56,676.09 18,085.56		18,085.56	19,437.22
52-4990	Water Distant Salaries	528,414.16	(56,504.00)	471,910.16	474,565.07
53-5110 53-5120	Dietary Salaries Food Patient	537,66	•	537.66	0.00
53-5120	Kitchen Supplies	18,848.46		18,848.46	343.91
53-5136	Food Non Patient	176.09		176.09	0.00
53-5150	Outside Dietary Services	220,094.25		220,094.25	312,321.09 216,104.50
54-5210	Laundry Salaries	201,323.02		201,323.02 1,686.55	9,738.50
54-5220	Laundry Expense	1,686.55 0.00		0.00	14,849.34
54-5225	Uniforms	111,734.52		111,734.52	112,270.78
55-5310 55-5315	Nursing Salaries Director Nursing Salaries Admin RN	182,159.83		182,159.83	278,240.95
55-5315 55-5320	Nursing Salaries RN	530,158.00		530,158.00	301,813.09
55-5330	Nursing Salaries LPN	1,003,176.11		1,003,176.11	375,165.77

Account	Description	ADJ	JE Ref#	RJE	FINAL	1st PP-FINAL
Account	pesonphon	9/30/2015			9/30/2015	9/30/2014
** ***	Number Calarian Airles	1,744,762.07			1,744,762.07	1,860,181.88
55-5340	Nursing Salaries Aides Nursing Pool - Aides	0.00			0.00	1,000.00
55-5341 55-5342	Nursing Pool - Ades Nursing Pool - Admin Nurse	128,882,50			128,882.50	140,087.50
55-5342 55-5343	Nursing Pool - RN	93,206.25			93,206,25	416,850.00
55-5344	Nursing Pool - LPN	196,395.00			196,395.00	1,166,549.30
55-5345	Nursing Supplies	186,780.71		904.46	187,685.17	236,685.11
55-5350	Physical Therapy Salaries	122,788.16			122,788.16	272,816.67
55-5352	Physical Therapy Consultant	119,368.50			119,368.50	92,832.00
55-5353	Physical Therapy Equipment	28,03B.52			28,038.52	20,116.90
55-5357	Outside PT Expense	325,152.33			325,152.33	220,962.19
55-5360	Occupational Therapy Salaries	177,471.78			177,471.78	152,740.81
55-5367	Outside OT Expense	4,083.84			4,083.84	0.00
55-5370	Speech Therapy Salaries	1,013.46			1,013.46	22,937.92
55-5372	Speech Therapy Consultant	0.00			0.00	330.00
55-5380	Pharmacy Med A	184,715.74			184,715.74	124,950.24 21,678.32
55-5382	Pharmacy Medicaid CT	12,164.53			12,164.53	16,028.69
55-5384	Pharmacy House	14,595.88			14,595.88 48,529.70	32,870.65
55-5385	Pharmacy Managed Care	48,529.70				12,718.75
55-5386	Pharmacy Consultant	17,245.09			17,245.09 6,220.00	0.00
55-5387	Other Consultant	6,220.00			144.00	0,00
55-5389	Medical Records	144.00			22,930.46	17,067.83
55-5390	Lab Med A	22,930.46			129.66	393,65
55-5391	Lab Med B	129.66			163.57	349.85
55-5392	Lab Medicaid	163.57 3,109.40			3,109.40	2,285.56
55-5394	Lab Other	3,234.30			3,234.30	13,027.11
55-5410	Oxygen Med A	29,418.98			29 418.98	0.00
55-5411	Oxygen House	3,286.94			3.286.94	20,286.03
55-5414	Oxygen Equipment Rental	1,089.94			1,089.94	27,646,18
55-5437	Medicare Non Billable	5,824.41			5,824.41	6,527.73
55-5438	Medicare X-Ray	927.03			927.03	2,899.41
55-5439	Medicare Resident Travel X-Ray Managed Care	931.12			931.12	610,00
55-5452 55-5540	Other Consultant	(720.00			(720.00)	6,570.00
55-5550	Medical Director	30,000,00			30,000.00	30,000.00
55-5552	Medical Records	3,632.50)		3,632,50	2,190.00
55-5744	Medical Equipment Rental	4,198.15	5	1,110.00	5,308.15	12,224.73
60-0577	Bank Fees	2,021.41	í		2,021.41	0,00
60-5700	Pension Plan	0.00)		0.00	289.29
60-5710	Interest Notes	10,312.00)		10,312.00	0.00
60-5723	Interest - KRANFEN LLC	134,491.03			134,491.03	132,156.00
60-5770	Bank Charges	6,929.29			6,929.29	2,027.15 1.366.41
60-5805	Depreciation Furniture & Fixt	3,396.42		10,189.26	13,585.68	1,300.41
60-5815	Depreciation Leasehold Improv	0.00		232.00	232,00	87,818,00
60-6000	Distributions to Members	0.00		· · · ·	0.00	45,870,00
Marcum 101	Food Service Supervisor Salaries	0.00		56,504.00	56,504.00 62,004.80	65,530.00
Marcum 102	Chief of Maintenance Salaries	0,00		62,004.80	0.00	360.00
Marcum 103	Professional Fees - SDX Swallowing	0.0		47,902.00	47,902,00	38,711.65
Marcum 104	Accounting & Auditing Fees	0.0		1.580.00	1,580.00	1,185.00
Marcum 105	Unemployment Tax Consultant		-	15,759.40	15,759.40	16,422,56
Marcum 106	Cable TB	0.0		5,212.50	5,212.50	19,614.82
Marcum 107	Compliance Consultants	0.0		17,160.00	17,160.00	0,00
Marcum 108	Clinical Reimbursement Consultants	0.0		350.00	350.00	0.00
Marcum 109	RUSSELL PHILLIPS & ASSOICIATES	0.0		35,323.00	35.323.00	0.00
Marcum 110	Real Estate Tax Consultants	0.0		29,603.24	29,603.24	0.00
Marcum 111	Patient Specific Bed Rentals	0.0		(232.00)	(232.00)	0.00
Marcum 112	Accum Deprec Leasehold Improv.	0.0)		(0.00)	(0.00)	(0.00)
Total			•		·	

Fairview Health Cost Reports Medicaid - Fairview Health of Southport, LLC 2015 9/30/2015 A.01 - TB-CCNH

Client: Engagement: Period Ending: Trial Balance:

rial Balance:	A.01 - TB-CCNH				
Norkpaper:	A.03 - Grouping Report Description	FINAL	1st PP-FINAL	% VAR	
Account		9/30/2015	9/30/2014		
	Salarian and Money				
roup : [10-A] ubgroup : [2]	Salaries and Wages Administrators		440,000,00	2P 0/6/	
-4010	Administratior Salaries	152,582,03 152,582,03	118,338.82 118,338.82	28.94% 28.94%	
ibtotal [2] Administrator	\$	102,002,00			
ıbgroup : [4]	Other Administrative Salaries	301,813.16	307,163.31	(1.74%)	
l-4020 ubtotal [4] Other Adminis	Office Salaries	301,813.16	307,163,31	(1.74%)	
iptotal [4] Other Adminis	Hatto Odianos				
ubgroup : [5B]	Food Service Supervisor	56,504.00	45,870,00	23.18%	
arcum 101 ɪbtotal [58] Food Servic	Food Service Supervisor Salaries e Supervisor	56,504.00	45,870,00	23.18%	
IDIOMI IODI I OCU COI VIII					
ubgroup : [5C]	Dietary Workers	471,910.16	474,565.07	(0.56%)	
-5110 ibtotal [5C] Dietary Worl	Dietary Salaries kers	471,910.16	474,665.07	(0.56%)	
-					
ubgroup ; [6B] 2-4920	Other Housekeeping Workers Housekeeping Salaries	346,689.62	358,901.84	(3.35%)	
ibtotal [6B] Other House		346,889.62	358,901.84	(3,35%)	
	Fundament of Maintanance				
ubgroup : [7A] arcum 102	Engineer or Chief of Maintenance Chief of Maintenance Salaries	62,004.80	65,530.00	(5.38%)	
ibtotal [7A] Engineer or		62,004.B0	65,530.00	(5.38%)	
	Other Maintenance Workers				
ibgroup : [7B] -4910	Maintenance Salaries	41,736.5B	39,395.69	5,94%	
ubtotal [7B] Other Mainte		41,736.58	39,395.69	5.94%	
uharoun : IRB1	Other Laundry Workers				
ubgroup : [88] 4-5210	Laundry Salaries	201,323.02	216,104.50	(6.84%)	
ubtotal [8B] Other Laund	iry Workers	201,323.02	216,104.50	(6.84%)	
ubgroup : [12A]	Director of Nurses			40.2.4411	
5-5310	Nursing Salaries Director	111,734.52	112,270.78 112,270.78	(0.48%) {0.48%}	
ubtotal [12A] Director of	Nurses	111,734.52	112,270,70	(0.4011)	
ubgroup : [12B1]	RNs - Direct Care			75 000	
5-5320	Nursing Salaries RN	530,158.00 530,158.00	301,813.09 301,813.09	75.66% 75.66%	
ubtotal [12B1] RNs - Dire	ict Care				
ubgroup : [12B2]	RNs - Administrative	400 450 00	270 240 05	(34,53%)	
5-5315	Nursing Salaries Admin RN	182,159.83 182,159.83	278,240.95 278,240.95	(34.53%)	
iubtotal [12B2] RNs - Adi	mustative				
ubgroup : [12C1]	LPNs - Direct Care	1,003,176.11	375,165.77	167,40%	
5-5330 subtotal [12C1] LPNs - Di	Nursing Salaries LPN rect Care	1,003,176.11	375,165.77	167.40%	
ADDIOURITING 11 119 P.					
ubgroup ; [12D]	Aides and Attendants Nursing Salaries Aides	1,744,762.07	1,880,181.88	(6,20%)	
5-5340 ubtotal [12D] Aides and		1,744,762.07	1,860,181.88	(6,20%)	
iubgroup : [12E] 5-5350	Physical Therapists Physical Therapy Salaries	122,788.16	272,816.67	(54.99%)	
ubtotal (12E) Physical T		122,768.16	272,816.67	(54.99%)	
սեցroup : [12F] 5-5370	Speech Therapists Speech Therapy Salaries	1,013.46	22,937.92	(95.58%)	
ubtotal [12F] Speech Th		1,013.46	22,937.92	(95.58%)	
ubgroup ; [12G] 5-5360	Occupational Therapists Occupational Therapy Salaries	177,471.78	152,740.81	16.19%	
ubtotal [12G] Occupatio		177,471.78	152,740.81	16.19%	
ubaroun • [19⊔1	Recreation Workers				
անցroup : [12H] 1-4810	Recreation Salaries	87,979.00	104,265.93	(15.62%)	
ubtotal [12H] Recreation		87,979.00	104,265.93	(16.62%)	
ubgroup : [12M]	Social Workers/Case Management				
1-4830	Social Services Salaries	140,544.70	138,115.04	1.76% 1.76%	
ubtotal [12M] Social Wo	rkers/Case Management	140,544.70	138,115.04	111039	
				0.284	
otal (10-A) Salaries and	Wages	5,736,551.00	5,244,418.07	9.38%	
Froup ; [13-B]	Professional Fees				
noop, [15-b]					
Subgroup : [2]	Dentist	8,220.00	0,00	0.00%	
5-5387 5-5540	Other Consultant Other Consultant	(720.00)	6,570.00	(110.96%)	
Subtotal [2] Dentist		5,500.00	6,570.00	(16.29%)	
	Pharmacist				
Subgroup : [3] 55-5386	Pharmacist Pharmacy Consultant	17,245.09	12,718.75	35.59%	
subtotal (3) Pharmacist		17,245.09	12,718.75	35.59%	
Subseque : FFA1	PT - Resident Care	•			
Subgroup : [5A] i5-5352	Physical Therapy Consultant	119,368.50	92,832.00	28.59%	

Fairview Health Cost Reports Medicaid - Fairview Health of Southport, LLC 2015 9/30/2015 A.01 - TB-CCNH A.03 - Grouping Report Client: Engagement: Period Ending: Trial Batance: Workpaper:

nai Baiance: Norkpaper:	A.03 - Grouping Report				
Account	Description	FINAL	1st PP-FINAL	% VAR	
Account		9/30/2015	9/30/2014		
5-5357	Outside PT Expense	325,152.33	220,962,19	47.15% 41.66%	
ubtotal [5A] PT - Residen	Care	444,520.83	313,794.19	41.00%	
	Medical Director				
ubgroup : [8A] 5-5550	Medical Director	30,000.00	30,000.00	0.00%	
ubtotal [8A] Medical Direc		30,000.00	30,000.00	0.00%	
ubgroup : [8E]	Other	0.00	360.00	(100.00%)	
Narcum 103	Professional Fees - SDX Swallowing	0,00	360.00	(100.00%)	
ubtotal [8E] Other					
iubgroup : [9A]	ST - Resident Care		**	(400.000)	
5-5372	Speech Therapy Consultant	0,00	330.00	(100.00%) (100.00%)	
iubtotal [9A] ST - Residen	t Care	0.00	336.00	(100,000,00)	
	OT Desident Ones				
Subgroup : [19A] 5-5367	OT - Resident Care Outside OT Expense	4,083.84	0.00	0.00%	
o-5567 ubtotal [10A] OT - Reside		4,083.64	0.00	0.00%	
DDIOLEN [1-74] - 1					
ubgroup : [11A1]	RN's - Direct Care	00 000 05	416,850.00	(77.64%)	
5-5343	Nursing Pool - RN	93,206.25 93,206.25	416,850,00	(77.64%)	
ubtotal [11A1] RN's - Dire	ct Care	\$3,208.20	414/000/00	ç,	
ubgroup : [11A2]	RN's - Administrative				
upgroup ; [17A4] 5-5342	Nursing Pool - Admin Nurse	128,882.50	140,087,50	(8.00%)	
ubtotal [11A2] RN's - Adn		128,882.50	140,087.50	(%90.8)	
ubgroup : [11B1]	LPN's - Direct Care	196,395.00	1,166,549.30	(83.16%)	
5-5344	Nursing Pool'- LPN	196,395.00	1,166,549.30	(83.16%)	
ubtotal [11B1] LPN's - Di	ect care	100,000,00		. ,	
Subgroup ; [11C]	Aides			.,	
5-5341	Nursing Pool - Aides	0,00	1,000.00	(100.00%)	
ubtotal [11C] Aides		0.00	1,000.00	(100.00%)	
•					
		919,833.61	2,088,259,74	(55.95%)	
otal [13-B] Professional I	-662			• •	
2mun - 1451	Expenditures Other than Salaries				
Group : [15] Gubgroup : [1A1]	Workmen's Compensation			A	
0-4401	Workers Compensation Expense	301,374.29	224,485.66	34.25%	
ubtotal [1A1] Workmen's		301,374.29	224,486.66	34.25%	
Subgroup : [1A3]	Unemployment insurance	92,188.00	67,740.62	36.09%	
50-4510	Payroll Taxes State U-C Payroll Taxes FEO U-C	34,129.49	19,636.33	73.81%	
i0-4520 Subtotal [1A3] Unempioyn	nent Insurance	126,317.49	87,376.95	44.57%	
santotal (1340) estembio)					
Subgroup : [1A4]	Social Security (FICA)		001.005.57	8.47%	
50-4500	Payroll Taxes FICA	427,445.23 427,445.23	394,065.57 394,065.57	8.47%	
Subtotal [1A4] Social Sec	irity (FICA)	421,440.20	504,000,07		
Subproup - [4 AEI	Health Insurance				
Subgroup : [1A5] 50-4351	Union Welfare Fund	637,302.71	592,124.23	7.63%	
50-4410	Insurance Employee Group	196,484.72	215,487.54	(8.82%)	
ubtotal [1A5] Health Insu		833,787.43	807,611.77	3.24%	
Subgroup : [1A7]	Pensions	0.00	375.00	(100.00%)	
50-4333 50-4350	Employee 401K Match Union Pension Funds	212,434.23	197,374.74	7,63%	
60-4350 60-5700	Pension Plan	0.00_	289.29	(100.00%)	
Subtotal [1A7] Pensions		212,434.23	198,039.03	7.27%	
Subgroup : [1A8]	Uniform Allowance	42.50	0.00	0.00%	
0-4650	Union Uniform Allowance	42.50 0.00	14,849.34	(100.00%)	
4-5225 Subtotal (168) Uniform Al	Uniforms	42.50	14,849.34	(99.71%)	
Subtotal [1A8] Uniform Al	19 Truli==				
Subgroup ; [1A9]	Other			the other	
50-4340	Union Training & Upgrade Expe	25,341.39	28,416.41	(10.82%) (100.00%)	
0-4418	Union Contract Expense	0,00 25,341.39	34,750.00 63,166.41	(100,00%)	
Subtotal [1A9] Other		25,341.39	00,100.41	(00.0010)	
Subgroup : [1C]	Bad Debts				
Subgroup : [1C] 50-4080	Bad Debts	500,000,00	2,807.61	17,708.74%	
Subtotal [1C] Bad Debts	Marin to spare	500,000.00	2,807.61	17,708.74%	
Subgroup : [1D]	Accounting and Auditing		20 714 55	23,74%	
Marcum 104	Accounting & Auditing Fees	47,902.00	38,711.65 38,711.65	23.74%	
Subtotal [1D] Accounting	and Auditing	47,902.00	38,711.65	20.7479	
	Land				
Subgroup : [1E]	Legal Professional Fees	37,589.60	80,633.96	(53,38%)	
50-4100 Subtate I (151 Least	Linicoginiisi Lees	37,589.60	80,633.96	(53.38%)	
Subtotal [1E] Legal					
Subgroup : [1G]	Office Supplies			<u> </u>	
50-4040	Office Expense	12,611.12	11,593.53	8.78%	
Subtotal [1G] Office Supp		12,611.12	11,593,53	8.78%	
Subgroup : [1H1]	Telephone and Telegraph				

Fairview Health Cost Reports Medicaid - Fairview Health of Southport, LLC 2015 9/30/2015 A.Of - TB-CCNH

Client: Engagement: Period Ending: Trial Balance:

rial Balance:	A.01 - TB-CCNH				
Vorkpaper:	A.03 - Grouping Report		4-4-DD FINAL	% VAR	
Account	Description	FINAL	1st PP-FINAL 9/30/2014	W VAIL	
	With the con-	9/30/2015 20,217.03	15,798.97	27.98%	
0-4060	Telephone	20,217.03	15,796,97	27.98%	
ubtotal [1H1] Telephon	le and Telegraph				
abgroup : [1K3]	Resident Day User Fee				
0-3995	Nursing Home Provider Tax	703,895,76	682,961.80	3.07%	
ubtotal [1K3] Resident		703,895.76	682,961.80	3.07%	
ubgroup ; [1J]	Corporation Business Taxes	0.00	40,330.00	(100.00%)	
0-4551	Corporate Tax	0.00	1,174.20	(100.00%)	
0-4555	Business Entity Tax	0.00 0.00	41,504.20	(100.00%)	
ubtotal [1J] Corporatio	a business taxes			(**************************************	
otal [15] Expenditures	Other than Salaries	3,248,958,07	2,663,605.45	21.98%	
om [10] Expolation					
roup : [16]	Expenditures Other than Salaries (cont'd) - Admin. and Gen	eral			
ubgroup : [3]	Gifts to Staff				
0-4330	Employee Relations	1,984.26	912,27	117.51%	
ubtotal [3] Gifts to Stat	FT .	1,984.26	912.27	117.51%	
ubgroup : [4]	Employee Travel	3,862.60	2,814.67	37.23%	
0-4610 ubtotal [4] Employee T	Travel & Enterlainment	3,862.60	2,814.67	37.23%	
untotal [4] citibioles :	Idvel				
ubgroup : [5]	Education Expense				
0-4320	Employee Education	1,180.00	976.40	20.85%	
ubtotal [6] Education E		1,180.00	976.40	20.85%	
ubgroup ; [6]	Automobile Expense	(0.1.02)	(1,655.14)	(94.87%)	
D-4110	Automotive Expenses	(84,83) 232,80	60.00	288,00%	
0-4111	Truck Expense Auto Rental	0.00	1,705.14	(100.00%)	
0-4425 ubtotal [6] Automobile		147.97	110.00	34.52%	
antotal [a] Automorne	Expense				
ubgroup : [M3]	Advertising Other				
0-4105	Marketing Consultants	0.00	450,00	(100.00%)	
0-4300	Business Promotion	66,996.07	31,472.99	112.87%	
ubtotal [M3] Advertisir	ng Other	66,996.07	31,922.99	109.87%	
	Medical Records				
ubgroup : [M5]	Medical Records	144,00	0.00	0.00%	
5-5389 5-5552	Medical Records	3,632.50	2,190.00	65.87%	
ubtotal [M5] Medical R		3,776.50	2,190.00	72.44%	
ubgroup : [M7]	Postage		0.040.07	40.000/	
0-4055	Postage	3,104.21	2,213.67	40.23% 40.23%	
ubtotal [M7] Postage		3,104.21	2,213.67	40.23%	
Columnature o Fh4D1	Dues and Membership Fees				
iubgroup : [MB] 0-4309	Dues	0.00	1,364.80	(100,00%)	
0-4310	Dues & Subcriptions	0.00	195.00	(100.00%)	
Subtotal [M8] Dues and		0.00	1,569.80	(100,00%)	
• •	·				
ubgroup : [M11]	Services Provided by Contract	7,500.00	0.00	0.00%	
0-4335	Employee Consultant	40,029.09	43,982,59	(8.99%)	
0-4430 0-4502	Computer Services Payroll service	20,608.82	18,649.42	10.51%	
arcum 107	Compliance Consultants	5,212.50	19,614.82	(73.43%)	
larcum 108	Clinical Reimbursement Consultants	17,160.00	0,00	0,00%	
	Provided by Contract	90,510.41	82,246,83	10.05%	
	-				
ubgroup : [M12]	Administrative Management Services	400 000 00	490 973 00	34.42%	
0-5200	Management Fee	186,000.00 186,000.00	138,372.00 138,372.00	34.42%	
uototai įM12j Adminis	trative Management Services	100,000.00	100,000	- 171877	
ubgroup : [M13]	Other				
0-4050	Printing	1,023.45	122,99	732.14%	
0-4311	Fees & Registration	764.00	518.95	47.22%	
0-4315	License & Permits	420.00	2,070.00	(79.71%) 1,064.71%	
0-4317	Penalties & Fines	4,252.00	365.07 5,536,07	1,064.71% 417.36%	
0-4770	Late Fees	28,641.50 (11,153.22)	5,535.U7 (4,446.75)	150.82%	
0-4780	Miscellaneous Admin Expense	(11,153.22) 2,021.41	0.00	0.00%	
0-0577	Bank Fees Bank Charges	2,021.41 6,929,29	2,027.15	241.82%	
D-5770	Unemployment Tax Consultant	1,580.00	1,185.00	33,33%	
larcum 105 Iarcum 109	RUSSELL PHILLIPS & ASSOICIATES	350.00	0.00	0.00%	
sarcum 109 Sarcum 110	Real Estate Tax Consultants	35,323.00	0.00	0.00%	
ubtotal [M13] Other		70,151.43	7,378.48	850.76%	
				E0 000	
otal [16] Expenditures	Other than Salaries (cont'd) - Admin. and General	427,713.45	270,697.11	58.00%	
	mt a - B - to Europian - 2 October				
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup ; [2A1]	Raw Food Food Patient	537.66	0.00	0.00%	
i3-5120 i3-513 8	Food Non Patient	176.09	0.00	0.00%	•
3-5130 Subtotal [2A1] Raw Foo		713.75	0.00	0.00%	
AND SOUTH CONTRACT OF THE PARTY	· =				
ubgroup : [2A2]	Non-Food Supplies			s and Atri	
Subgroup : [2A2] 3-5130 Subtotal [2A2] Non-Foo	Kitchen Supplies	18,848.48 18,848.46	343.91 343.91	5,380.64% 5,380.64%	

Client:

Fairview Health Cost Reports Medicald - Fairview Health of Southport, I.I.C 2015 9/30/2015 Engagement:

Period Ending:

A.01 - TB-CCNH A.03 - Grouping Report Trial Balance: Workpaper:

Description FINAL 1st PP-FINAL % VAR Account 9/30/2015 9/30/2014 Purchased Services Outside Dietary Services Subgroup : [28] 53-5150 220,094,25 220,094,25 (29.53%) (29.53%) Subtotal [2B] Purchased Services 312,665,00 Total [18] Dietary Basis for Allocation of Costs 239,656.46 (23.35%)Group : [19] Subgroup : [3A1] 54-5220 Laundry-Basis for Allocation of Costs Subgroup : [3A1] Bed Linens, etc...washed, ironed... 54-5220 Laundry Expense Subtotal [3A1] Bed Linens, etc...washed, ironed.. (82.68%) 1,686.55 1,686.55 (82.68%) 1,686.55 9,738.50 (82.68%) Total [19] Laundry-Basis for Aliocation of Costs Housekeeping and Resident Care Basis for Allocation of Costs In-Houe Care Supplies Group : [20] Subgroup : [4A1] 52-4960 21.28% 21.28% 43,209,52 35,628.52 35,628.52 Housekeeping Supplies Subtotal [4A1] In-Houe Care Supplies 43,209.52 Subgroup : [5C] 55-5345 Medical and Therapeutic Supplies (20.70%) Nursing Supplies
Therapeutic Supplies 187,685.17 187,685.17 Subtotal [5C] Medical and (20.70%) Subgroup ; [5D] Ambulance/Limousine 55-5439 Medicare Resident Travel Subtotal [5D] Ambulance/Limousine (68.03%) (68.03%) 927.03 927.03 2,899.41 2,899.41 Oxygen - Other Subgroup ; [6E2] (75.17%) Oxygen Med A Oxygen House 13.027.11 55-5410 55-5411 3.234.30 0.00% (83.80%) 7.89% 29,418.98 0.00 55-5414 Oxygen Equipment Rental Suntotal [5E2] Oxygen - Other 20,286.03 33,313.14 3,286.94 35,940.22 Subgroup : [5F] X-Rays and related radiological Sungroup: [6F] X-Rays and related in 55-5438 Medicare X-Ray 55-5452 X-Ray Managed Care Subtotal [6F] X-Rays and related radiological 5,824.41 931.12 6,755.53 (10.77%) 6,527.73 610.00 7,137.73 52.64% (5.35%) Subgroup : [5H] 1 aboratory 17,057.83 34.35% (67.06%) 55-5390 55-5391 Lab Med A Lab Med B 22,930,46 129,68 163,57 393.65 349.85 (53.25%) 36.05% 55-5392 Lab Medicaid 3,109.40 26,333.09 Lab Other 2.265.56 20,096.89 Subtotal [5H] Laboratory 31.03% Recreation Recreation Expense Subgroup : [5f] 15.13% (4.04%) 1.07% 6,860.74 5,959.06 51-4820 Marcum 106 Subtotal [51] Recreation 16,422.56 22,381.62 15,759,40 Cable TB 22,620.14 Subgroup : [5J] 51–4840 55-5353 Other 0.00 28,038.52 1,089.94 630.00 20,116.90 27,648.18 (100.00%) Social Service Expense 39.38% (96.06%) (56,58%) Physical Therapy Equipment Medicare Non Billable 55-5437 55-5744 Medical Equipment Rental 5,308.15 12,224,73 0.00% 5.65% 0.00 29,603.24 64,039,85 Marcum 111 Patient Specific Bed Rentals Subtotal [5J] Other Subgroup : [5A2] 55-5380 55-5382 Purchased From 47.83% Pharmacy Med A
Pharmacy Medicaid CT 124,950,24 184.715.74 (43.89%) (8.94%) 47.64% 12,164.53 14,595.88 21,678.32 16,028.69 55-5384 55-5385 Pharmacy House Pharmacy Managed Care 48,529,70 260,005.85 32,870,65 195,527,90 32.98% Subtotal ISA21 Purchased From 647,516.40 614,28B,13 5.41% Total [20] Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Group : [22] Repairs and Maintenance Repair & Maintenance Maintenance Subgroup : [6A] 52-4980 56,676.09 56,676.09 49,019.14 49,019.14 15.62% 15.62% Subtotal [6A] Repairs and Subgroup : [6B] 52-4930 Heat Gas 47,910.40 47,910.40 (26.47%) (26.47%) 65,158.78 65,158.78 Subtotal [6B] Heat Subgroup : [6C] Light & Power (22.40%) (22.40%) 152,504.62 152,504.62 118,343.32 118,343.32 52-4940 Subtotal [6C] Light & Pov Electricity Subgroup : [6D] 52-4990 Water (6.95%) (6.95%) Subtotal [6D] Water Subgroup : [6E] Equipment Lease 9,451.00 9,451.00 32.68% 32.88% 7,123.19 7,123.19 Equipment Rental 50-4420 Subtotal [6E] Equipment Lease

Client: Engagement: Period Ending: Trial Balance:

Fairview Health Cost Reports Medicaid - Fairview Health of Southport, LLC 2015 9/30/2015 A.01 - TB-CCNH

Account Description FINAL 1st PP-FINAL % VAR 9/30/2016 9/30/2014	rial Balance:	A.01 - TB-CCNH				
Part	/orkpaper: Account	A.03 - Grouping Report Description	FINAL	1st PP-FINAL	% VAR	
Maintenance Service Contracts			9/30/2015	9/30/2014		
Add	ubgroup : [6F]		42 201 05	31 467 89	37 57%	
Transparence Tran						
December Company Com		Sewer System Assessment				
Depreciation Least-book Improve 22,000 0.00 0.00	ptotal [6F] Other		02,320.44	47,000.11	10.2013	
Month 1991 Month 1992			222.00	AΛΛ	0.00%	
Improof 170						
1000 1000	- •					
			13.585.68	1,366.41	894.26%	
200				1,366.41	894.26%	
200	haraun - f01	Pantal Payments				
March Marc						
1.1 1.2	btotal [9] Rental Payı	ments	487,466.32	464,879.61	4.86%	
1,250.06 170,065.27 170,0	barova : 11081	Real estate taxes paid by lessor				
Buryon 1102 Personal property taxes 0.00 0.573.91 (100.00%)	4540	Real Estate Taxes				
1.000 1.00	ototal [10B] Real esta	ate taxes paid by lessor	121,230,06	170,669.70	(20.91%)	
1.00	bgroup : [10C]	Personal property taxes				
127 Interior in relation property 925,985.87 887,721,775 (0.26%)	4535					
Up 127	ntotal [100] Persona	ı property taxes	VU.U			
Section Committee Commit	al (22) Maintenance	and Property	926,908.87	987,721.75	(6.26%)	
Company Comp	up · [97]	Interest and Insurance				
10,12,00 0.0						
134,491.03 132,155.00 1.778 134,491.03 132,155.00 1.778 134,491.03 132,155.00 1.778 134,491.03 132,155.00 1.778 132,155.00 1.778 132,155.00 1.778 144,090.03 132,155.00 1.778 144,090.03 132,155.00 1.778 144,090.03 132,155.00 1.778 144,090.03 132,155.00 1.00,603.05 (16.34%) 144,090.03			10 312 00	0.00	0.00%	
Berroup : [14A] Insurance on Property 10.803.85 (16.34%) 10.803.				132,156.D0	9.57%	
March Marc	haroun / [146]	insurance on Property				
A						
Statement of Revenue Statement of Revenue	btotal [14A] insuranc		84,169.20	100,603.86	(16.34%)	
Digroup [30] Statement of Revenue Sta	tal [27] Interest and I	Insurance	228,972.23	232,759.86	(1.63%)	
Disprosp [1A] Medicaria Residents (CT only) (12,118,704.93) (12,187,880.75) (0.57%)	-					
STATE NA & BD MCCD - CT (12,118,704.93) (12,167,880,75) (0.57%)						
Debota [A] Medicaid reom and board contractual allowance 4,782,566.78 4,989.721.15 (4,15%)			(12,118,704,93)	(12,187,880,75)	(0,57%)	
Description Common Commo					(0.57%)	
Description Common Commo	ubarana - MDI	Madievid coom and heard contractual allowance				
Introduction Medicare Residents (All inclusive) (2,895,005.00) (2,119,675.00) (27.14% (2,895,005.00) (2,119,675			4,782,566.78	4,989,721.15	(4.15%)	
No. No.			4,782,666.78	4,989,721.15	(4.15%)	
No. No.						
No. No.		Modience Pacidents (All inclusion)				
Dipotal [3A] Medicare Residents (Aff inclusive) (2,695,005,00) (2,119,675,00) (2,119,675,00) (27,14% Dipropp : [3B] Medicare room and board contractual allowance (1,570,212.81) (1,194,866.23) 31,41% Dibotal [3B] Medicare room and board contractual allowance (1,570,212.81) (1,194,866.23) 31,41% Dibotal [3B] Medicare room and board contractual allowance (1,570,212.81) (1,194,665.23) 31,41% Dibotal [3B] Medicare room and board contractual allowance (1,570,212.81) (1,194,665.23) 31,41% Dibotal [4B] Private-pay residents and other (777,350,00) (1,818,675.00) (51,98%) Dibotal [4B] Private-pay residents and other (777,420.00) (214,120,00) (71,14%) Dibotal [4B] Private-pay residents and other (954,770.00) (1,808,065.00) (47,19%) Dibotal [4B] Private-pay room and board contractual allowance (1,608,026,00) (1,608,065.00) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (20,942.86) (207,71%) Dibotal [4B] Private-pay room and board contractual allowance (16,994.26) (20,994.26) (207,71%)			(2,895.005.00)	(2,119,675.00)	27.14%	
### Disprops 138 Medicare room and board contractual allowance						
1,5220 C/A Medicare Room & Board (1,570,212.81) (1,194,862.32) 31,41% chitotal [3B] Medicare room and board contractual allowance (1,570,212.81) (1,194,862.32) 31,41% chitotal [3B] Medicare room and board contractual allowance (1,570,212.81) (1,194,862.32) 31,41% chitotal [3B] Medicare room and board chitotal and other (1,570,212.81) (1,194,862.32) (1,518,675.00) (51,98%) (1,518,675.00) (
Display 19 Private-pay residents and other (777,350,00) (1,518,675,00) (51,98%) (100,00%) (1,518,675,00) (1			(1,570,212.81)	(1,194,866.23)		
1.3710 Room & Board Private (777,350,00) (1,618,675,00) (51,99%)	ıbtotal [3B] Medicare				31.41%	
1.3710 Room & Board Private (777,350,00) (1,618,675,00) (51,99%)	tharoup • I&A1	Private-new residents and other				
1-3726 RM & BD Insurance 0.00 24,700.00 (100.00%) -3742 Room & Board Managed Care (177,420.00) (14,120.00) (17.14%) -3742 Room & Board Managed Care (177,420.00) (1808,095.00) (17.14%) -3823 C/A Managed Care R&B 140,618.92 203,250.46 (30.81%) -3834 C/A Private Ins R&B 18,305.26 (16,994.26) (207.71%) -3834 C/A Private Ins R&B 18,305.26 (16,994.26) (207.71%) -3788 Prescription Drugs - Medicare (133,999.08) (128,691.37) 4.12% -3788 Pharmacy Med A (133,999.08) (128,691.37) 4.12% -3788 Pharmacy Med A (133,999.08) (128,691.37) 4.12% -3790 Pharmacy Medicare (37,983.69) (33,722.00) 12.64% -3790 Pharmacy Medicare (37,983.69) (33,722.00) 12.64% -3790 Pharmacy Medicare (37,983.69) (33,722.00) 12.64% -3790 Pharmacy Medicare (41,110.80) (36,913.07) 11.37% -3790 Pharmacy Medicare (41,110.80) (36,913.07) 11.37% -3790 Pharmacy Medicare (41,110.80) (36,913.07) (100.00%) -3790 Med Supplies Non-medicare (41,110.80) (36,913.07) (100.00%) -3790 Med Supplies Nenticare (41,110.80) (36,813.07) (100.00%) -3790 Med Supplies Non-medicare (41,110.80) (36,813.07) (100.00%) -3790 Med Supplies Non-medicare (37,983.69) (33,722.00) (36,913.07) (36,913.07) -3790 Med Supplies Non-medicare (41,110.80) (36,813.07) (36,813.07) -3790 Med Supplies Non-medicare (37,983.69) (38,223.20) (38						
Degroup [4B]	I-3728	RM & BD Insurance				
Private-pay room and board contractual allowance 140,618.92 203,250.46 (30.81%)						
140,618.92 203,250.46 (30.81%) (30.8	atomi (seg riivate-pi				,	
18,305.26 (16,994.25) (207.71%) (14.67%) (14.			140 818 02	203 250 46	(30,81%)	
### description Drugs - Medicare 158,924.18 186,256.20 (14.67%) #### description Drugs - Medicare 158,924.18 186,256.20 (14.67%) ###################################						
-3788 Pharmacy Med A (133,999.08) (128,691.37) 4.12% blotal [5A] Prescription Drugs - Medicare (133,999.08) (128,691.37) 4.12% blotal [5A] Prescription Drugs - Non-medicare (37,983.69) (33,722.00) 12.64% blotal [6C] Prescription Drugs - Non-medicare (41,110.80) (36,913.07) 11.37% blogroup : [6C] Medical Supplies - Non-medicare (41,110.80) (36,913.07) 11.37% blogroup : [6C] Medical Supplies - Non-medicare (60,000 (606.10) (100.00%) 13.798 Med Supplies Other (90,000 (135,92) (100.00%) 13.798 Med Supplies Other (90,000 (135,92) (100.00%) 13.798 Med Supplies - Non-medicare (90,000 (622.02) (100.00%) 13.798 Med Supplies - Non-medicare (90,000 (622.02) (100.00%) 13.798 Med Supplies - Non-medicare (90,000 (622.02) (100.00%) 13.798 Medical Supplies - Non-medicare (90,000 (622.02) (100.00%) 13.798 Medical Supplies - Non-medicare (90,000 (623.03) (100.00%)						
1-3788 Pharmacy Med A (133,999.08) (128,691.37) 4.12% -3788 Pharmacy Medicare (133,999.08) (128,691.37) 4.12% -3790 Pharmacy Medicaid (3,127.11) (3,191.07) (2.00%) -3790 Pharmacy Other (37,983.69) (33,722.00) 12.64% -3790 Pharmacy Other (37,983.69) (33,722.00) 12.64% -3790 Pharmacy Other (41,110.80) (36,913.07) 11.37% -3790 Medical Supplies - Non-medicare (41,110.80) (36,913.07) 11.37% -3796 Med Supplies Medicaid 0.00 (686.10) (100.00%) -3798 Med Supplies Other 0.00 (135,92) (100.00%) -3798 Med Supplies Other 0.00 (622.02) (100.00%) -3798 Med Supplies - Non-medicare 0.00 (622.02) (100.00%) -3798 Med Supplies - Non-medicare 0.00 (623.02) (35,92)	ibaroup • (SA)	Prescription Drugs - Medicare				
A)-3788	Pharmacy Med A				
1-3790 Pharmacy Medicaid (3,127.11) (3,191.07) (2.09%) -3792 Pharmacy Other (37,983.69) (33,722.00) 12.64% -3792 Pharmacy Other (41,110.80) (36,913.07) 11.37% -3796 Medical Supplies - Non-medicare (41,110.80) (686.10) (100.00%) -3796 Med Supplies Other (0.00) (135.92) (100.00%) -3798 Med Supplies Other (0.00) (135.92) (100.00%) -3798 Medical Supplies - Non-medicare (10,00%) -3798 Medical Supplies Other (0.00) (135.92) (100.00%) -3798 Prevenue Medicare (1,068,326.46) (833.215.53) 28.22% -3746 PT Revenue Med A (1,068,326.46) (833.215.53) 28.22% -3752 PT Revenue Med B (47,703.76) (66,840.86) (28.42%)	ubtotal [SA] Prescript	tion Drugs - Medicare	(133,999.08)	(128,691.37)	4.12%	
1-3790 Pharmacy Medicaid (3,127.11) (3,191.07) (2.00%) -3792 Pharmacy Other (37,983.69) (33,722.00) 12.64% -3792 Pharmacy Other (41,110.80) (36,913.07) 11.37% -3790 Medical Supplies - Non-medicare (41,110.80) (36,913.07) -3796 Med Supplies Medicaid 0.00 (686.10) (100.00%) -3798 Med Supplies Other 0.00 (135.92) (100.00%) -3798 Medical Supplies - Non-medicare 0.00 (822.02) (100.00%) -3798 Medical Supplies - Non-medicare 0.00 (822.02) (100.00%) -3798 Prevenue Med A (1,068,326.46) (833.215.53) 28.22% -3746 PT Revenue Med B (47,703.76) (66,840.86) (28.42%)	ibarous : (5C)	Prescription Drugs - Non-medicare				
11.37% 1	-3790	Pharmacy Medicaid				
Degroup : [6C] Medical Supplies - Non-medicare	-3792					
L-3796 Med Supplies Medicaid 0.00 (686.10) (100.00%) L-3798 Med Supplies Other 0.00 (135.92) (100.00%) Librotal [6C] Medical Supplies - Non-medicare 0.00 (822.02) (100.00%) Librotal [7A] Physical Therapy - Medicare L-3746 PT Revenue Med A (1,068,326.46) (833,215.53) 28.22% L-3752 PT Revenue Med B (47,703.76) (68,840.86) (28.42%)	mora faci Liezelibi	Noti profit . Monditentent	(41,110,000)			
1-3796 Med Supplies Medicaid 0.00 (686.10) (100.00%) 1-3798 Med Supplies Other 0.00 (135.92) (100.00%) 1-3796 Med Supplies Other 0.00 (135.92) (100.00%) 1-3796 Medicai Supplies - Non-medicare 0.00 (822.02) (100.00%) 1-3796 Physicat Therapy - Medicare 1-3746 PT Revenue Med A (1,068,326.46) (833.215.53) 28.22% 1-3752 PT Revenue Med B (47,703.76) (68,840.86) (28.42%)	sharasa s ICO	Medical Supplier - Mon-medicare				
1-3798 Med Supplies Other 0.00 (135.92) (100.00%) ubstotal [6C] Medical Supplies - Non-medicare 0.00 (822.02) (100.00%) ubgroup: [7A] Physical Therapy - Medicare 1-3746 PT Revenue Med A (1,068,326.46) (833,215.53) 28.22% 1-3752 PT Revenue Med B (47,703.76) (66,840.86) (28.42%)						
ubtotal [6C] Medical Supplies - Non-medicare 0.00 (822.02) (100.00%) ubgroup : [7A] Physical Therapy - Medicare (1,068,326.46) (833,215.53) 28.22% 3-3746 PT Revenue Med A (1,068,326.46) (83,215.53) 28.22% 3-3752 PT Revenue Med B (47,703.76) (66,640.86) (28.42%)	3798	Med Supplies Other	0.00			
H-3746 PT Revenue Med A (1,068,326.46) (833,215.53) 28.22% H-3752 PT Revenue Med B (47,703.76) (68,640.86) (28.42%)		Supplies - Non-medicare	0,00	(822.02)	(100.00%)	
1-3746 PT Revenue Med A (1,068,326.46) (833,215.53) 28.22% 1-3752 PT Revenue Med B (47,703.76) (68,640.86) (28.42%)	ubgroup : [7A]	Physical Therapy - Medicare				
0,000	D-3746	PT Revenue Med A				
untotal [/A] Physical Therapy - Medicare (1,110,000,26) [600,000,00]						
	iototal [7A] Physical	inerapy - medicare	(1,110,030,22)	(829,000,033)	AT.VE N	

Fairview Health Cost Reports Medicaid - Fairview Health of Southport, LLC 2016 9/30/2015 A.Of - TB-CCNH A.03 - Grouping Report

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

vorkpaper.	A.03 - Grouping Report				
Account	Description	FINAL	1st PP-FINAL	% VAR	
		9/30/2015	9/30/2014		
ubgroup ; [7C]	Physical Therapy - Non-medicare	270012010			
0-3758	PT Revenue Private	(1,905.04)	7,223.56	(126.37%)	
			(125,596.20)	2.00%	
3-3763	PT Revenue Medicald	(128,111.58)	(72,530.20)	74.86%	
D-3764	PT Revenue Managed Care	(126,987.00)	(72,621,72)		
ubtotal [7C] Physical '	Therapy - Non-medicare	(257,003.62)	(190,994.36)	34.56%	
	0 I Ti II II II II				
ubgroup ; [8A] D-3750	Speech Therapy - Medicare ST Revenue Med A	(488,510.82)	(357,273,68)	36.73%	
			(43,727.12)	(56.99%)	
0-3756	ST Revenue Med B	(18,807.32)			
ubtotal [8A] Speech T	Therapy - Medicare	(507,318.14)	(401,000,80)	26.51%	
	Speech Therapy - Non-medicare				
ubgroup : [8C]	SP Revenue Medicaid	(33,887.04)	(61,738.51)	(45,11%)	
3751		263.02	898.46	(70.73%)	
1-3762	ST Revenue Private			55.18%	
-3768	ST Revenue Managed Care	(53,942,44)	(34,760.62)		
ibtotal [8C] Speech T	Therapy - Non-medicare	(87,566.46)	(95,600.67)	(8,40%)	
.h	Occupational Thorany, Madicare				
ibgroup : [9A]	Occupational Therapy - Medicare	(1,085,223.02)	(847,538.35)	28,04%	
-3748	OT Revenue Med A		(53,903.88)	(53.19%)	
-3754	OT Revenue Med B	(25,232.14)			
btotal [9A] Occupati	onal Therapy - Medicare	(1,110,455.16)	(901,440.23)	23.19%	
-b MOI	Graupational Tharman Man madicara				
rbgroup ; [9C]	Occupational Therapy - Non-medicare	(68,060.50)	(94,666.20)	(28.12%)	
-3747	OT Revenue Medicaid				
-3760	OT Revenue Private	(1,874.14)	4,995.82	(137.51%)	
-3766	OT Revenue Managed Care	(124,371.22)	(84,134.56)	47.82%	
btotal [9C] Occupati	onal Therapy - Non-medicare	(194,305.86)	(173,824.94)	11.78%	
	Other Hadisava				
ubgroup : [10A]	Other - Medicare	100 705 61	(0.258.46)	145.46%	
⊦3770	Lab Med A	(22,725.04)	(9,258.16)		
-3776	Radiology Med A	(5,745.26)	(6,215.04)	(7.56%)	
-3824	C/A Medicare A Ancillaries	2,804,529,68	2,182,640.07	28.49%	
-3830	C/A Medicare B Therapy	49,417.04	95,143.78	(48.06%)	
-3943	Medicare Retro Settlement	4.577.42	8,123.58	(43.65%)	
ubtotal [10A] Other - I		2,830,053.84	2,270,434.23	24.65%	
ubgroup ; [10B]	Other - Non-medicare		****	44 477 677013	
3-3772	Lab Medicaid	(136.33)	335.25	(140.67%)	
0-3774	Lab Other	(3,732.37)	(1,412.58)	164.22%	
0-3778	Radiology Medicaid	0.00	30,22	(100.00%)	
0-3780	Radiology Other	(691.12)	(420.00)	64.55%	
3826	C/A Medicald MN Ancillaries	336,989,37	0.00	0.00%	
)-3831	C/A Managed Care Ancillaries	202,167.44	34,394.63	487.79%	
-3833 -3833	C/A Private Revenue	(18,305.26)	00,0	0.00%	
⊢3833 ubtotal [10B] Other - i		516,291.73	32,927,52	1,467.96%	
intotal Linbl Otylet - 1	MONTHERICATE	3 (0,23 1.13	DE, 021, 02	1,101,007	
ubgroup : [11]	Meals sold to guests, employees, and others				
-3958	Non Palient Food	(2,948.67)	0,00	0.00%	
	ld to guests, employees, and others	(2,948.67)	0.00	0.00%	
fell ward on					
ibgroup ; [15]	Interest Income				
-3949	Interest Income	(203.02)	(0.84)	24,069.05%	
ıbtotal [15] interest ir		(203,02)	(0.84)	24,069.05%	
ubgroup ; [17]	Barber, Coffee, Beauty & Gift Shops			(ABR COST)	
3-3952	Beauty Salon Revenue	0,00	(1,651.00)	(100.00%)	
ubtotal [17] Barber, C	Coffee, Beauty & Gift Shops	0,00	(1,661.00)	(100.00%)	
ıbgroup : [18]	Other Revenue			A 6000	
J-3942	Medicaid Cost Settlement	5,041.82	0.00	0.00%	
-3950	Miscellaneous Income	(97,017.36)	0.00	0.00%	
-3953	Vending Machine Income	(127.00)	(330.00)	(61.52%)	
-3957	Sales Adjustment Account	(7,769.88)	(879,26)	783.68%	
-3990	Settlement of Accounts Payable	0.00	(88,238.00)	(100.00%)	
ıbtotal [18] Other Res		(99,872.42)	(89,447.26)	11.66%	
associate from Control Men	TOHAY	10,010,001			
otal [30] Statement of	Revenue	(12,601,669.66)	(12,751,420.83)	(1.17%)	
L-2] - internette of					
	Sum of Account Groups	0.00	0.00	0.00%	
				0.000	
	Net (income) Loss	0.00	0.00	0.00%	



Workpaper Index:

Prepared By:

Run Date:

400.2 GNRC

Reviewed By:

Workpaper Date:

2/12/2016 2/12/2016

Fairview Health of Southport, LLC

Provider Name: Provider Number:

000008433

Period Ended:

9/30/15

Name of Workpaper:

VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

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

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

Conclusion: