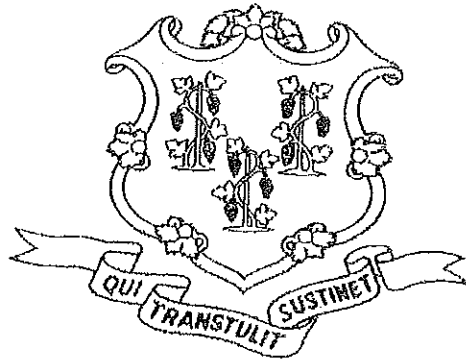


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Farmington Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 20 Scott Swamp Road, Farmington, CT 06032	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) NurseFac-Aids
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2149-C	RHNS	NurseFac-Aids	Medicare Provider 07-5251
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Medicaid Provider Numbers:	CCNH 10447	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Farmington Care Center, LLC	License No. 2149-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator) <i>John Zazzaro</i>	Date 1-19-16	Signed (Owner) <i>Chris Wright</i>	Date 2/10/16
Printed Name (Administrator) John Zazzaro		Printed Name (Owner) Chris Wright	
Subscribed and Sworn to before me: <i>John Zazzaro</i>	State of CT	Date 2/10/16	Signed (Notary Public) <i>Brenda Walsh</i>
Address of Notary Public 341 Bidwell Street, Manchester, CT 06040			

BRENDA WALSH
 Notary Public, Connecticut
 My Commission Expires
 February 29, 2020

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Farmington Care Center, LLC		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 20 Scott Swamp Road, Farmington, CT 06032				
Report Prepared By Denise MacKinnon		Phone Number 860-570-2140 ext 15	Date	
Item	Total	CCNH	RHNS	NurseFac- Aids
1. Dietary wages paid	\$			
2. Laundry wages paid.	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-677-7707		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Farmington Care Center, LLC		Address (No. & Street, City, State, Zip) 20 Scott Swamp Road, Farmington, CT 06032		
License Numbers:	CCNH 2149-C	RHNS	NurseFac-Aids	Medicare Provider No. 07-5251
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator John Zazzaro		Nursing Home Administrator's License No.:	001734	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

Related Parties*

Name of Facility Farmington Care Center, LLC	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees		(5,717)	5,717
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees		(13,761)	13,761
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Laundry Services	19		-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			Shared Employees		(5,050)	5,050
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees	16		-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees			-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Laundry Services	19		-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees		(10,672)	10,672
Menden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		(12,403)	12,403
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees		3,946	(3,946)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040			Shared Employees		(2,437)	2,437
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees		(2,296)	2,296
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067			Shared Employees		1,148	(1,148)
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13	755,222	(755,222)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27	522,981	(522,981)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15	29,218	(29,218)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agmt		94,286	(94,286)
				Management Services, Direct	20	90,672	(90,672)
				Management Services, Indirect	20	92,214	(92,214)
				Management Services, Administrative	16	242,119	(242,119)
All 9 Care Centers, mgmt co, realty cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services			

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

General Information and Questionnaire Related Parties*

Name of Facility Farmington Care Center, LLC	License No. 2149-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
See Attached		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

* 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 Farmington Care Center, LLC	License No. 2149-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

- In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
- Explain the allocation of related company expenses and attach copy of appropriate supporting data.
- Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.) Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Farmington Care Center, LLC	License No. 2149-C		Report for Year Ended 9/30/2015			Page 6	of 37			
	Name and Address of Lessor	4850 Reno, NV Joule Street, Suite A-1	Related * to Owners, Operators, Officers	Yes	No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Accelerated Care Plus Corp. 4850 Reno, NV Joule Street, Suite A-1			<input type="radio"/>	<input checked="" type="radio"/>	Omnistim Electrotherapy and Ornisound Therapeutic Ultrasound Equipment	05/18/10	automatic annual	26,757	26,757	26,757
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909			<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks and Payroll Punch Equip	06/01/10	60 Months	8,452	8,452	8,452
Canon Financial Services, 14904 Collection Center Drive, Chicago, IL 60693			<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/02/12	60 Months	2,948	2,948	2,948
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101			<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/04/14	48 Months	5,403	5,403	5,403
Mail Finance/Neopost New England, 25881 Newtwork Place, Chicago, IL 60673			<input type="radio"/>	<input checked="" type="radio"/>	Postage Meter Rental		Monthly	916	916	915
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101			<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/10/14	48 Months	2,115	2,115	2,115
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
			<input type="radio"/>	<input type="radio"/>						
Total ***										46,590

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

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Farmington Care Center, LLC	License No. 2149-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm	
Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109

Services Provided by This Firm (<i>describe fully</i>)	
1 Taxes, financial statements, accounting support	\$ 3,749
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 3,749

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15D

Legal Services Information	
Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Lies Prker 4 Various others (American Arbitration, Various Arbitration, Murtha Cullina, Robinson) 5 Starble and Harris, iCare Health Management LLC	Telephone Number 860-570-2140 860-678-7775 202-298-8750

Address (<i>No. & Street, City, State, Zip Code</i>)	
1 341 Bidwell Street, Manchester CT	
2 32 Main Street, Avon, CT	
3 2233 Wisconsin Avenue, NW Suite 20, Washington DC 20007	
4	
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT	

Services Provided by This Firm (<i>describe fully</i>)	
1 Lease and contract issues, general legal advice, Labor Law	\$ 27,496
2 Lease and contract issues, general legal advice, union funds advice	\$ 9,997
3 Employment law, arbitrations, contract negotiations	\$ 17,666
4 Employment Arbitrations, healthcare law	\$ 4,675
5 Collections - disallow	\$ 3,718
	Charge for Services Provided
	\$ 63,552

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No 15E

Schedule of Resident Statistics

	License No. 2149-C		Report for Year Ended 9/30/2015				Page 8		of 37		
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30						
	Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac-Aids	Total	CCNH	RHNS	Total	CCNH	RHNS	NurseFac-Aids
1. Certified Bed Capacity											
A. On last day of PREVIOUS report period	120	120			120	120		120	120		
B. On last day of THIS report period	120	120			120	120		120	120		
2. Number of Residents											
A. As of midnight of PREVIOUS report period	98	98			98	98		90	90		
B. As of midnight of THIS report period	90	90			90	90		90	90		
3. Total Number of Days Care Provided During Period											
A. Medicare	4,388	4,388			3,465	3,465		923	923		
B. Medicaid (Conn.)	26,471	26,471			19,909	19,909		6,562	6,562		
C. Medicaid (other states)											
D. Private Pay	2,108	2,108			1,571	1,571		537	537		
E. State SSI for RCH											
F. Other (Specify) INSURANCE	541	541			397	397		144	144		
G. Total Care Days During Period (3A thru F)	33,508	33,508			25,342	25,342		8,166	8,166		
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											
5. Total Resident Days (3G + 4A + 4B)	33,508	33,508			25,342	25,342		8,166	8,166		

Schedule of Resident Statistics (Cont'd)

Name of Facility Farmington Care Center, LLC			License No. 2149-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	NurseFac-Aids	Lost			Gained			CCNH	RHNS	NurseFac-Aids	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	NurseFac-Aids			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	NurseFac-Aids	R.C.H.	ICF-MR				
No. of Residents	9		73		8								
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.	535.00		235.00		440.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	NurseFac-Aids		
A. Medicare - Part B								5,743	5,743				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								891	891				
C. Other								13,498	13,498				
D. <i>Total Physical Therapy Treatments</i>								20,132	20,132				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								263	263				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								63	63				
C. Other								768	768				
D. <i>Total Speech Therapy Treatments</i>								1,094	1,094				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								6,204	6,204				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								773	773				
C. Other								12,893	12,893				
D. <i>Total Occupational Therapy Treatments</i>								19,870	19,870				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Farmington Care Center, LLC	2149-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	133,288	2,086				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	159,203	7,676				
5. Dietary Service						
a. Head Dietitian	17,989	358				
b. Food Service Supervisor	49,236	2,086				
c. Dietary Workers	361,305	20,222				
6. Housekeeping Service						
a. Head Housekeeper		320				
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	26,897	1,491				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	216,588	4,164				
b. RN						
1. Direct Care	366,247	9,255				
2. Administrative**	212,938	6,455				
c. LPN						
1. Direct Care	1,002,823	33,999				
2. Administrative**						
d. Aides and Attendants	1,304,869	76,039				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	97,763	5,235				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	85,026	3,712				
n. Marketing						
o. Other (Specify) See Attached Schedule	40,905	2,312				
<i>A-13. Total Salary Expenditures</i>	<i>4,075,077</i>	<i>175,408</i>				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ -	-			\$ -	-
MEDICAL RECORDS SALARIES	\$ 32,215	1,657			\$ -	-
CENTRAL SUPPLY SALARIES	\$ 8,690	655			\$ -	-
Total	\$ 40,905	2,312	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 11,076	storage + training			\$ -	-
ADMISSIONS C/S LABOR	\$ 23,855	522	R		\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 875	24	R		\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 67,359	2,032	R		\$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 4,283	95			\$ -	-
Total	\$ 107,448	2,673	\$ -	-	\$ -	-

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Farmington Care Center, LLC		2149-C		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Farmington Care Center, LLC	License No. 2149-C	Report for Year Ended 9/30/2015		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Page 12	of 37
		Salary Paid						
Name	Fringe Benefits and/or Other Payments (describe fully)	CCNH	RHNS	Total Hours Worked			Total Hours Worked	Compensation Received
Section III - Administrators***								
John Zazzaro	same as employees less union funds	133,288		2,086				
Section IV - Assistant Administrators								

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Farmington Care Center, LLC	2149-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	14,273	320				
2. Dentist						
3. Pharmacist	6,750	154				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	345,832	5,092				
b. Other						
6. Social Worker	1,950	training				
7. Recreation Worker	17,054	76+Cable				
8. Physicians						
a. Medical Director (entire facility)	40,500	303				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	19,452	48				
9. Speech Therapist						
a. Resident Care	57,842	672				
b. Other						
10. Occupational Therapist						
a. Resident Care	322,964	4,513				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	67,899	944				
2. Administrative***	(42,409)	(1,166)				
b. LPN						
1. Direct Care	5,051	125				
2. Administrative***						
c. Aides	6,663	398				
d. Other						
12. Other (Specify) See Attached Schedule	107,448	2,673				
B-13 Total Fees Paid in Lieu of Salaries	971,269	14,076				

Not included in total hours

* 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 Farmington Care Center, LLC		License No. 2149-C		Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Omnicare	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Tocuhpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Chelsea Placc, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership		
Healthdrive Physician Services	Audiology, Dental and Podiatry	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	<input type="radio"/>	<input checked="" type="radio"/>			
Dr Cagna Richard	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr Jason Ryan	Asst Med Director	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Farmington Care Center, LLC	2149-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	NurseFac-Aids
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ (40,736)	(40,736)		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 409,593	409,593		
5. Health Insurance	\$ 680,371	680,371		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 220,807	220,807		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 27,708	27,708		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 81,371	81,371		
d. Accounting and Auditing	\$ 3,749	3,749		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 63,552	63,552		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 22,303	22,303		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 26,183	26,183		
2. Cellular Phones	\$ 715	715		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 252	252		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 704,846	704,846		
Subtotal	\$ 2,200,715	2,200,715		

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

(Carry Subtotals forward to next page)

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

Farmington Care Center, LLC
9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 27,708		\$ -
Total	\$ 27,708	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac-Aids
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of
Farmington Care Center, LLC	2149-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:	2,200,715	2,200,715		
I. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$				
4. Employee Travel \$	503	503		
5. Education Expenses Related to Seminars and Conventions \$	3,611	3,611		
6. Automobile Expense (not purchase or depreciation) \$				
7. Other (Specify) \$	578	578		
See Attached Schedule				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (all such expenses) \$	6,609	6,609		
2. Advertising Telephone Directory (all such expenses)*** \$				
3. Advertising Other (Specify)*** \$	29,653	29,653		
See Attached Schedule				
4. Fund-Raising*** \$				
5. Medical Records \$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$				
7. Postage \$	2,808	2,808		
* 8. Dues and Membership Fees to Professional Associations (Specify) \$	8,734	8,734		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$	500	500	AEJ	
9. Subscriptions \$	373	373		
10. Contributions*** \$	490	490	AEJ	
See Attached Schedule				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) \$	106,512	106,512		
12. Administrative Management Services** \$	242,119	242,119		
13. Other (Specify) \$	35,628	35,628		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 2,638,833	2,638,833		

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	NurseFac-Aids
MEALS	\$ 578		\$ -
Total Other Travel and Entertainment	\$ 578	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 29,653		\$ -
Total Other Advertising	\$ 29,653	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
Dues			
CAHCF Dues	\$ 8,733.80		\$ -
OTHER DUES			
Total Dues	\$ 8,734	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
CHARITABLE CONTRIBUTIONS	\$ 490		\$ -
Total Contributions	\$ 490	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ -		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,458		\$ -
EMPLOYEE RELATIONS	\$ 6,241		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 1,524		\$ -
PERMITS & LICENSES	\$ 1,835		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 12,546		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 10,330		\$ -
LATE FEES	\$ 1,694		\$ -
Rounding			
Total Other Administrative and General	\$ 35,628	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Farmington Care Center, LLC	License No. 2149-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
iCare Management, LLC/iCare Health Management, LLC	242,119	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	90,672	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	32,214	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Farmington Care Center, LLC		2149-C	9/30/2015		18	37
Item		Total	CCNH	RHNS	NurseFac-Aids	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 195,586	195,586			
2.	Non-Food Supplies	\$ 15,592	15,592			
3.	Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 20,294	20,294			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ (743)	(743)			
c. Management Services**		\$				
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT		\$ 2,502	2,502			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 233,230	233,230			
2F. Dietary Questionnaire		Total	CCNH	RHNS	NurseFac-Aids	
G. Resident Meals: Total no. of meals served per day:*		275	275			
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify cost.
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No						If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Farmington Care Center, LLC		2149-C	9/30/2015	19	37
Item		Total	CCNH	RHNS	NurseFac-Aids
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	362	362		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	265,239	265,239		
c. Management Services**	\$				
d. Other (Specify) LAUNDRY SUPPLIES	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	265,601	265,601		
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Farmington Care Center, LLC		2149-C	9/30/2015		20	37
Item		Sq. Ft. Serviced by Personnel	Total	CCNH	RHNS	NurseFac- Aids
4.	Housekeeping					
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$ 26,265	26,265		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt.	\$ 266,715	266,715		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>) HOUSEKEEPING MINIR EQUIPMENT		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 292,981	292,981		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from OMNICARE PHARMACY		\$ 171,736	171,736	AEJ	
b.	Medicine Cabinet Drugs		\$ 12,805	12,805		
c.	Medical and Therapeutic Supplies		\$ 53,964	53,964		
d.	Ambulance/Limousine***		\$ 4,499	4,499		
e.	Oxygen					
	1. For Emergency Use		\$ 3,038	3,038	KFI	
	2. Other***		\$			
f.	X-rays and Related Radiological Procedures***		\$ 10,570	10,570		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 9,995	9,995		
i.	Recreation		\$			
j.	Other (Specify)**** See Attached Schedule		\$ 247,769	247,769		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 514,376	514,376		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 696	16/m13	\$ -
NURSING MINOR EQUIP	\$ 6,121		\$ -
MEDICAL RECORDS SUPPLIES	\$ -		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 90,672		\$ -
NON-COVERED PPS DR. VISITS	\$ 633		\$ -
RESIDENT CARE SUPPLIES	\$ -		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 10,311		\$ -
PERSONAL CARE SUPPLIES	\$ 3,205		\$ -
INCONTINENCY SUPPLIES	\$ 35,125		\$ -
VACCINE RESIDENTS	\$ 4,705		\$ -
PATIENT SPECIAL NEEDS	\$ 1,605		\$ -
PHYSICAL THERAPY SUPPLIES	\$ 249		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 29,901		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 773		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 25,939		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 1,010	22/14	\$ -
ACTIVITIES SUPPLIES	\$ 4,608	20/51	\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 32,214		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
Total Other Resident Care	\$ 247,769	\$ -	\$ -

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

Name of Facility Farmington Care Center, LLC		License No. 2149-C	Report for Year Ended 9/30/2015	Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	Total Cost/Page Ref.***	Pg Line
		Yes	No			
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	Housekeeping Services	265,528	20 4b
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	<input type="radio"/>	<input type="radio"/>	Laundry Services	264,058	19 3b
Eagle Elevator		<input type="radio"/>	<input type="radio"/>	Elevator Contract	4,063	22 6F
Bioserve, Inc.		<input type="radio"/>	<input type="radio"/>	Medical Waste	1,010	22 6F
The Brickman Group/ Twin Landscaping		<input type="radio"/>	<input type="radio"/>	Snow Removal/Landscaping	20,728	22 6F
CWPM - Recycling	Box 415, Plainville, CT 06062	<input type="radio"/>	<input type="radio"/>	Trash removal	28,661	22 6F
American HealthTech		<input type="radio"/>	<input type="radio"/>	Software Maintenance Contract	17,820	16 M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	<input type="radio"/>	<input type="radio"/>	Payroll Services	35,476	16 M11
National Datacare Corp		<input type="radio"/>	<input type="radio"/>	Resident Trust Software Computer Consulting Services	1,728	16 M11
Prime Care Technology services		<input type="radio"/>	<input type="radio"/>		26,685	16 M11
Priority Express		<input type="radio"/>	<input type="radio"/>	Courier Services	4,453	16 M11
Point Right Inc		<input type="radio"/>	<input type="radio"/>	Nursing Software	4,680	16 M11
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Farmington Care Center, LLC	2149-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 35,976	35,976				
b. Heat	\$ 38,838	38,838				
c. Light & Power	\$ 64,243	64,243				
d. Water	\$ 28,039	28,039				
e. Equipment Lease (Provide detail on page 6)	\$ 46,590	46,590				
f. Other (itemize)	\$ 106,675	106,675				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 320,361	320,361				
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 75,530	75,530				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 75,530	75,530				
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 121,415	121,415				
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 121,415	121,415				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 437,292	437,292				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 33,073	33,073				
c. Personal property taxes	\$ 6,578	6,578				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 673,887	673,887				

* 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	NurseFac-Aids
PLANT SUPPLIES	\$ 16,578		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 850		\$ -
ELEVATOR CONTRACT SERVICE	\$ 1,625		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 6,379		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 9,280		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 12,948		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 28,661		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 18,933		\$ -
PLANT MINOR EQUIPMENT	\$ 10,192		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ 1,230		\$ -
Total Other Repairs and Maintenance	\$ 106,675	\$ -	\$ -

Depreciation Schedule

Name of Facility Farmington Care Center, LLC		License No. 2149-C		Report for Year Ended 9/30/2015				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
		Is a mileage logbook maintained?		Date of Acquisition					
		Yes	No	Month	Year				
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
E. Total Depreciation									
								73,105	
								2,425	
								75,530	
								75,530	

Farmington Care Center, LLC
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/10/2014	Upgrade Washer: Daniels Equipment	\$ 3,357	120	\$ 336
11/22/2014	Television & Supply: Direct Supply	\$ 3,614	60	\$ 602
4/17/2015	Television & Supply: Direct Supply	\$ 3,178	60	\$ 265
5/1/2015	Mattress & Bed: Direct Supply & Medline	\$ 4,685	60	\$ 312
7/17/2015	Mattress: Direct Supply	\$ 6,282	60	\$ 209
5/28/2015	Upgrade Dryer: Proline	\$ 2,735	120	\$ 91
11/30/2013	Desktops -Prime care	\$ 2,439	36	\$ 610
Total additions for Movable Equipment		\$ 26,291		\$ 2,425 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2e

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/3/2014	Installed VOIP System: Comtech 21 LLC	\$ 1,941	120	\$ 162
12/8/2014	Installed Asphalt Pad: City Paving Co	\$ 3,297	120	\$ 247
1/15/2015	Electric Base board: Precision electric	\$ 2,552	180	\$ 113
4/1/2015	Upgrade Electric Wiring: S&S Wired	\$ 3,829	240	\$ 80
Total additions for Leasehold Improvement		\$ 11,619		\$ 602 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*120 = 10 years
180 = 15 years
240 = 20 years*

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Farmington Care Center, LLC	License No. 2149-C	Report for Year Ended 9/30/2015		Page 24	of 37
		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Date of Acquisition Month Year	Length of Amortization	Cost to Be Amortized		Totals
A. Organization Expense					
1. Organization Expense		5	2,728	2,728	
2.					
3.					
A-4. Subtotal					
B. Mortgage Expense					
1.					
2.					
3.					
B-4. Subtotal					
C. Leasehold Improvements and Other					
1. Acquired prior to this report period			1,345,462	545,315	120,812
2. Disposals (attach schedule)					
3. Acquired during this report period (attach schedule)			11,619		602
C-4. Subtotal					
D. Total Amortization					121,415
					121,415

* 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 Farmington Care Center, LLC	License No. 2149-C	Report for Year Ended 9/30/2015	Page 25	of 37
II. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		12/01/03		
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		12/01/03		
4. Date of Initial Licensure		12/01/03		
5. Total Licensed Bed Capacity		120		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed HUD		
b. Date Mortgage Obtained		05/30/13		
c. Interest Rate for the Cost Year		335.00%		
d. Term of Mortgage (number of years)		26		
e. Amount of Principal Borrowed		2,102,000		
f. Principal balance outstanding as of 09/30/2015		1,984,041		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Farmington Care Center, LLC		2149-C	9/30/2015			26	37
Item		Total	CCNH	RHNS	NurseFac-Aids		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Farmington Care Center, LLC		2149-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) INTEREST				\$	10,819	10,819	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	10,819	10,819	
14. Insurance							
a. Insurance on Property (buildings only)				\$	6,842	6,842	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	38,725	38,725	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	2,293	2,293	
14d. Total Insurance Expenditures (14a + b + c)				\$	47,860	47,860	
15. Total All Expenditures (A-13 thru C-14)				\$	10,044,294	10,044,294	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Farmington Care Center, LLC			2149-C	9/30/2015	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 81,371	81,371		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 29,653	29,653		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 104,260	104,260		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 215,284	215,284		

(Carry Subtotal forward to next page)

* All except "Help Wanted".

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16		Management fee over cost	\$ -		\$ -
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ 10,330		\$ -
16a		LATE FEES	\$ 1,694		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	0		
		PROVIDER USER FEE FOR MEDICARE DAYS	92,235.76		
Total Other A&G Adjustments			\$ 104,260	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Farmington Care Center, LLC			2149-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 215,284	215,284		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 4,499	4,499		
29.			X-rays, etc	\$ 10,570	10,570		
30.			Laboratory	\$ 9,995	9,995		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,188	1,188		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 7	7		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 241,542	241,542		

*** 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.

Farmington Care Center, LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J	NON-COVERED PPS DR. VISITS	633.46		-
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	484		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	-		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	70		
Total Other Ancillary Costs			\$ 1,188	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	0		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	4		
22	6B	Heat (for outpatient Therapy see schedule)	1		
22	6C	Light and Power (for outpatient therapy see schedule)	1		
22	6D	water (for outpatient therapy see schedule)	1		
22	6A	Repair&Maint (for outpatient therapy see schedule)	1		
Total Other Adjustments			\$ 7	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Farmington Care Center, LLC	2149-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	NurseFac-Aids		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,252,417	6,252,417				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,211,546	2,211,546				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 1,080,964	1,080,964				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 162,977	162,977				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (162,977)	(162,977)				
c. Prescription Drugs - Non-Medicare	\$ 24,753	24,753				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (24,753)	(24,753)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 536,878	536,878				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (417,658)	(417,658)				
c. Physical Therapy - Non-Medicare	\$ 85,765	85,765				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (85,765)	(85,765)				
4. a. Speech Therapy - Medicare	\$ 84,362	84,362				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (66,424)	(66,424)				
c. Speech Therapy - Non-Medicare	\$ 11,034	11,034				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (11,034)	(11,034)				
5. a. Occupational Therapy - Medicare	\$ 541,873	541,873				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (434,942)	(434,942)				
c. Occupational Therapy - Non-Medicare	\$ 78,084	78,084				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (66,896)	(66,896)				
6. a. Other (<i>Specify</i>) - Medicare	\$ 41,590	41,590				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 50,707	50,707				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,892,500	9,892,500				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 5,760	5,760				
V. Total Other Revenue (1 thru 8)	\$ 5,760	5,760				
VI. Total All Revenue (III +V)	\$ 9,898,260	9,898,260				

* 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	NursePac-Aids
	Lab Medicare	\$ 12,297		
	Lab Medicare CA	\$ (12,297)		
	Oxygen Medicare	\$ 227		
	Oxygen Medicare CA	\$ (227)		
	Equipment rental	\$ 5,371		
	Equipment rental CA	\$ (5,371)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 8,311		
	Radiology Medicare CA	\$ (8,311)		
	IV Therapy	\$ 24,125		
	IV Therapy CA	\$ (24,125)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ 41,590		
	Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	NursePac-Aids
	Lab	\$ 528.17		
	Lab CA	\$ (528.17)		
	Oxygen	\$ 321		\$ -
	Oxygen CA	\$ (321)		\$ -
	Equipment rental	\$ 7,504		
	Equipment rental CA	\$ (7,504)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 622		
	Radiology CA	\$ (622)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 10,871		\$ -
	IV therapy CA	\$ (10,871)		\$ -
	Flu shot revenue	\$ 2,362		
	Outpatient therapy	\$ 3,414		
	PRIOR YEAR ADJ - ANCILLARY & OTHER	\$ - 44,931		
	rounding	\$ (0)		
	Total Other Resident Revenue	\$ 50,707	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	NursePac-Aids
	INTEREST INCOME		\$ -		
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	NursePac-Aids
	MBALS	\$ -		
	TELEVISION INCOME	\$ 1,620		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ 4,140		
	Total Other Revenue	\$ 5,760	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Farmington Care Center, LLC	2149-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(146,299)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,312,810
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(56,283)
4. Inventories			\$	
5. Prepaid Expenses			\$	369,670
a. Prepaid Insurance	344,314			
b. Prepaid Property Taxes	14,578			
c. Prepaid Expenses Other	10,778			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	(571,739)
Due From (to) Related Parties	(83,452)			
Other Owners reserves	(488,288)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,908,159
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,357,080</u>		\$	690,351
	Accum. Depreciation <u>666,730</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>976,142</u>		\$	268,244
	Accum. Depreciation <u>707,898</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	2,515
Construction in Progress	2,515			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	961,110

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Farmington Care Center, LLC	2149-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	2,869,269
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
	*Historical Cost	2,728		
	Accum. Depreciation	2,728	Net	\$
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
			\$	34,687
Patient Trust Funds			32,132	
Long Term Deposit - primecare			2,555	
6. Loans to Owners or Related Parties (<i>itemize</i>)				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 34,687				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 2,903,956				

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Farmington Care Center, LLC		2149-C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	342,520
2. Notes Payable (<i>itemize</i>)				\$	395,878
Working Capital Line of Credit					395,878
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	234,674
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	554,603
Related Party Payables					238,621
Accrued Expenses					54,348
Accrued Resident User Fees					152,693
Accrued Workers Comp Expense					108,941
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,527,675

* 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 Farmington Care Center, LLC	License No. 2149-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount
Total Brought Forward:				1,527,675
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date	\$	
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Patient Trust Funds		32,132	32,132	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 32,132
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,559,806

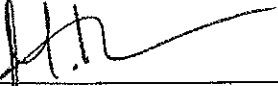
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Farmington Care Center, LLC	2149-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	25,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,465,183
6. Gain or Loss for Period			\$	(146,033)
7. Total Net Worth			\$	1,344,150
C. Total Reserves and Net Worth			\$	1,344,150
D. Total Liabilities, Reserves, and Net Worth			\$	2,903,956

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Farmington Care Center, LLC		2149-C	9/30/2015	36	37
Account				Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014				\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$	9,898,260
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$	10,044,294
D. Net Income or Deficit				\$	(146,033)
E. Balance				\$	(146,033)
F. Additions					
1. Additional Capital Contributed (<i>itemize</i>)					
2. Other (<i>itemize</i>)					
F-3. Total Additions				\$	
G. Deductions					
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount		
2. Other Withdrawings (<i>Specify</i>)				\$	
Purpose		Amount			
3. Total Deductions				\$	
H. Balance at End of Period		09/30/15		\$	(146,033)

I. Preparer's/Reviewer's Certification

Name of Facility Farmington Care Center, LLC		License No. 2149-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> NurseFac-Aids			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title VP Finance	Date Signed 2/10/16		
Printed Name of Preparer Denise MacKinnon					
Address Address 341 Bidwell Street, Manchester, CT 06040			Phone Number 860-570-2140 ext 15		

State of Connecticut Long-Term Care Facility
RATE COMPUTATION REPORT
Based on 10/01/2014 through 09/30/2015

DRAFT

Farmington Care Center

Facility: 38
Page: 22
Date: 04/05/2016

<u>Page - Lic. Type - Rate Yr</u>	<u>Error Message</u>
13-CCH	Prescription Drugs (0) is less than on page 10 (171,736)
3-CCH	Dietician physicians hourly limit exceeded
3-CCH	(-2), Sum of Salary hours does not match Annual Report figure <i>minor</i>
4-CCH	Physician (Other Physicians) hourly limit exceeded (246) <i>- DRD</i>
4-CCH	OT fees do not agree to OT fee adjustment ✓
5-CCH	(10.05), FICA Expense % is greater than 8% of Total Payroll <i>RFI</i>
16-CCH	(3), Sum of Total Resident Revenue does not match Annual Report <i>minor</i>
17	Administrator's salary needs to be entered ✓
19	(2,312,810), Accounts Recievable is Greater than 2 months of Total Resident Revenue ✓
18	Annual Report Fair Rent (pg. 23, 24) Additions total (11,619) does not match Real Property Additions on pg. 18 of Rate Comp. (0) ✓
12-CCH-2017	Other Fair Rent Expense Adjustments Prior Year (-198) exist and current year does not.
RC-Nurs Fac-CCH	No Self Pay rates entered ✓