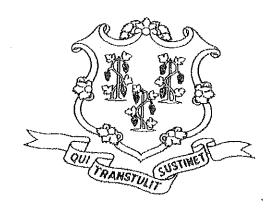
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2015

Name of Facility (as l	icensed)						
Farmington Care Cen				<u> </u>			
Address (No. & Stree 20 Scott Swamp Road							
Type of Facility							
Chronic and C ☑ Nursing Home (CCNH)			Rest Home with Supervision on (RHNS)		-	NurseFac-Aid	s
Report for Year Begii 10/1/2014	nning		Report for Year 9/30/2015	r Ending			
License Numbers:		CCNH 2149-C	RHNS	Νι	ırseFac-Aid	s Mo	edicare Provider 07-5251
Medicaid Provider N	umbers:	CO 10447	CNH	RI	INS ICF-IID		F-IID
For Department Use	e Only				4		
Sequence Number Assigned	Signed and Notarized	Date Received	Sequence N Assign		Signed a	nd Notarized	Date Received

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Ivalie of Lacinty (as needsou)	Bibbilou 1,01	1 1 1		1 24
n 1 1 0 0 110	2149-C	9/30/2015	1	1 37 1
Farmington Care Center, LLC	Z149-C	9/30/2013		

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 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.

			101 120/-2 2	Date	-
Signed (Administrator)		Date	Signed (Owner)	Date	
John Jeggero		1-19-16	hus & Whigh	lef 2/10/16	
Printed Name (Administrator)			Printed Name (Owner)		
John Zazzaro			Chris Wright		
				the second of th	60 2 2 4 160 M 2 160 M
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Nota Cobilbite Connect	lout
to before me:		Aleta		My Commission Explination February 29/2020	6 8
John Lazzara	OT	2/10/16	Munda Wals	redidulyzyjadzo	***********
Address of Notary Public		' '			
201 Bidual St	roof 11	an least	ex CT OGOGO		

(Notary Seal)

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjust	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
Farmington Care Center, LLC				10/1/2014	9/30/2015
Address of Facility 20 Scott Swamp Road, Farmington, CT 06032					
Report Prepared By Denise MacKinnon		Phone Nun 860-570-21		Date	
Item		Total	CCNH	RHNS	NurseFac-
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

				Report for Ye	ar Ended		of
	860	-677-7707		9/30/2015	:::\-\	2	37
Name of Facility (as shown on license)		1		Street, City, Sto			
Farmington Care Center, LLC				Road, Farming) :1 >T
CCNH		RHNS	1	NurseFac-Aids			Provider No.
License Numbers: 2149-C						07-5251	
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent Nursing Home only (CCNH)		t Home with ervision only		" IVI	NurseFac	c-Aids	
Type of Ownership (Check appropriate box)							
O Proprietorship	0	Profit Corp.	0	Non-Profit Co		Government	O Trust
If this facility opened or closed during report year prov	ride:		Date	Opened	Date Clo	sed	
Has there been any change in ownership			···	<u>,,</u>	<u>. </u>	. 11.31.44	
or operation during this report year?	0	Yes	•	No	If "Yes,"	explain full	y. :
Administrator							
Name of Administrator		•		Nursing H	4		
John Zazzaro				Administra	I	001734	
		····		License	No.:		
Other Operators/Owners who are assistant administrate	ors (fu	ll or part time) of t	his facility			
Name				License	No.:		
			J.,				
·							

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for	Year Ended	Page of 3
Farmington Care Center, LLC		2149-C	9/30/2015	T G((() = 1/	<u> </u>
Legal Name of Part		Business A		Which R	or Town(s) in egistered
Farmington Care Center, LLC	A	20 Scott Swamp Farmington, CT		CT	.
Name of Partners/Members	Business A	Address		Title	% Owned
Executive Advisors, LLC	341 Bidwell St. Mano	chester, CT 06040	Member		47.5
Apex Advisor's LLC	341 Bidwell St. Mano	chester, CT 06040	Member		47.5
Christopher Wright	341 Bidwell St. Mand	chester, CT 06040	Member		5
· · · · · · · · · · · · · · · · · · ·					
			,		

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Yea	r Ended	Page of
Farmington Care Center, LLC	2149-C	9/30/2015		3A 37
If this facility is owned or operated as a corp	oration, provide	the following info	rmation:	
Legal Name of Corporation		ness Address	State(s) in Wh	nich Incorporated
				:
			<u></u>	
Name of Directors, Officers	Rusir	iess Address	Title	No. Shares
Tranic of Directors, Officers	Digit	AUGU A AMUA VUU	1.100	Held by Each
	-			
				Ì
44.4.4				
Names of Stockholders Owning at Least				
10% of Shares				
	-	CHARLES TO THE STREET		
		<u></u>		
Log and an analysis of the second sec				
	1			

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Farmington Care Center, LLC	2149-C	9/30/2015	3B 37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:
Owi	ner(s) of Facility		
		•	
			!
	···		
-			
			······································
	•		
			Ψ,, ,
			HA

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

Related Parties*

Name of Related Name of Related Business Address Individual or Company Bidwell Care Center, LLC Center, LC Center, LC Center, LC Center, LC Center, LC Cooss Farmington Care Center, CT 06088 Center, LC CT 06088 Center, LC CT 06088 Center Center, CT 06088 CENTER Brook Care Center, CT 06088 CENTER Brook Care Center, CT 06088 CENTER Brook Care Center, CT 06088 CENTER CENTER, CT 06060 CENTER CENTER, CT 06060 CENTER CENTER, CT 06060 CENTER CENTER, CT 06067 CENTER CENTER, CT 06060				313/2013			
Vame of Related vidual or Company ll Care Center, LLC trut Point Care er, LLC trut Point Care er, LLC ington Care Center, lington Care Center, lington Care Center, e Brook Care Center, e Brook Care Center, e Brook Care Center, then Care Center, LLC er Springs) by Hill Care Center, LLC onbury Care Center, LLC riside Care Center, LLC onbury Care Center, LLC hipoints therapy rel Realty, LLC e Management, LLC s Health Management, changement, e Back Care Center, rel Care Center, LLC onbury Care Center, rel Realty, LLC s Health Management, er, er, er, er, er, er, er, e				the state of the s			
Vame of Related vidual or Company ell Care Center, LLC sea Place Care er, LLC fruit Point Care er, LLC ington Care Center, ington Care Center, e Brook Care Center, e Brook Care Center, the Care Center, from Care Center, e Brook Care Center, from Care Center, e Brook Care Center, from Care Center, e Brook Care Center, from Care Center		Also Provides	rides	- Likey - Control - Contro	Indicate Where Costs are Included		Actual Cost to the
Indual or Company and Care Center, LLC and Point Care Ent. LLC thut Point Care Ent. LLC ington Care Center, ington Care Center, ington Care Center, LLC ington Care Center, LLC and Care Center, LLC and Care Center, LLC and Care Center, LLC ington Care Center, LLC inguits therapy. In Care Center LLC incombury Care Center, LLC incombury Care Center, LLC incombury Care Center, LLC incombury Care Center, LLC indignits therapy. In Care Center LLC indignits therapy. In Care Center LLC indignits therapy. In Care Center LLC indignits therapy.		Related Parties	arties	Description of Goods/Services	in Annual Report	Cost	Related
ell Care Center, LLC sea Place Care ar, LLC thut Point Care ar, LLC ington Care Center, ington Care Center, e Brook Care Center, e Brook Care Center, e Brook Care Center, ten Care Center, LLC ar Springs) by Hill Care Center, LLC trace Care Center, LLC onbury Care Center, LLC tre Care Center, LLC well Realty, LLC by Management, LLC s Health Management, cell Realth Management,	╣	Yes No	**%	FTOVIDED	rage # / Line #	nai indav	fam. v
sea Piace Care ar, LLC thut Point Care ar, LLC ington Care Center, a Brook Care Center, a Brook Care Center, b Brook Care Center, a Brook Care Center, b Brook Care Center, c Springs) by Hill Care Center, LLC ar Springs) by Hill Care Center, LLC onbury Care Center, LLC hipoints therapy cal Realty, LLC b Management, LLC c Health Management, c Health Management,	r, CT			Shared Employees		(5,717)	5,717
thut Point Care ar. LLC thut Point Care er. LLC ington Care Center, ington Care Center, e Brook Care Center, e Brook Care Center, e Brook Care Center, ten Care Center, LLC ar Springs) by Hill Care Center, LLC includy Care Center, LLC includy Care Center, LLC includy Care Center, LLC including therapy cal Realty, LLC by Management, LLC including therapy	ŀ;			Shared Employees		(13,761)	13,761
thut Point Care ington Care Center, ington Care Center, s Brook Care Center, s Brook Care Center, ten Care Center, LLC at Springs) by Hill Care Center, LLC thouny Care Center, tre Care Center, LLC onbury Care Center, tre Care Center, LLC Management, LLC Management, LLC Management, LLC S Health Management, the Care Center, thought the Care Center, the Care Center LLC thought the Care Center, the	ָרָי בי			Laundry Services	19 3		(
ington Care Center, ington Care Center, a Brook Care Center, a Brook Care Center, Licar Springs) by Hill Care Center, LLC arise Care Center, LLC onbury Care Center, LLC inpoints therapy rell Realty, LLC Management, LLC	τ, CΤ			Shared Employees		(5.050)	050,2
ington Care Center, Brook Care Center, Brook Care Center, Brook Care Center, Brook Care Center, In Care Center, Bride Ca	ington,			Bank Fees	16 M		tak
Kettle Brook Care Center, 96 Prospect Hill Rd. East W LLC CT 06058 Kettle Brook Care Center, 97 Prospect Hill Rd. East W Meriden Care Center, 1LC 33 Roy St. Meriden, CT 10608 Thinky Hill Care Center, 1LC 349 Bidwell St. Manchester, 1LC 06450 Westside Care Center, 1LC 06400 Wintonbury Care Center, 1LC 060002 Wintonbury Care Center, 1LC 060002 Secure Care Center, 1LC 06000 Secure Care Cente	ington,			Shared Employees		l	1
	Windsor,			Laundry Services	19 3		1
	Windsor,			Shared Employees		(10,672)	10,672
Trinity Hill Care Center, 151 Hillside Ave. Harfford, Council Care Center, LLC 349 Bidwell St. Manchester, 1000000000000000000000000000000000000				Shared Employees		(12,403)	12,403
Westside Care Center, LLC 96049 Wintonbury Care Center, 140 Park Ave. Bloomfield, Coult Care Center, 140 Park Ave. Bloomfield, Coult Care Center LLC 06002 Secure Care Center LLC 06067 Touchpoints therapy 06088 Bidwell Realty, LLC 06040 ICare Management, LLC 06040 ICare Health Management, 341 Bidwell St. Manchester, Coult Care Health Management, 06040 ILLC 06040 ILLC 06040 ILLC 06040 ILLC 06040	ธ			Shared Employees		3,946	(3,946)
140 Park Ave. Bloomf 06002 60 West Street, Rocky 06087 171 Main St. East Winds 06080 341 Bidwell St. Manches 06040 341 Bidwell St. Manches 06040 341 Bidwell St. Manches 06040 341 Bidwell St. Manches 06040	ان ان ان			Shared Employees		(2,437)	2,437
60 West Street, Rocky 06067 171 Main St. East Windi 06088 341 Bidwell St. Manches 06040 341 Bidwell St. Manche 06040 341 Bidwell St. Manche 06040	lö.			Shared Employees		(2,296)	2,296
LLC	5			Shared Employees		1,148	(1,148)
LLC general	ៃ			OI/PI/SI	13 5,8,10	735,222	(735,222)
L.C.	5		·	Building Lease & Rent	22,22,27 10,9,14	522,981	(522,981)
Health Management,	ಕ _.			Postage & Legal	16, 15 M.E	29.218	(29,218)
	ر د ر			Shared EEs not part of mennt agent		94,286	(94,286)
The state of the s				Management Services, Direct	20		(90,672)
				Management Services, Indirect			(32,214)
				Management Services, Administrative	16 M12	242,119	(242,119)
			-				1 1
THE PROPERTY OF THE PROPERTY O			-				2
A STATE OF THE STA		+	1				
All 9 Care Centers, mgmt co,					-		
realty cos				Share Common 401k, Pension and Insurance plans, courter, legal and various other services	plans, courter, legal and va	arious other service	S.

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

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

General Information and Questionnaire Related Parties*

Name of Facility Farmington Care Center, LLC	LLC	License No.	e No. 2149-C	Report for Year Ended 9/30/2015	Page 4	ge of 37
Are any individuals recei	Are any individuals receiving compensation from the facility related through	acility re	ated through	th Vo	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e/Address and on Page 11 of the report
marriage, ability to contr	marriage, ability to control, ownersing, faithly of pushiess association:	C33 4330L		3		
Are any individuals or cc	Are any individuals or companies which provide goods or services,	or servi	es,			
including the rental of pr related through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or bu	to this fe	cility, or business	• Yes O No		
association to any of the	association to any of the owners, operators, or officials of this facility?	of this t	actinty?		I Tes, provide the ronowing information.	wing milding
	- Line of the state of the stat	AĬS	Also Provides		Indicate Where	
		Good	Goods/Services to			
Name of Related	Business Address	Non-R Yes	Non-Related Parties Yes No %**	Description of Goods/Services Provided	in Amual Report Cost Page # / Line # Reported	ost Actual Cost to the orted Related Party
See Attached		0				
Transfer of the state of the st		0	0			
		0	0			
	A management of the state of th	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
Approximation and the state of		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		
Farmington Care Center, LLC	2149-C		9/30/2015	5	37		
If the facility is licensed as CDH and/or RCH o		IDS or TB	I services with special Medic	caid rates,	costs		
must be allocated to CCNH and RHNS as follo	ws:						
Item			Method of Allocation	n			
Dietary		Number of	meals served to residents				
Laundry		Number of	pounds processed				
Housekeeping			square feet serviced				
			hours of routine care provid				
Nursing			classification, i.e., Director (
		Registered	Nurses, Licensed Practical 1	Vurses, Ai	des and		
		Attendants					
Direct Resident Care Consultants			hours of resident care provi	ded by EA	.CH		
			(See listing page 13)				
Maintenance and operation of plant		Square feet					
Property costs (depreciation)		Square feet		,			
Employee health and welfare	M1-2-WIPVTT -	Gross salar					
Management services			e cost center involved				
All other General Administrative expenses			rect and Allocated Costs				
The preparer of this report must answer the fol	lowing quest	tions applic	able to the cost information	provided.			
1. In the preparation of this Report, were all	O Vec	O No	If "No," explain fully why s	such alloca	ation was		
costs allocated as required? • Yes O No not made.							
costs allocated as required? not made.							
1							
			:		<u> </u>		
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.							
	,						
							
3. Did the Facility appropriately allocate and s	self-disallow	direct and	indirect costs to non-nursing	home cos	t centers?		
(e.g., Assisted Living, Home Health, Outpat	tient Service	s, Adult Da	y Care Services, etc.)				
	• Yes	O No	If "No," explain fully why snot made.	such alloc	ation was		
•							
					•		

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.					1020		
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Farmington Care Center, LLC			2149-C	9/30/2015			6 37
	Related * to	d * to					
	Owners,	ers,				7) 46	
	Operators,	tors,	•			Annual	8
er a	Officers	cers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	ofLease	Claimed
Accelerated Care Plus Corp. 4850 Joule Street. Suite A-1	0	0	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	05/18/10	automatic annual	26,757	26,757
Drive MS-100,	0	0	Time Clocks and Payroll Punch Equip	06/01/10	60 Months	8,452	8,452
Canon Financial Services, 14904 Collection Center Drive, Chicago, IL 60693	0	0	Copier	03/02/12	60 Months	2,948	2,948
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	0	0	Copier	03/04/14	48 Months	5,403	5,403
Mail Finance/Neopost New England, 25881 Newtwork Place, Chicago, IL 60673	0	0	Postage Meter Rental		Monthly	916	915
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	0	0	Copier	04/10/14	48 Months	2,115	2,115
	0	0					
	0	0					
	0	0	٠				-
	0	o.	J				100 Oct.

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

o No

O Yes

** 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		rage	27
Farmington Care Center, LLC	2149-C	9/30/2015		7	37
The records of this facility for the p	period covered by this rep	oort were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this	Vod. 94	VAINT II			
portou are barne as for me	Yes	If "No," explain,			
previous period? O	No				
Independent Accounting Firm			0.17		o la
Name of Accounting Firm		Address (No. & Street, City, State, Zip	Code)	06100	
 O'Connor, Davies LLP 		100 Great Meadow Road, Ste 401,	wetnersheld, C1	00109	
2					
3		=			
4					
Services Provided by This Firm (d	escribe fully)				
1 Taxes, financial statements, account	ing support		\$	3,749	
2			\$.,
3	83/6	20 Washington	\$		
4			\$		
4			Charge for	Services Pr	rovided
			\$	3,749	
A M Clause B destad in the Evro	nditure Portion of This Report	? If Yes, Specify Expense Classification and Line No.),		95000
o Yes O No	15D	1 100, opening Emperior	_	70	
Legal Services Information	1100			CONSTRUCT	
Name of Legal Firm or Independe	nt Attorney		Telephone	Number	
1 iCare Health Management, LI			860-570-21	.40	4.0
2 Starble and Harris			860-678-77	175	
3 Lies Prker			202-298-87	750	
4 Various others (American Ar	bitration . Various Arbitra	ation, Murtha Cullina,Robinson))			
5 Starble and Harris, iCare Hea	Ith Management LLC	50000000000000000000000000000000000000			· · · · · · · · · · · · · · · · · · ·
Address (No. & Street, City, State,	Zip Code)				
1 341 Bidwell Street, Manchest					
2 32 Main Street, Avon, CT					
3 2233 Wisconsin Avenue, NW	/ Suite 20, Washington D	C 20007			
4					
5 32 Main Street, Avon, CT &	341 Bidwell Street, Man	chester CT			
Services Provided by This Firm (a	describe fully)				
1 Lease and contract issues, general l			\$	27,496 9,997	
2 Lease and contract issues, general I		e	\$		M.
3 Employment law, arbitrations, cont			\$	17,666	
4 Employment Arbitrations, healthca	re law		\$	4,675	
5 Collections - disallaw			\$	3,718	
			Charge for	Services P	rovided
		4	\$	63,552	98-
Are These Charges Reflected in the Exp.	enditure Portion of This Repor	17 If Yes, Specify Expense Classification and Line N	0.		
N 200 1 2000	15E				
⊙ Yes O No					

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

Schedule of Resident Statistics

Name of Facility Farmington Care Center. LLC			License No. 2149	e No. 2149-C			Report for 9/30/2015	Report for Year Ended 9/30/2015	d.		Page 8	of 37
	*					Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All	Total	Total RHNS	Total NurseFac-				NurseFac-				NurseFac-
	Levels	Level	Level	Aids	Total	CCNH	RHINS	Aids	Total	CCNH	RHINS	Aids
1. Certified Bed Capacity	ç				120	061			120	120		
R On last day of THIS report period	120	120			120	120			120	120		
1					}							
A. As of midnight of PREVIOUS report period	9.8	98			98	86			8	96		
B. As of midnight of THIS report period	06	8			90	90			96	8		
id										1	*********	
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)							<u></u>					
D. Private Pay	2,108	2,108		3	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. 4. for Which Revenue Was Received for Reserved									,			
A. Medicaid Bed Reserve Days												1
B. Other Bed Reserve Days												
5. Total Resident Days (3G+4A+4B)	33,508	33,508			25,342	25,342			8,166	8,166		

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	•		i		ise No.				-	for Year			Page	of
Farmington C	care Cen	ter, LLC		21	149-C					9/30/201	5	1	9	37
		-	in the certified b		ipacity de	ıring t	the repo	ort yea	ır?	0	Yes	•	No	
	, 		f Change		Cł	ange	in Bed	 S		Ca	pacity Afte	r Change		
Date of			NurseFac-Aids		Lost			- Gaine						
Date of	CCNII	KIINS	runaci 20-2 ilga		LAJOE			34110	4			NurseFac-		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Aids	Reason fo	r Change
	(1)	(2)	(3)	7.7	(-)	(0)	(-)	7-7	(-)		********	<u> </u>		
	-													
	<u> </u>													
5 IF41			in certified bed		to duning	, tha t	enort v	anv (n	e venor	ted in iter	n 4 above)	provide the nu	wher of	i
						5 1110 1	Churi	car (a	а горог	100 111 1001	1 40010)	provide are na		
RESIDI	SNT DA	LYS for	90 days followir	ig ine	enange.						<u>j</u>			
										00	יא זו ז	RHNS	NurseF.	an-Aids
			Change in Re	esider	nt Days						NH	KIINS	Tentact	30-7 LIGO
1st chan		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									.,			
2nd char 3rd char				***										
4th chan				···										
		dents an	d Rates on Septe	embei	30 of Co	st Ye	ar							
o, Itanica	011001		Medicare		Medi					Se	olf-Pay		Other Stat	e Assisted
								ĺ				NurseFac-		
	ltem		CCNH		CCNH	R	HNS	C	CNH	RJ	INS	Aids	R,C,H,	ICF-MR
No, of R		S	9		73				8					SCHOOL OF SHIP SHIP SHIP SHIP
Per Dier	n Rate													
a. One	bed rm.													
b. Two	bed rms	ì,	535.00	<u> </u>	235.00	<u> </u>			440.00	ļ	<u></u>			
c. Three	e or mor	re ·												
bed	rms,		<u></u>			<u> </u>								
														NurseFac-
		eni i	1.001	e 4	_					TO	TAL	CCNH	RHNS	Aids
	umber o . Medic		al Therapy Trea	tment	.S					10	5,743	5,743	MINO	11100
A D	Medic	are - Fa oid (By	olusive of Part B	١										
10.	. Ma	intenano	ce Treatments	,							40074570500000	(deland malandalist serios	Notes that the profession of the section	202297000000000000000000000000000000000
			Treatments						•••		891	891		
C	. Other	/74									13,498	13,498		
D	. Total		l Therapy Treat								20,132	20,132		
			h Therapy Treati	nents										
A	. Medic	arc - Pa	rt B		At					50000000	263	263		
В			clusive of Part B)							24.5			
			ce Treatments	····	,			41-11			63	63		
		storative	Treatments					4		<u> </u>	768	768		
	, Other	Cnaach	Therapy Treatm	20115				<u> </u>		 	1,094	1,094		
			pational Therapy		ments				-,,-,					
	, Medic			11000	monw					150000000000000000000000000000000000000	6,204	6,204	Section and the section of the secti	
			clusive of Part B)	******									
			ce Treatments	•									***************************************	
		*****	Treatments								773	773		
	. Other							,.		<u> </u>	12,893	12,893		
D	. Total	Оссира	tional Therapy :	Treati	ments					<u></u>	19,870	19,870		L

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 co	mpensation?	•	Yes	0	No	
			Total Cost a	ıd Hours		
						320.411.000
					NurseFac-	
Item	CCNH	Hours	RHNS	Hours	Aids	Hours
A. Salaries and Wages*						
 Operators/Owners (Complete also Sec. I of Schedule A1) 						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	133,288	2,086	SECOND MONTHS OF THE PROPERTY	Mario Was Mario States.		
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	159,203	7,676		SE VINTERNIS (CANOCIN		Service Service Service
5. Dictary Service						
a. Head Dictitian	17,989 49,236	358 2,086				
b. Food Service Supervisor c. Dietary Workers	361,305		-	·		
6. Housekeeping Service	301,303	20,222				
a. Head Housekeeper	250000000000000000000000000000000000000	320	2 OXX	germanica pare de la constante		
b. Other Housekeeping Workers			T T		V-1000	
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	26.005	1 401				ļ
b. Other Maintenance Workers	26,897	1,491				
8. Laundry Service						
a. Supervisor b. Other Laundry Workers						7
Barber and Beautician Services		322				
10, Protective Services				~ = 0/1		
11, Accounting Services						
a. Head Accountant						-
b. Other Accountants						
12. Professional Care of Residents	216,588	4,164				
a. Directors and Assistant Director of Nurses	210,386	4,104				
b. RN 1. Direct Care	366,247	9,255			a contraction of the section	
2. Administrative**	212,938					
c. LPN						
1. Direct Care	1,002,823	33,999				
2. Administrative**	1,004,000	76.000			ļ	
d. Aides and Attendants	1,304,869	76,039	4	ļ	1	
e. Physical Therapists f. Speech Therapists	**					
g. Occupational Therapists						
h. Recreation Workers	97,763	5,235	3	The second second		
i. Physicians						\$2.04.00
Medical Director						
Utilization Review Resident Care***						
4. Other (Specify)						
4. One (specify)				- PENCHANGUANA		
j. Dentists						
k. Pharmacists						
1. Podiatrists				ļ		
m. Social Workers/Case Management	85,026	3,712	2		-	1
n. Marketing						
o, Other (Specify) See Attached Schedule	40,905	2,312	2	Siparable application		ng Tayon and and and and and and and and and an
A-13, Total Salary Expenditures	4,075,077					

^{*} 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	ΝΉ	RH	NS	NurseFa	ic-Aids
Position	Γ	S	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES		\$ -				\$	
MEDICAL RECORDS SALARIES		\$ 32,215	1,657			\$ -	
CENTRAL SUPPLY SALARIES		\$8,690	655.		1/A, 1	\$	• • • • • •
		549 1 254		# ** ** \$* **	•	1.1	1, 1, 1
		· .			•		(14)
			• •		565		
		180		••••			
<u> </u>							0.00
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			1 1441	- Tani		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	.31.
	1 1						
			-		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13	
		:::			- · · · · ·		
		# 40.00F				\$	
Total		\$ 40,905	2,312	14	<u> </u>	<u> </u>	

Schedule of Other Fees (Page 13)

*		CC	NH	RI	INS	1 - 200	NurseF	ac-Aids
Service		\$	Hours	S	Hours		\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$	11,076	storage + traini			\$		-
ADMISSIONS C/S LABOR	\$	23,855	. 522	. 12	(4)	\$	-	
CENTRAL SUPPLY CONTRACT SERVICE	\$	875	24	12		\$		· -
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$	67,359	. 2,032	12		\$		-
RESPIRATORY THERAPY CONTRACT SERVICES	\$	4,283	. 95			\$	<u> </u>	
	1				·	13		1,557
								* 1.
				- 1, -,	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	-)-15/1	
	•							
1	1		T	3. A		* 11.	Section 1	14.1.
<u> </u>	1	***		*10.1				313
	1			(4)				
	1-	mese it come		3				
	+							*
	\vdash							
	1							
	+						wre	
Total	\$	107,448	2,673	\$ -		\$		-

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*

		7	× 277777 2700 7	X ANALASAN OL COLO COLO		Danout for	Denout for Veer Ended		Dage	, 40
Name of Facility				Tricense No.	•	rot roday	rear miner		, i	5 .
Farmington Care Center, LLC				2149-C	i.	9/30/2015			11	37
		Salary Paid								•
Name	CCNH	RHNS	NurseFac- Aids	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	· -									
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.

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	ADD AD COLLE	* ************************************					-	
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page .	ij
				2149-C		9/30/2015			12	37
Farmingion Care Center, LLC				27.72						
		Salary Paid	ģ	;						
				Fringe Benetits and/or Other		Total			Total	
	-		NurseFac-	Payments	Full Description of	Hours	pref	Name and Address of All	Hours	Compensation
Name	CCNH	RHNS	Aids	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Keceived
Section III - Administrators***										
				same as			•••	-		
Tohn Zazzaro	133,288			empioyees less union funds	Administrator	2,086				
, months 1110 c										
				<u></u>						
						į				
3										
Section 1V - ASSISTant Administrators										
rummati ators	.									
	-									
				-						
										•
4		44								
94-44		•							•	
		1 2 2 1 2 2 2	7 . 11 .	The Residence of the State of t	haritten II. 1 100 oddinon lebasts if remirred	معتنده				

^{*}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 Farmington Care Center, LLC	License No. 2149	0-C	Report for Y 9/30/2015	ear Ended	Page 13	of 37
annington care center, EEC		· · · · · · · · · · · · · · · · · · ·	Total Cost a	nd Hours		-
Item	CCNH	Hours	RHNS	Hours	NurseFac- Aids	Hours
B. Direct care consultants paid on a fee						
for service basis in lieu of salary					100	
(For all such services complete Schedule B1)						
1. Dietitian	14,273	320		****		
2. Dentist						***
3. Pharmacist	6,750	154				
4. Podiatrist		AND THE PROPERTY OF THE PROPERTY OF THE				ekon en sun parkatura (eta
5. Physical Therapy						
a. Resident Care	345,832	5,092		2		2
b, Other		*******		2000		
6. Social Worker		training	not not	Ko, my		
7. Recreation Worker	17,054	76+Cable	1	, ho		
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)						
Pharmaceutical Committee (Quarterly meetings)						
Staff Development Committee (Once annually)	V					
e. Other (Specify) Physician Care Contract Services	19,452	48				
9. Speech Therapist						
a. Resident Care	57,842	672				
b. Other						
10. Occupational Therapist		4.5				
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***					<u> </u> ,	
c. Aides	6,663	398				
d. Other						Contract Con
12. Other (Specify) See Attached Schedule	107,448	2,673				
B-13 Total Fees Paid in Lieu of Salaries	971,269	14,076	5	200000		

^{*} 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	ear Ended	rage	01
Farmington Care Center, LLC	2149-C	T	9/30/2015	<u></u>	14	37
NT g A d d	Euli Eurippotian of Caprica		* to Owners, ors, Officers	Fynla	nation of R	elationship
Name & Address of Individual	Full Explanation of Service	Yes	No No	- Dybiai	manion of IC	
Omnicare	Pharmacy Consulting	0	•			
Tocuhpoints Therapy	Therapy	0	0	Common Own	ership	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	0	0	Common Own	ership	
Healthdrive Physician Services	Audiology, Dental and Podiatry	0	0			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	0	0			
Dr Cagna Richard	Medical Director	0	0			
Dr Jason Ryan	Asst Med Director	0	0			
		0	0			
		0	0			
		0	0			
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		0	0			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

tune or ruenney	ense No.	- 1	Report for Ye 9/30/2015	ar Ended	Page 15	of 37
Farmington Care Center, LLC	2149-C		9/30/2013	11.77.4.73	. 15	77
Item			Total	CCNH	RHNS	NurseFac- Aids
. Administrative and General		No.				
a. Employee Health & Welfare Benefits		2007/100	7.00			
Workmen's Compensation		\$	(40,736)	(40,736)	, market 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
2. Disability Insurance		\$				
3. Unemployment Insurance	111111111111111111111111111111111111111	\$				
4. Social Security (F.I.C.A.)		\$	409,593	409,593		1
5. Health Insurance		\$	680,371	680,371		
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$	220,807	220,807		
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other (<i>Specify</i>)		\$	27,708	27,708		
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
Operators (Discriminatory)					_	
c. Bad Debts*	•	\$	81,371	81,371		
d. Accounting and Auditing		\$	3,749	3,749	-	
e. Legal (Services should be fully described on	Page 7)	\$	63,552	63,552		
f. Insurance on Lives of Owners and		\$		****	2000 100 2000 2000	
Operators (Specify)*						
g. Office Supplies	•	\$	22,303	22,303		
h. Telephone and Cellular Phones	e e e e e e e e e e e e e e e e e e e					
1. Telephone & Pagers		\$	26,183	26,183		
2. Cellular Phones		\$	715	715		
i. Appraisal (Specify purpose and	***************************************	\$				
attach copy)*						
anden copy)						
j. Corporation Business Taxes (franchise tax)		\$	252	252	winer.	
k, Other Taxes (Not related to property - See F	age 22)					
1. Income*		\$		Name and the second second second second		
2. Other (Specify)		\$				
See Attached Schedule		1				
3. Resident Day User Fee		\$	704,846	704,846	1	
Subtotal		\$		2,200,715		

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

*** 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		\$ -
		• ()	
		-	
	·		
		74 V 10 14 15 1	
	·		
			<u> </u>
Total	\$ 27,708	\$ -	\$ -

Schedule of Other Taxes

Description		C	CONH	RH	INS	Nu	seFac- Aids
·				<u> </u>			
					-		
	:			·			-
[otal	, ,	\$	H	\$	-	\$	4

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

Name of Facility	License No.	Report for Y	ear 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		
1. 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		
6. Automobile Expense (not purchase or depre	ciation) \$				
7. Other (Specify)	. \$	578	578	a venera de Californio de Cali	
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 e.	xpenses)***	3		<u></u>	
3. Advertising Other (Specify)***	\$	29,653	29,653	The second secon	
See Attached Schedule					
4. Fund-Raising***	9	3			
5. Medical Records	9				
6. Barber and Beauty Supplies (if this service i	s supplied S	S			
directly and not by contract or fee for service	e)***				
7. Postage	9	2,808	2,808		4
* 8. Dues and Membership Fees to Professional	S	8,734	8,734	SASSES NAME OF THE PARTY OF THE	ra luurin seksiminta kanala kanal
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Al	lowable Org.***	500	500	634	
9. Subscriptions		373	373		
10. Contributions***		\$ 490	490	ASS	2
See Attached Schedule					
11. Services Provided by Contract (Specify and	Complete	106,512	106,512		
Schedule C-2, Page 21 for each firm or indi					
12. Administrative Management Services**		\$ 242,119	242,119		
13. Other (Specify)		\$ 35,628	35,628		sa apostoro anticolorio
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		NurseFne- Aids		
EALS	\$	578			S	-		
						- 34		

-					-			
Total Other Travel and Entertainment	\$	578	\$		S			

Schedule of Other Advertising

Description	(CONH	RII	INS	ieFnc- ids
COMMUNICATIONS SPECIAL EVENTS	\$	29,653	/		\$ -
Total Other Advertising	\$	29,653	\$		\$

Schedule of Dues

Description		CCNH	RHN	IS		eFac- ids
Dues	2000				-	
CAHCF Dues	\$	8,733.80			\$	- :_
OTHER DUES					-	
	-					
						16
	_					
Total Dues	\$	8,734	S	-	\$	•

Schedule of Contributions

Description	С	CNH	RHI	NS		seFnc- ids
CHARITABLE CONTRIBUTIONS	\$	490			\$	
Total Contributions	\$	490	\$. \$	-

Schedule of Other Administrative and General

Description		CONH	RHNS'		sel'nc- Aids
SOCIAL SERVICE SUPPLIES	s .			\$	v.
SOC SYC MINOR EQUIPMENT	\$			S	
ADMINISTRATIVE MINOR EQUIPMENT	\$	1,458		S	•
EMPLOYEE RELATIONS	. \$	6,241	1	\$	
EMPLOYEE RELATIONS-OTHER	\$	1,524	12	\$	
PERMITS & LICENSES	\$	1,835	-	\$	
VOLUNTEER EXPENSE	\$		in the second	\$	
BANK FEES	\$	12,546	155	\$	
CMS REVISIT USER FEES	\$	-	-11	8	٠.
PENALTIES	\$	10,330	/	\$	
LATE FEES	\$	1,694		\$	•
Rounding				-	
•			44.2	-	1
			3020	-	
Total Other Administrative and Coneral	\$	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 iCare Management, LLC/iCare Health Management, LLC	Cost of Management Service 242,119	Full Description of Mgmt. Service Provided Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Indicate Where Costs are Included in Annual Report Page #/Line # 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)

		N		n Page 5)				· · · · · · · · · · · · · · · · · · ·		
Nan	e of Facility		Licens			port for Y	ear Ended	Page		of
Farn	ington Care Center, LLC			2149-C	9/30/2015			18		37
	Item			Total		CCNH	RHNS	Nurs	еFа	c-Aids
2.	Dietary									
	a. In-House Preparation & Service									
	1. Raw Food		\$			195,586				
	2. Non-Food Supplies		\$		ļ	15,592				
	3. Other (Specify)		\$	20,294	1 2000	20,294				
	DIETARY SUPPLEMENTS									
	b. Purchased Services (by contract other		\$	(743)		(743)		a 2015/00/00 00 14	Kadharan	
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)								4-5	
	c. Management Services**		3		<u> </u>			<u> </u>		
	d. Other (Specify)		. \$	2,502	1 255 Sec.	2,502			ener.	
,	DIETARY MINOR EQUIPMENT									
2E,	Total Dietary Expenditures $(2a+b+c+d)$			233,230		233,230		<u> </u>		
2F.	Dietary Questionnaire			Total		CCNH	RHNS	Nur	seFa	ıc-Aids
G.	Resident Meals: Total no. of meals served per	da	y:*	275		275		<u> </u>		
H.	Is cost of employee meals included in 2E?	0	Yes	•	No)				
I,	Did you receive revenue from employees?	0	Yes	0	No)	If yes, specify amt.			
J.	Where is the revenue received reported in the	Co	st Repo	rt? (Page/Line	Iter	n)				
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	******	Yes		No		If yes, specify cost.			
L.	Is any revenue collected from these people?	0	Yes	•	No)	If yes, specify amt.			
M.	Where is the revenue received reported in the	Co	st Repo	ort? (Page/Line	Itei	n)				
<u> </u>	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	o	If yes, specify cost.			
О.	Is any revenue collected from employees?	0	Yes	•	N	0	If yes, specify amt.			
Р.	Where is the revenue received reported in the	. Co	st Repo	ort? (Page/Line	Ite	m)				

^{*} 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		Report for Y	ear Bnded	Page of
Farmington Care Center, LLC	2	149-C	9/30/2015		19 37
Item		Total	CCNH	RHNS	NurseFac-Aids
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.	362	362		
gowns and other resident care items washed, ironed, and/or processed.***	Amil. D	,02	302		
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 than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	265,239	265,239		
c. Management Services**	\$				
d. Other (<i>Specify</i>) 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? 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 Cos	t Report	?	(Page/Line	ltem)	
Is Cost of laundry provided to persons other	Yes	•	No	If yes, specify cost.	
K. Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.	
L. Where is the revenue received reported in the Cos	t 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)

Nan	e of Facility	License No.	Repo	rt for Year Er	ided	Page	of
Farr	nington Care Center, LLC	2149-C		9/30/2015		20	37
	Item			Total	CCNH	RHNS	NurseFac-
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel		1			
	1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt.	\$	26,265	26,265		
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel		_ 1			
	(Complete Schedule C-2 att. Page 21)	Amt.	\$	266,715	266,715		
	c. Management Services*	Land mental re	\$				
	d. Other (Specify)		\$				
	HOUSEKEEPING MINIR EQUIP	MENT	STINION.				
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	292,981	292,981		
5.	Resident Care (Supplies)**		400				
30.502	a. Prescription Drugs***						
	1. Own Pharmacy		\$		1973/00 X70257, 00		ALLEN TO THE PARTY OF THE PARTY
	2. Purchased from	_	\$	171,736	171,736	-AE'S	
	OMNICARE PHARMACY						
	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	RET	
	2. Other***		\$			/	
	f. X-rays and Related Radiological		\$	10,570	10,570		SA SAMO CON DUNCTIONS
	Procedures***						
	g. Dental (Not dentists who should be inc	cluded under	\$		nens en manuel and de la		
	salaries or fees)		ne a g			, , , , , , , , , , , , , , , , , , , ,	
	h. Laboratory***		\$	9,995	9,995		
	i. Recreation		\$				
	j. Other (Specify)****		\$	247,769	247,769		
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a -	5j)	\$	514,376	514,376		1

^{*} 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

<i>y</i>		DANNIC	NurseFac- Aids
Description	CCNH	RHNS	
NURSING ADMIN SUPPLIES	\$ 696	16 m13	\$ -
NURSING MINOR EQUIP	\$ 6,121		ф -
MEDICAL RECORDS SUPPLIES	\$		5 -
MEDICAL RECORDS MINOR EQUIPMENT	Ψ	· · · · · · · · · · · · · · · · · · ·	\$ 7
MANAGEMENT ALLOCATIONS - DIRECT	\$ 90,672		\$ -
NON-COVERED PPS DR. VISITS	\$ 633	••	\$ -
RESIDENT CARE SUPPLIES	\$	**	\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 10,311	e	\$ -
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	. \$	g 180 g, a	\$ -
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	\$	d., 1	\$
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 25,939	<i>f</i> :	\$
IV THERAPY CONTRACT SERVICE	\$ -	3	\$ -
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	\$ -		\$ -
	or model		
·			
Total Other Resident Care	\$ 247,769	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended				Page 21	of 37
Farmington Care Center, LLC				O / L 17	2,000					
		Related ** to Owners,	o Owners,							
		Operators, Officers	Officers		i		otal Cost	Total Cost/Page Ref.***	. -	
Name of Individual or Company	Address	Yes	Š,	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	NurseFac- Aids	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	0	0	VENDOR	Housekeeping Services	265,528			20	4
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	0	0	VENDOR	Laundry Services	264,058			19	35.
Eagle Elevator		0	0	VENDOR	Elevator Contract	4,063			77	6F
Bioserve, Inc.		0	0	VENDOR	Medical Waste	1,010			22	134 1
The Brickman Group/ Twin		0	0	VENDOR	Snow Removal/Landscaping	20,728			22	6F
CWPM - Recycling	Box 415, Plainville, CT 06062	0	0	VENDOR	Trash removal	28,661			22	GF.
American Health Tech		0	0	VENDOR	Software Maintenance Contract	17,820			16	MII
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	0	0	VENDOR	Payroll Services	35,476			16	M11
National Datacare Corp		0	0	VENDOR	Resident Trust Software	1,728			16	MII
Prime Care Technologuy services		0	0	VENDOR	Computer Consulting Services	26,685			91	16 M11
Priotiry Express		0	0	VENDOR	Courier Services	4,453			16	16 Mil
Point Right Inc		0	0	VENDOR	Nursing Software	4,680			16	M11
		0	0	VENDOR						
		0	0	VENDOR	The second secon					

^{*} 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 L	icense No.	Report for Yo	ear Ended		Page	of
Farmington Care Center, LLC	2149-C	9/30/2015			22	37
Item		Total	CCNH	RHNS	Nursel	ac-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		ļ <u>.</u> .	
d. Water	\$	28,039	28,039			
e. Equipment Lease (Provide detail on page	ge 6) \$	46, 590	46,590			
f. Other (itemize)	\$	106,675	106,675	THE STATE OF THE PARTY OF THE STATE OF THE S	m 40000mm/ms/color	
See Attached Schedule						
6g. Total Maint, & Operating Expense (6a - 6	f) \$	320,361	320,361			
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$		40.01.05			·
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 les	SS					
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			

^{*} 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		\$ -
	;			
	1			
				!
Total Other Repairs and Maintenance	\$	106,675	\$ -	\$ -

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Depreciation Schedule

Name of Fasility Support State Support S				Deptectation Schedus	a mona	a carro				1	ľ
State Continue C	Name of Facility		<u></u>	icense No.			Report for Year E	nded		Page	oţ
Part	Farmington Care Center, LLC			2149.	ņ		9/30/2015			23	37
Excitated prince to this report period Land Improvements Land Improv				Historical	,		Accumulated	A factory of			
Land Improvements				Cost Exclusive of	Salvage	Cost to Bc	Beginning of	Computing	Useful	Depreciation	
Land Improvement Carbon Control	Property Item			Land	Value	Depreciated	Year's Operations		Life	for This Year	Totals
1. Acquired during this report period (crucia solecule) 2. Disposals (crucia solecule) 3. Dis	Land Improvements										
2. Disposals (structs to briedle) 3. Acquired during this report period (structs exchals) 4. Acquired structs that exchals) 4. Acquired structs that exchals 4. Acquired structs this report period 4. Acquired structs that exchals 4. Acquired structs that exchals 4. Acquired structs this report period 4. Acquired structs that exchals 4. Acquired structs that exchals the exchals stabelle) 4. Acquired structs that exchals structs that exchals 4. Acquired structs that exchals the exc											
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2. Disposals (attach schedule) 3. Adouted during this report period (attach schedule) 4. Adouted during this report period (attach schedule) 5. Adouted during this report period (attach schedule) 5. Disposals (attach schedule) 6. Disposals (attach schedule) 7. Adouted during this report period (attach schedule) 7. Adouted during this report period (attach schedule) 8. Disposals (attach schedule) 8. Disposals (attach schedule) 9. Adouted during this report period (attach schedule) 9. Disposals (attach schedule) 9. Disposals (attach schedule) 9. Adouted during this report period (attach schedule) 9. Subtoal 1. Disposals (attach schedule) 9. Adouted during this report period (attach schedule) 9. Ado							ļ				
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1. Acquired prior to this report period (attach schedule) 2. Disposals (attach schedule) 4. Subtotal 4. Subtotal 4. Subtotal 4. Subtotal 5. Acquired during this report period (attach schedule) 5. Acquired during this report period (attach schedule) 6. Acquired during this report period (attach schedule) 7. Movable Equipment 8. Acquired during this report period (attach schedule) 8. Acquired during this report period (attach schedule) 9. Acquired during this report period (attach schedule) 6. Acquired during this report period (attach schedule) 6. Acquired during this report period 7. Acquired action 8. Disposals (attach schedule) 9. Acquired acquired during this report period 6. Acquired during this report period 7. Acquired acq											
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Subtoral Less Less Depreciation to Depreciation Dep	2 Disposals (attach schedule)		_								
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Is a mileage Is a	S S										
Morable Equipment Traintained? Acquisition Cost Less Depreciation to Method of Salvage Cost to Be Beginning of Computing Useful Depreciation Life for This Year Total Depreciation Life Salvage Cost to Be Beginning of Computing Life for This Year Total Depreciation Life Salvage Cost to Be Beginning of Computing Life for This Year Total Depreciation Life Salvage Cost to Be Beginning of Computing Life Salvage Cost to Be Beginning of Computing Life Salvage Life Salvage Cost to Be Life Salvage Life Salvage Cost to Be Life Salvage Salvag			. of	Historical			Accumulated				
Movable Equipment Yes No Amonth Yes No Amonth Yes No Amonth Yes Land Yalue Depreciation Life for This Year Total Depreciation 1. Movable Equipment I. Motor Vehicles (Specify name, model Image: Comparition of the companies of the compani	법		sition	Cost	Less		Depreciation to	Method of			
Movable Equipment Yes No Mouth Year Latitud Year Year Latitud Year		;	;	Exclusive of	Salvage	Cost to Be			Useful	Depreciation for This Year	Totals
Morable Equipment Morable Equipment Activated Specify name, model Activated Specify name, not		o N	Year	Land	value	Deprecialed	- 3		7117	100	2007
a. a. Acquired prior to this report period a. Acquired during this report period Acquired during this report period <td></td>											
c. c. d. 2. Movable Equipment 4. Mov	и . с										
d. d.<	3										
2. Movable Equipment 2. Movable Equipment 4949,851 949,851 632,368 73,105 a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) c. Acquired during this report period c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this report period (attach schedule) c. Acquired prior to this period (attach schedule)	7					SMRS-ULLS CAPTER NO.	A CONTRACTOR OF THE PROPERTY O	NOTECH SACRETURE PROBLEMS AND	S. S		
a. Acquired prior to this report period 949,831 949,831 949,831 034,303 73,102 b. Disposals (attach schedule) c. Acquired during this report period 26,291 2,425 3. Subtotal Total Depreciation 2,425	X									301 02	
b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) 3. Subtotal Total Depreciation				949,851		949,851	632,368			73,103	
c. Acquired during this report period 26,291 2,425 3. Subtotal Total Depreciation			152701405								
3. Subtotal Total Depreciation	c. Acquired during this report period (attach schedule)			26,291						2,425	
Total Depreciation	D-3. Subtotal										75,530
											055,67

Farmington Care Center, LLC 9/30/2015

Schedule of Land Improvements Acquired during this report period

required ouring this report period		a.	Useful	Damusalation
Description of Item	····	Cost	LATE	Depreciation
				<u> </u>
		12.4.24.4.1		:
				
ments	s	-		\$.
ments				+
				
ments .	- 6	!		- S
	Description of Item	Description of Item Sments	Description of Item Cost Sments \$ -	Description of Item Cost Lafe Siments \$ -

^{*}Ties to Page 23, Line A3

^{**}Tics to Page 23, Line A2
Schedule of Building Improvements Acquired during this report period

Seneaule of Building Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			,	
		137 137 177		
		10000	1	1 1
				· · · · ·
			1700	
Fotal additions for I	Building Improvements	\$	3.11	\$: : -
Deletions:				
		, ,		
	· · · · · · · · · · · · · · · · · · ·	3.3.3		
50 1 3 T 1 1 6 70	Building Improvements	\$ -		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Desc	eription of Item			Cost	Uscful Life	Depree	iation
Additions:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
							_	<u> </u>
								·
						L		
	,							
Cotal additions for N	on-Movable Equipment	, .		\$		·	\$	
Deletions:							_	
			<u> </u>	·	11.00	·,	* * 1	
				1.1		,		<u>: .</u>
			÷			111		
				- · · ·			;:	.1
-					•			• •
					,			
OF Aut deletions for M	on-Movable Equipment			- \$			\$	-

^{*}Ties to Page 23, Line C3

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

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

Useful

Useful

Schedule of Moyable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	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		\$. 209
5/28/2015	Upgrade Dryer: Proline	\$ 2,735	120	\$ 91
11/30/2013	Desktops -Prime care	\$ 2,439	. 36	\$ 610
Total additions for	r Movable Equipment	\$ 26,291		\$ 2,425
Deletions:				
Total deletions for	r Movable Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation)II
Additions:			: 100	A 1/	-
11/3/2014	Installed VOIP System: Cointech 21 LLC	\$ 1,941	120		62
12/8/2014	Installed Asphalt Pad: City Paving Co	\$ 3,297	120	\$ 24	
1/15/2015	Electric Base board: Precision electric	\$ 2,552	180	\$ 1	
4/1/2015	Upgrade Electric Wiring: S&S Wired	\$ 3,829	240	\$	80
				7.5	
					_
		_		.:	
The Addition for Localistic Improvement \$ 11,619	X	ø 6	02		
Total additions fo	r Leasehold Improvement	\$ 11,619		\$ 6	04
Deletions:					
				ν;	$\overline{}$
		-		· · ·	
		 			
	r Leasehold Improvement	\$ -		\$ -	-11

^{*}Ties to Page 24, Line C3

120=10-10-15 180=15-10015 240=20-40015

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

^{**}Ties to Page 24, Line C2

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

Amortization Schedule*

		Y Secretary		Denort for Vear Ended	- Ended		Раое	JC.
Name of Facility Farmington Care Center. LLC		License Inc. 2149-C		9/30/2015			24	37
Convey a				Accumulated				
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for		1	
		Length of	Cost to Be	Year's	Computing	Rate	Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense	,			•			34-40-14	
1. Organization Expense		5	2,728	2,728				
2.								
**								
A.A. Subtotal								
B Mortogoe Expense								
7.								
							And the state of t	
B-4 Subtotal								C. L. S. C.
C. Leasehold Improvements and Other							6	
I. Acquired prior to this report period			1,345,462	545,315			120,812	
2. Disposals (attach schedule)			This state of the	TANK MANAGEMENT OF THE PROPERTY OF THE PROPERT		Ontable Corresponden		
3. Acquired during this report period								
(attach schedule)			11,619	Albert (Calabase and Section 2005)		S INSTRUCTION OF STREET	709	7.17.107
C.4. Subtotal								121,415
D. Total Amortization								121,415
* Ctroight-line method must be used								

* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year En	ded		Page	of
Farmington Care Center, LLC	2149-C	9/30/2015			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the	e Facility		_		If "Yes," comple	ete Part B.
or leased from a Related Party?*	© O	Yes	0	No	If "No," complet	
*If any owner or operator of this fa	oility is related by family a	narriage ownershin ahil	lity to control or		,	
business association to any person	or organization from whom	buildings are leased, the	en it is considered			
a related party transaction.						
Description		Total				
 Date Land Purchased 		12/01/03				
2. Date Structure Completed						
If NOT Original Owner, Date	e of Purchase	12/01/03				
4. Date of Initial Licensure		12/01/03		5.630		
5. Total Licensed Bed Capacity		120				
6. Square Footage						
7. Acquisition Cost						
a. Land b. Building		- 				
	uting	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mort	раре
Part B - Owner and Related Pa 1. Financing	rues	1st Wortgage	Zita ivioregage	STG IMIOLOGUSC		
a. Type of Financing (e.g., f	ived variable)	Fixed HUD				C Particle Statement
b. Date Mortgage Obtained	inod, variable)	05/30/13		<u> </u>		
c. Interest Rate for the Cost	Year	335,00%				
d. Term of Mortgage (numb		26				
e. Amount of Principal Born		2,102,000				
f. Principal balance outstan		1,984,041				
Complete if Mortgage was						
During Current Cost Yo						
g. Type of Financing (e.g., 1	fixed, variable)					
h. Date of Refinancing					ļ	L-12-42-
 New Interest Rate 						
j. Term of Mortgage (numb						~~··········
k. Amount of Principal Born				ļ		
Principal Outstanding on		<u> </u>		L		
Part C - Arms-Length Leas			y Deta of Lagra	Tarm of Lance	e Annual Amour	nt of Lease
Name and Address of Lesso	or Pro	operty Leased	Date of Lease	Telli Of Lens	Amiual Amoui	III OI LICHIO
		_ 	 			
	į į			1		
			<u> </u>	<u> </u>	<u></u>	

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
Farmington Care Center, LLC	2149-C		9/30/2015			26	37
				G CY HY	Bible)) }	A ! #_
Item			Total	CCNH	RHNS	NurseF	ac-Aigs
12. Interest	(0.3) 36 11		1				
A. Building, Land Improve	ment & Non-Movabl	le					
Equipment		\$,	 			
1. First Mortgage Name of Lender	<u> </u>	Rate		1			
Name of London							
Address of Lender		<u> </u>					
2. Second Mortgage		\$					57.55.20
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Traine of Bondon		1					
Address of Lender							
		.					
4. Fourth Mortgage							
Name of Lender		Rate					
			_				
Address of Lender						100	
B. CHEFA Loan Informati							
Original Loan Amou		9					
2. Loan Origination Da							
3. Interest Rate %							
			-				
4. Term		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
5. CHEFA Interest Exp		<u> </u>	<u> </u>	<u> </u>	<u> </u>	-	
12 B7. Total Building Interest Exp	ense (A1 - A4 + B5)	<u> </u>	v Subtotals		<u> L</u>	

(Carry Subtotals forward to next page)

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

Name of Facility Farmington Care Center, LLC	License No. 2149-C		Report for Ye	ear Ended	***	Page of 27 37
Turrington care contor, EEC						
It	em		Total	CCNH	RHNS	NurseFac-Aids
	Subtotals Bro	ought Porward:				
12. C. Movable Equipment				ļ		
1. Automotive Equipm		\$				
A. Item	Rate	Amount			G 45 GF	
Lender	<u> </u>	1				
Address of Lender		,				
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
D. 10m						
Lender						
				-		
Address of Lender						
12. C. 3. Total Movable Equi	ipment Interest					
Expense (C1 + 2)	(A 10)		10,819	10,819		
12. D. Other Interest Expense	(Specify)	4	10,619	10,017		
INTEREST			400			
13. Total All Interest Expense	(12B7 + 12C3 + 12)	D) \$	10,819	10,819		
14. Insurance		*				
a. Insurance on Property	(buildings only)		6,842	6,842		
b. Insurance on Automob	iles		8		APA-A	
c. Insurance other than P		l above)				
1. Umbrella (Blanket)			38,725	38,725		
2. Fire and Extended (Coverage		\$ 0.000	2 202	<i></i>	
3. Other (Specify)			2,293	2,293		
14d. Total Insurance Expendit	ures (14a + b + c)		\$ 47,860	47,860		
15. Total All Expenditures (A	10 1 0 10		\$ 10,044,294			

D. Adjustments to Statement of Expenditures

	e of Fa			Lic		Report for Ye	ar Ended	Page		of
Farm	ington	Care	Center, LLC	<u>L.</u>	2149-C	9/30/2015		28		37
			,		Total					
	Page				Amount of	G CD IX	DIDIG	Nurse	a Do o	A : .1
No.			Item Description		Decrease	CCNH	RHNS	Nurs	erac	-Alas
Page	10 - S	alarie	es and Wages					4 70		
1.			Outpatient Service Costs	<u>\$</u>						
2.	<u> </u>		Salaries not related to Resident Care	\$			<u> </u>			
3,			Occupational Therapy	\$		<u> </u>		<u> </u>		
4.			Other - See attached Schedule	\$						
	13 - I		sional Fees							
5,	ļ		Resident Care Physicians **	\$	^					
6.	ļ		Occupational Therapy	\$						
7.	<u></u>		Other - See attached Schedule	\$						
		16 -	Administrative and General	ф						
8.			Discriminatory Benefits	\$		01 271				<u> </u>
9.			Bad Debts	\$		81,371				
10.	ļ		Accounting & Legal	\$				<u> </u>		
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				1			
			universities for tuition and related costs		3.00					
			for owners and employees	\$						
16.			Travel for purposes of attending							
		}	conferences or seminars outside the							
			continental U.S. Other out-of-state							
	<u> </u>		travel in excess of one representative	\$		<u> </u>		 		
17.		<u></u>	Automobile Expense (e.g. personal use)	\$		20.660		1		
18			Unallowable Advertising *	\$		29,653	<u> </u>			
19			Income Tax / Corporate Business Tax	\$				 		
20			Fund Raising / Contributions	\$				 		
21			Unallowable Management Fees	4				-		
22			Barber and Beauty	9		101050		 		
23			Other - See attached Schedule	9	104,260	104,260				
Page	e 18	Dietar	y Expenditures							
24	. -		Meals to employees, guests and others							
			who are not residents		8					
Pag	e 19 -	Laune	dry Expenditures							
25			Laundry services to employees, guests							
		<u> </u>	and others who are not residents		6					
Pag	e 20 ~	House	ekeeping Expenditures							
26	~		Housekeeping services to employees, guests							
	}		and others who are not residents		\$			<u> </u>		
1			Subtotal (Items 1 - 26	<u>) </u>	\$ 215,284		forward to nex			

* 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	NurseFac-Aid:
		<u> </u>		
		_,	· .	
	·			
				
Fotal Other Salaries Adjustment		\$ -	\$ -	

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	<u>CCNH</u>	RHNS	NurseFac-Aids
1.0		N	\$ -		\$ -
16	· Julium	Management fee over cost			
,					
				. · ·	1.1.
	-			X + 2+	
Total Othe	r Fees Adj	ustments	\$ -	\$ -	<u> </u>

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	1			
	rounding		0	*	
	PROVIDER USER FEE FOR MEDICARE DAYS		92,235.76	-	
		T			
Total Othe	r A&G Adjustments	\$	104,260	\$ -	\$ -:

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

N.T.	C.E.	1114	D. Adjustments to Statemen		ense No.	Report for Y		Page		of
	of Fa	•		L/IV	2149-C	9/30/2015	Our Lindou	29		37
rarm	ingion	Care	Center, LLC		Total	773072013			<u> </u>	
	D	T !			Amount of	1				
- 1	Page	,	Item Description		Decrease	CCNH	RHNS	Nurs	eFac-	Aids
No.	No.	No.	Subtotals Brought Forward	\$		215,284	701110	Tturo		
D = = 1	20 5			φ	213,284	213,204				
	20 - N		nt Care Supplies*** Prescription Drugs	\$						
27.			Ambulance/Limousine	_ *	4,499	4,499				
28.			X-rays, etc	\$	10,570	10,570	· · · · · · · · · · · · · · · · · · ·			
29.			Laboratory	<u></u> \$		9,995				
30.			Medical Supplies	<u>φ</u> \$, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
31.			Oxygen (non emergency)	\$		1				
32.				<u> </u>					-	
33.			Occupational Therapy Other - See Attached Schedule	φ.	1,188	1,188				
34.	20 1			φ	1,108	1,100				
	44 - 11	4 ainte	enance and Property Excess Movable Equipment Depreciation							
<i>35</i> ,			See Attached Schedule	\$					A STATE OF THE PARTY OF THE PAR	
0.5				φ						
36.			Depreciation on Unallowable	\$						
			Motor Vehicles	ф.						
37.			Unallowable Property and Real	ď						
	ļ		Estate Taxes	<u>\$</u>						
38.	ļ	ļ	Rental of Building Space or Rooms	<u></u> \$		 				
39,	L	<u></u>	Other - See Attached Schedule	Ф						
	27-1	nsura						222000		
40.	ļ		Mortgage Insurance	\$				1		
41.	<u></u>	<u></u>	Property Insurance	- 7						
	r - Mi	scella		•						
42.			Research or Experimental Activities	\$				 		
43.	<u> </u>		Radio and Television Revenue	<u>\$</u>						
44.			Vending Machine Revenue	4			 			
45.	<u> </u>		Purchase Discounts and Allowances	<u>\$</u>				 	· · · · - · · ·	
46.	<u> </u>	ļ	Duplications of functions or services	4						
47.			Expenditures made for the protection,						10	
			enhancement or promotion of the	đ						
			providers interest	9				 		
.48,	-	ļ: <u>-</u>	Interest Income on Accounts Rec	. 4						
49.			Other (include personnel and other							
		ļ	costs unrelated to resident care) - See	4	7	7				
	<u></u>	<u> </u>	Attached Schedule		5 7					
		rofit I	Providers Only							
50.	4		Building/Non Movable Eq. Depreciation							
ļ			Unallowable Building Interest -							
Ĺ	<u></u>		See Attached Schedule		5	0.11.540	 	 		
51	. Tota	l Amo	ount of Decrease (Items 1 - 50)	, i	241,542	241,542	.l	<u> 1</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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	C	CNH	RHN	S	NurseF	ac-Aids
20	5J	NON-COVERED PPS DR. VISITS		633,46			<u> </u>	
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)		484			ļ	
13	B9A	ST- Resident Care (for outpatent therapy - see schedule)		-			<u> </u>	
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)		70			ļ	
							 	
					ļ		 	
								•
							-	
Total Othe	r Ancillar	y Costs	\$	1,188	\$		12	

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description			 CCNH	RHNS	NurseFac-Ai
×		<u> </u>	·····		 		
				 		;	
		A.P.W		 	 		
		<u>,,',,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		 	 		
				 	 		
		4.31,		 	 	 	
				 	 	 	
				 	 <i></i>	-	
Total Exce	ss Movable	Equipment Depreciation		 	3 -	1 4	1.9

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aid
i ngo ixox	2000 1000				
					<u> </u>
				•	
			:		-
m 4.1.04	Duna wante	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	- Annual of the last	
22	6A	Repair&Maint (for outpatient therapy see schedule)	1		
					· · ·
				-	ļ <u></u>
					<u> </u>
Total Othe	r Adjustm	ents	\$ 7	\$ -	<u> \$ - </u>

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description					CCNH	RHNS	NurseFac-Aids
I ligo Itol		1	*****		11.				4 4
		· · · · · · · · · · · · · · · · · · ·	;	· · · · · · · · · · · · · · · · · · ·	***	10.43	1 11 1		. 1
<u> </u>			** .						:
				· · · · · · · · · · · · · · · · · · ·		:			1 1 1 1 1 1 1 1 1
				······································					
<u> </u>		<u></u>					 		
<u> </u>		 					-		
		 					 		
		 					 		-
	<u> </u>	<u></u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		<u></u>	 •		- 8 -
Tetal Una	llowable B	uilding Interest					<u> </u>	1 4	

F. Statement of Revenue

Name of Pacility	License No.		Report for Ye	ear Ended		Page	of
Name of Facility Farmington Care Center, LLC	2149-C		9/30/2015		ľ	30	37
Parintigion Care Conter, 151.0	1 12					od-	
,	Item		Total	CCNH	RHNS	NurseFa	c-Aids
I. Resident Room, Board & Routine							
1. a. Medicaid Residents (CT onl.		\$	6,252,417	6,252,417		Action of the Control	
b. Medicaid Room and Board		\$.,,				
2. a. Medicaid (All other states)	Contravent / moreneo	\$					******
b. Other States Room and Boar	rd Contractual Allowance **	\$			****		
3. a. Medicare Residents (all incl		\$	2,211,546	2,211,546			
b. Medicare Room and Board		\$					
4. a. Private-Pay Residents and C		\$	1,080,964	1,080,964			
b. Private-Pay Room and Boar		\$					
II. Other Resident Revenue	d Contracted 2thorance	- 1					
·		\$	162,977	162,977	STATES OF STATES OF STATES		
a. Prescription Drugs - Medica b. Prescription Drugs - Medica		\$	(162,977)	(162,977)			
	······································	\$	24,753	24,753		,,	
c. Prescription Drugs - Non-M		\$	(24,753)	(24,753)		*	
	ledicare Contractual Allowance **	\$	(27,100)	(21,733)			
2. a. Medical Supplies - Medicar		\$	<u> </u>				
b. Medical Supplies - Medicar		\$					
c. Medical Supplies - Non-Me		\$					
	dicare Contractual Allowance **	\$	536,878	536,878	<u> </u>		
3. a. Physical Therapy - Medicar		<u>.</u> \$	(417,658)	(417,658)		.,	
b. Physical Therapy - Medicar			·	85,765			
c. Physical Therapy - Non-Mo	edicare	\$	85,765 (95.765)	(85,765)			
	edicare Contractual Allowance **	\$ \$	(85,765) 84,362	84,362	<u> </u>	<u></u>	
4. a. Speech Therapy - Medicare		\$.,	(66,424)	<u> </u>		
b. Speech Therapy - Medicare			(66,424)	11,034	-		
c. Speech Therapy - Non-Med		\$		(11,034)		·	
	licare Contractual Allowance **	\$ \$		541,873			
5. a. Occupational Therapy - Mo			1				
	edicare Contractual Allowance **	\$		78,084	·	 	
c. Occupational Therapy - No		\$				 	
1	on-Medicare Contractual Allowance **	\$	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	41,590	<u>'</u>		
6. a. Other (Specify) - Medicare		<u>\$</u> \$		50,707	-	-	
b. Other (Specify) - Non-Med			f			<u> </u>	
III. Total Resident Revenue (Section	on I. thru Section II.)	ф	9,892,500	9,892,500			
IV. Other Revenue*		4.					
1. Meals sold to guests, employe		\$	1	 		 	
2. Rental of rooms to non-resider	nts	\$	1	. 		 	-
3. Telephone		\$	 	 		 	
4. Rental of Television and Cable	e Services -	\$	<u> </u>	 	 	 -	
5. Interest Income (Specify)		- \$		ļ		 	
6. Private Duty Nurses' Fees		\$	<u> </u>	 		-	
7. Barber, Coffee, Beauty and G	ist shops	- \$,
8. Other (Specify)		\$		-			
V. Total Other Revenue (1 thru 8)		\$	5,760	5,760	 		
VI. Total All Revenue (III +V)		\$	9,898,260	9,898,260		1	

^{*} 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	CCNII	RIINS	NurseFac-Ain
	Liib Medicare	\$ 12,297		ļ
	Lab Medicaro CA	\$ (12,297)		<u> </u>
	Oxygen Medicare	\$ 227		
	Oxygen Medicare CA	5 (227)		ļ
	Equipment restal	\$ 5,371		
	Equipment rental CA	5 (5,371)		
	Pen Therapy	<u> </u>		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare			<u> </u>
	Therapy Beds Medicare CA	S		
	Radiology Medicare	\$ 8,311		ļ
	Radiology Medicare CA	\$ (8,315)		
	IV Therapy	\$ 24,125		
	IV Therapy CA	\$ (24,125)		
	Medical Transportation			<u> </u>
	Medical Transportation CA	2		
	Glucose lesting	\$		ļ
	Glucese testing CA	s ·		·
	Outpatient therapy Medicare	5 41,590		<u> </u>
Total Offic	or Resident Revenue - Medicare	\$. 41,590	s -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Oxy Ox: Egg Egg Per Per The The Rain Rain Mee Mc Gli			-	17) 21 21) 64	2	:
La Oxy Oxy Egg Per Per The The Rox Mee	b CA vgen CA ilpnoeu rendal inpnoeu rendal CA Thorapy		\$ 3 \$ (3 \$ 7.5	17) 21 21) 64		<u>:</u>
Oxy Ox: Egg Egg Per Per The The Rain Rain Mee Mc Gli	ygen CA Jeposeut reotal Jeposeut reotal CA Therapy	3	\$ (3 \$ 7.5	21)		<u>:</u>
Ox: Egg Egg Per Per Tils Tils Ris Ris Mee	ygen CA Alpaseut reufal ignaeut reufal CA Therapy		\$ 7.5	04	- -	<u>-</u>
Egu Egu Per The The Ras Ros Mc	ilpnoeut rental ripnoeut rental CA Therapy				}	
Equipment Equipm	ripment rental CA Therapy		2 17.5			
Per Per Tis Tis Ras Ros Me	Тіўстару		4.44	04)		
Per The The Rac Mc Mc			<u>s</u> .			
The The Rese Mc			3 :			
The Rac Rac Mc Mc Gli	rapy Beds		\$		ļ	
Ras Ras Mc Mc	erapy Beds CA		1		ļ	
Ros Mc Mc Gli	ljology			22		
Me Me Glu	liology CA		\$ (6	(22)		
Mc Glu	dical Transportation		\$ -	<u> </u>		
Gli	dical Transportation CA	·	\$.			
	Koso Testing		\$			
	icose Testing CA		5	·		
	Дегору		\$ 10,8	371		
	therapy CA		\$ (10,1	71)		
	shot revenue		S 2,1	162		
	Ipalient therapy		\$ 3,4	114		
	IOR YEAR ADJ - ANCILLARY & OTHER		S 44.5	31		
rov	uding		\$	(9)		
	esident Revenue		\$ 50.	707 \$ -	s	

Interest Income

Account

Page Ref Account	Balance	CCNR	RHNS	NurseFug-Aldx
INTEREST INCOME		\$ -		
				<u> </u>
				
Total Interest Income		5 -	5 -	2

Schedule of Other Revende

Page Ref	Description		CCNII	RIINS	NurseFne-Aids
	MEALS	\$	-		
	TELEVISION INCOME	\$	1,620	·	
-	CONCESSIONS / VENDING INCOME	<u> </u>			
	RESIDENT LATE FEE REVENUE	\$:_		
	RESIDENT ATTORNEY FEE REVENUE				
	TELEPHONE INCOME	- 1		·	
	OTHER INCOME				
	OPTUM DIVIDENDS REVENUE		1,110		
					-
,					
			5,760		+
Total Offi	er Reveine		3,760	<u>,</u>	. 1

G. Balance Sheet

Name of	f Facility	License No.	Report for Year Ended	Page	of
Farming	gton Care Center, LLC	2149-C	9/30/2015	31	37
		Account		A	mount
Assets					
A, Cı	arrent Assets				
1.	Cash (on hand and in banks)			\$	(146,299)
2.	Resident Accounts Receivab			\$	2,312,810
3,	Other Accounts Receivable	Excluding Owners of	r 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	***************************************		\$	· · · · · · · · · · · · · · · · · · ·
	Medicare Final Settlement R	teceivable		\$	
	Other Current Assets (itemiz			\$	(571,739)
0.	Due From (to) Related Parties		(83,452)		
	Other Owners reserves		(488,288)		
4 0 T	otal Current Assets (Lines Al	thru 8)		\$	1,908,159
	ixed Assets	thu oj	`		
				\$	
	Land	*Historical Cost		\$	
2.	Land Improvements	Accum, Depreciat	ion Net	T T	
	D 41 P	*Historical Cost	NOII IYOL	\$	
3.	Buildings		tion Net	Ψ	
		Accum. Depreciat	1,357,080	\$	690,351
4.	Leasehold Improvements	*Historical Cost		Ψ	0,0,55,1
		Accum, Depreciat	tion 000,730 INCL	\$	
5.	Non-Movable Equipment	*Historical Cost	Not	lΦ	
		Accum. Depreciat		\$	268,244
6.	. Movable Equipment	*Historical Cost	976,142	l _Φ	200,244
		Accum, Depreciat	tion 707,898 Net	6	
7.	. Motor Vehicles	*Historical Cost		\$	
		Accum. Depreciat	tion Net		
8.	. Minor Equipment-Not Depr	eciable		\$	
9.	Other Fixed Assets (itemize)		\$	2,515
,	Construction in Progress		2,515		
				1.0	001 110
B-10.	Total Fixed Assets (Lines I	31 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.		for Year Ended		Page 32	of 37
Farmington Care Center, L	LC	2149-C	9/30/20)12	<u> </u>	Amoi	
		Account	∕T\	-1 Describt Formund	. e		2,869,269
		1.0 30 5 30		al Brought Forward	- φ		2,007,207
C. Leasehold or like pro	perty record	ed for Equity Purp	oses.		\$		
1. Land		*****			Ψ		
Land Improveme	nts	*Historical Cost	<u> </u>	Net	\$		
Market Ma		Accum. Deprecia	tion	INCL	Ψ		
3. Buildings		*Historical Cost	4!	Net	\$		
		Accum, Deprecia	tion	INCL	φ		
4. Non-Movable Ed	uipment	*Historical Cost	43	Net	\$		
		Accum. Deprecia	tion	1461	Ψ		
Movable Equipm	ient	*Historical Cost	<u></u>	Net	\$		
		Accum. Deprecia	uon	1461	Ψ		
6. Motor Vehicles		*Historical Cost		Net	\$		
		Accum, Deprecia	tion	inet	\$		
7. Minor Equipment-Not Depreciable							
C-8 Total Leasehold or		ties (C1 thru 7)			\$		
D. Investment and Other					\$		
 Deferred Deposi 		· · · · · · · · · · · · · · · · · · ·	···		\$		-
2. Escrow Deposits				0.709	-		
3. Organization Ex	pense	*Historical Cost		2,728 Not	\$		
		Accum. Deprecia	ation	2,728 Net	\$		
4. Goodwill (Purch	ased Only)				\$		34,687
5. Investments Rela		lent Care (<i>itemize</i>)		20 120	10		J - ,007
Patient Trust			***************************************	32,132	-		
Long Term D	eposit - prin	necare	Т	2,555	\$		
6. Loans to Owners				T Data	10		
Name and	d Address	Amount		Loan Date	\dashv		
	,			:	¢		
7. Other Assets (ite	emize)				Ψ		
					-		
		(Tt. Did	77\		\$		34,687
D-8, Total Investments of	ind Other A.	rsets (Lines D1 thr	u /)		\$ \$		2,903,956
D-9. Total All Assets (L	mes A9 + B	-9. Total All Assets (Lines A9 + B10 + C8 + D8)					

^{*} 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	ility		License No.	Report for Year I	Ended	Page	of
Farmington (Center, LLC	2149-C	9/30/2015		33	37
			Account			Am	ount
Liabilities							
A.	Cu	rrent Liabilities				Φ.	0.40, 500
	1.	Trade Accounts Payable				\$	342,520
	2.	Notes Payable (itemize)		205.05		\$	395,878
		Working Capital Line of	Credit	395,878	3		
		\$=1500 \$100 \$100 \$100 \$100 \$100 \$100 \$100		'			
				\ /** \\		\$	
	3.	Loans Payable for Equip			Date Due	Ф	
		Name of Lender	Purpose	Amount	Date Duc		
]							
					1		
					1		100
			ļ				
	4.	Accrued Payroll (Exclus	ive of Owners and/or	Stockholders only)		\$	234,674
	5.	Accrued Payroll (Owner				\$	
	6,	Accrued Payroll Taxes I				\$	
	7.	Medicare Final Settleme				\$	
<u> </u>	8.	Medicare Current Finan				\$	
	9.	Mortgage Payable (Curr				\$	
		. Interest Payable (Exclus	ive of Owner and/or I	Related Parties)		\$	
		. Accrued Income Taxes*				\$	
	12. Other Current Liabilities (itemize)						554,603
		Related Party Payables		8,621			
		Accrued Expenses		4,348.			
		Accrued Resident User Fees	153	2,693			
		Accrued Workers Comp Expens	4-1 444-44	8,941			
A-13	3, T	otal Current Liabilities (I				\$	1,527,675

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

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		34	37	
	Account	- reactivation		Amount		
	·····	Total Broug	ht Forward:		1,527,675	
Liabilities (cont'd)					1	
B. Long-Term Liabilities			ļ			
1. Loans Payable-Equipment	(itemize)		\$			
Name of Lender	Purpose	Amount	Date Due		306	
•						
	E E					
2. Mortgages Payable			\$		·	
3. Loans from Owners or Re			\$			
Name and Address of Lender	Amount	Loan D	Date			
4. Other Long-Term Liabilit	ies (itemize)		\$	F-5010013-1415-5-11-0071-5-11-0	32,132	
Patient Trust Funds	·	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

ne of Facility	License No.	_	nded	Page	of
nington Care Center, LLC	2149-C	9/30/2015			<u> </u>
	Account			Am	ount
Reserves					
1. Reserve for value of leased	d land		\$		
2. Reserve for depreciation v	es				
to be amortized					
					·
3. Reserve for depreciation v	alue of leased perso	nal property (Equity)	\$		
4. Reserve for leasehold real	ised \$				
,					
5. Reserve for funds set aside	e as donor restricted		\$,	
6. Total Reserves			3		
Net Worth				,	25 000
1. Owner's Capital				<u> </u>	25,000
2. Capital Stock)	
3. Paid-in Surplus			\$	S	
1					
4. Treasury Stock)	
5. Cumulated Earnings)	1,465,183
	10/1/20)1// theu 9	/30/2015	h.	(146,033)
6. Gain of Loss for Ferrod	10/1/20	Jit und 2	30/2013		(-,-,)
7. Total Net Worth			9	6	1,344,150
Total Reserves and Net Wor	(h			5	1,344,150
					2,903,956
	Reserves 1. Reserve for value of leases 2. Reserve for depreciation value to be amortized 3. Reserve for depreciation value of leases 4. Reserve for depreciation value of leases 5. Reserve for depreciation value of leases 6. Total Reserves Net Worth 1. Owner's Capital 2. Capital Stock 3. Paid-in Surplus 4. Treasury Stock 5. Cumulated Earnings 6. Gain or Loss for Period 7. Total Net Worth Total Reserves and Net Worth	Reserves 1. Reserve for value of leased land 2. Reserve for depreciation value of leased building to be amortized 3. Reserve for depreciation value of leased perso 4. Reserve for leasehold real properties on which 5. Reserve for funds set aside as donor restricted 6. Total Reserves Net Worth 1. Owner's Capital 2. Capital Stock 3. Paid-in Surplus 4. Treasury Stock 5. Cumulated Earnings 6. Gain or Loss for Period 10/1/20	Account Reserves 1. Reserve for value of leased land 2. Reserve for depreciation value of leased buildings and appurtenance to be amortized 3. Reserve for depreciation value of leased personal property (Equity) 4. Reserve for leasehold real properties on which fair rental value is because to be for funds set aside as donor restricted 5. Reserve for funds set aside as donor restricted 6. Total Reserves Net Worth 1. Owner's Capital 2. Capital Stock 3. Paid-in Surplus 4. Treasury Stock 5. Cumulated Earnings 6. Gain or Loss for Period 10/1/2014 thru 9/1/2014 7. Total Net Worth Total Reserves and Net Worth	Reserves 1. Reserve for value of leased land 2. Reserve for depreciation value of leased buildings and appurtenances to be amortized 3. Reserve for depreciation value of leased personal property (Equity) 4. Reserve for leasehold real properties on which fair rental value is based 5. Reserve for funds set aside as donor restricted 6. Total Reserves Net Worth 1. Owner's Capital 2. Capital Stock 3. Paid-in Surplus 4. Treasury Stock 5. Cumulated Barnings 6. Gain or Loss for Period 7. Total Net Worth Total Reserves and Net Worth Total Reserves and Net Worth	Reserves 1. Reserve for value of leased land 2. Reserve for depreciation value of leased buildings and appurtenances to be amortized 3. Reserve for depreciation value of leased personal property (Equity) 4. Reserve for leasehold real properties on which fair rental value is based 5. Reserve for funds set aside as donor restricted 6. Total Reserves Net Worth 1. Owner's Capital 2. Capital Stock 3. Paid-in Surplus 4. Treasury Stock 5. Cumulated Earnings 6. Gain or Loss for Period 10/1/2014 thru 9/30/2015 7. Total Net Worth Total Reserves and Net Worth Total Reserves and Net Worth \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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	-2-2	36	37
-	Account					nount
A.	Balance at End of Prior Period		\$	W. Y		
B. Total Revenue (From Statement of Revenue Page 30)						9,898,260
C.	Total Expenditures (From Statement of Expenditures Page 27)					10,044,294
D.	Net Income or Deficit					(146,033)
	Balance					(146,033)
F.	Additions	. 175				
	1. Additional Capital Contributed (itemize)					
	2. Other (itemize)					
	Z. Other (tromsze)					
						- 1
	,					
F-3.	Total Additions				\$	
G.	Deductions					
	Drawings of Owners/Operators/Partners (Specify)			\$		
	Name and Address (No.,	City, State, Zip)	Title	Amount		
			Į			
					\$	
	2. Other Withdrawings (Specify)					
	Purpose		Amo	unt		
					\$	
	3. Total Deductions					
H.	Balance at End of Period	09/30)/15		<u> </u> \$	(146,033)

I. Preparer's/Reviewer's Certification

Name	of Facility	License No.		Report for Year Ended	Page	of		
Farmington Care Center, LLC		2149-C		9/30/2015	37	37		
		Check appropriate category						
Ø	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)						
		Preparer/Reviewer Certific	cation					
	I have read the most recent Federal a appropriate personnel as to the possi applicable regulations. All non-reim automatically removed in the State re performed by me are properly report	report and am familiar with the applic and State issued field audit reports for the ble inclusion in this report of expenses bursable expenses of which I am aware attent computation system) as a result of the ed as such in this report on Pages 28 attained in this report is in agreement with	the Facility s which are re (except reading re and 29 (adj	y and have inquired of e not reimbursable under those expenses known to ports, inquiry or other ser ustments to statement of	the be vices			
Signature of Preparer		Title	***************************************	Date Signed				
Ith		VP Finan C	٠.	2/16/16				
Printe	d Name of Preparer			•				
Thunke	a Mara Vinnon							
Denise MacKinnon Addres Address				Phone Number				
Addie	: Audi 6as			- AAVAV (IGHILOVI				
3/1 Ridwell Street Manchester CT 06040				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

Page - Lic. Type - Rate Yr 13-CCH	Error Message 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
4-CCH	Physician (Other Physicians) hourly limit exceeded (246)
4-CCH	OT fees do not agree to OT fee adjustment
5-CCH	(10.05), FICA Expense % is greater than 8% of Total Payroll 🔑 🔨
16-CCH	(3), Sum of Total Resident Revenue does not match Annual Report
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