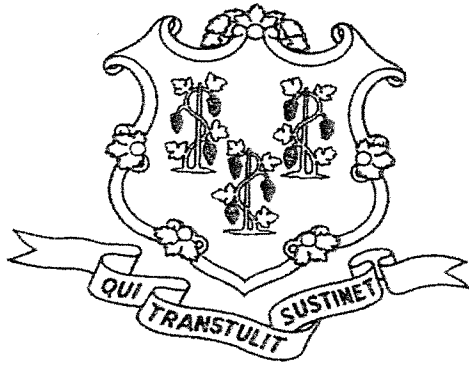


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Lord Chamberlain Nursing and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 7003 Main Street, Stratford, CT 06614	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 968C	RHNS	(Specify)	Medicare Provider 07-5339
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Medicaid Provider Numbers:	CCNH 9688	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Lord Chamberlain Nursing and Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2015	Page 1	of 37
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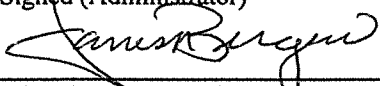
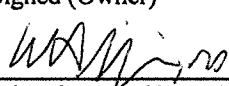
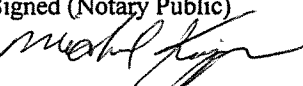
Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator) 		Date 1/27/16	Signed (Owner) 		Date 1/27/2016
Printed Name (Administrator) James Bergers			Printed Name (Owner) Robert Sbriglio, MD, MPH, NHA		
Subscribed and Sworn to before me:	State of CT	Date 1/27/2016	Signed (Notary Public) 		Comm. Expires 1/31/2020
Address of Notary Public 75 Adams Dr. Shelton, CT. 06484					

(Notary Seal)



MICHAEL A. KRIJGSMAN
NOTARY PUBLIC
 MY COMMISSION EXPIRES JAN. 31, 2020

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Lord Chamberlain Nursing and Rehabilitation Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 7003 Main Street, Stratford, CT 06614				
Report Prepared By Ryders Health Management		Phone Number 203-381-1327	Date 1/15/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility 203-375-5894	Report for Year Ended 9/30/2015	Page 2	of 37
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Name of Facility (as shown on license) Lord Chamberlain Nursing and Rehabilitation Center	Address (No. & Street, City, State, Zip) 7003 Main Street, Stratford, CT 06614
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License Numbers:	CCNH 968C	RHNS	(Specify)	Medicare Provider No. 07-5339
------------------	--------------	------	-----------	----------------------------------

Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

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

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

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

Administrator

Name of Administrator James Bergers	Nursing Home Administrator's License No.:	001673
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Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name Robert Sbriglio, MD, MPH, NHA	License No.:	000578
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General Information and Questionnaire Corporate Owners

Name of Facility Lord Chamberlain Nursing and Rehabilitatio	License No. 968C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Lord Chamberlain Inc.	700 Main street, Stratford, CT 06614	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Robert Sbriglio, MD, MPH, NHA	7003 Main Street, Stratford, CT 06614	Secretary	25	
Martin Sbriglio, RN, NHA	7003 Main Street, Stratford, CT 06614	Treasurer	25	
The Dr. Robert Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25	
The Martin Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25	
Names of Stockholders Owning at Least 10% of Shares				
Robert Sbriglio, MD, MPH, NHA	7003 Main Street, Stratford, CT 06614	Secretary	25	
Martin Sbriglio, RN, NHA	7003 Main Street, Stratford, CT 06614	Treasurer	25	
The Dr. Robert Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25	
The Martin Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25	

General Information and Questionnaire Related Parties*

Name of Facility Lord Chamberlain Nursing and Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Sec Attached Page 4a		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

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

Lord Chamberlain
 Cost Report 9/30/2015
 List of Related Parties
 Page 4 Attachment

Name of Related Individual or Company	Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page #/ Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Lord Chamberlain Realty	88 Ryders Lane, Suite 208, Stratford, CT 06614	X		Rental of Real Estate	34/B4	1,879,445	1,879,445
Chamberlain Healthcare	7003 Main Street, Stratford, CT 06614	X		Subsidiary	34/B4	994,222	994,222
Ryders Health Management (RHM)	88 Ryders Lane, Suite 208, Stratford, CT 06614	X		Financial and Managerial Support	16/m12	420,047	420,047
RHM (CT Healthcare WC Trust)	PO Box 30393, Hartford, CT 06150	X		Workers Compensation Insurance	15/1a1	379,153	379,153
RHM (CNA HealthPro)		X		Property Insurance	27/14a	20,494	20,494
RHM (CNA HealthPro)		X		Auto Insurance	27/14b	5,865	5,865
RHM (OneBeacon Professional Insurance)	199 Scott Swamp Road, Farmington, CT 06032	X		Liability Insurance	27/14c1	94,693	94,693
RHM (IHP, Guardian Dental, Progressive Benefit Solutions)		X		Health Insurance	15/1a5	1,293,106	1,293,106
RHM (ADP Retirement Services, Inc.)	4801 Olympia Plaza Drive, Ste. 2000, Louisville, KY 40241	X		401k Plan	15/1a7	26,573	26,573
Connecticut Medical Insurance Company	80 Glastonbury Boulevard, Glastonbury, CT	X		Professional Liability/Physician	16/m13	4,748	4,748
Cheshire House Nursing and Rehabilitation Center	3396 East Main Street, Waterbury, CT 06705	X		Loan to Facility	32/D7	169,067	169,067
Greentree Manor Nursing and Rehabilitation Center	4 Greentree Drive, Waterford, CT 06385	X		Loan to Facility	32/D7	143,372	143,372
Mystic Healthcare	475 High Street, Mystic, CT 06355	X		Loan to Facility	32/D7	495,482	495,482
Ryders Partners, LLC	88 Ryders Lane, Suite 208, Stratford, CT 06614	X		Loan to Facility	32/D7	58,061	58,061
Ryders Rehabilitation	999 Oronoque Lane, Stratford, CT 06614	X		Loan to Entity	32/D7	133,788	133,788

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Lord Chamberlain Nursing and Rehabilitation C	License No. 968C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 Management Fees were allocated October 2014 thru April 2015 by beds. Lord Chamberlain is 29.41%. May 2015 and after Management Fees are allocated based on Total Cost Year 2014 Expense minus Management Fees. Lord Chamberlain is 26.38%. Facility expenses are allocated to the Subsidiary based upon the above identified methods (detailed schedules are available upon request).

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended	Page	of	
Lord Chamberlain Nursing and Rehabilitation Center		968C	9/30/2015	6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
GE Capital/Ricoh USA Program, PO Box 41564, Philadelphia, PA 19101-1564	<input type="radio"/>	<input checked="" type="radio"/>	04/15/13	60 months	51,474	51,474
Advantage Leasing, 2007 Eastern Avenue, SE, Grand Rapids, MI 49507	<input type="radio"/>	<input checked="" type="radio"/>	10/18/13	48 months	15,473	15,473
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
Is a Mileage Log Book Maintained for All Leased Vehicles ?				<input type="radio"/> Yes	<input type="radio"/> No	Total ***
				<input type="radio"/>	<input type="radio"/>	66,947

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

** Attach copies of newly acquired leases.

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

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Accounting Basis**

Name of Facility Lord Chamberlain Nursing and Reh	License No. 968C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Preparation of financial statements, tax returns, Medicare cost report and reimbursement representation	\$ 31,109
2 Total services provided = \$44,397.35; amount allocated to LC - \$31,108.51 or 70.07%	\$
3	\$
4	\$

Charge for Services Provided	\$ 31,109
------------------------------	-----------

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

- Yes No Page 15, 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 see attached Legal Schedule 2 3 4 5	Telephone Number
---	------------------

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

1	
2	
3	
4	
5	

Services Provided by This Firm (*describe fully*)

1 see attached Legal Schedule	\$ 16,163
2	\$
3	\$
4	\$
5	\$

Charge for Services Provided	\$ 16,163
------------------------------	-----------

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

- Yes No Page 15, 1e

Name of Firm	Address and Phone Number	Service Provided	Amount	LC	CHI
Pullman & Comley, LLC	850 Main Street, PO Box 7006 Bridgeport, CT 06601-7006 203-330-2184	labor relations	596.61	418.03	178.58
Murtha Cullina LLP	PO Box 150435 Hartford, CT 06115-0435 860-240-6000	general legal matters	5,935.00	4,158.56	1,776.44
Rosenthal Law Firm	18 North Main Street West Hartford, CT 06107 860-561-3100	collections	2,431.86	1,703.96	727.90
Weiner and Lesniak, LLP	629 Parsippany Road PO Box 0438 Parsippany, New Jersey 07054 973-403-1100	legal fees for settlement	18,426.22	7,618.25	10,807.97
Jackson Lewis	45 South Broadway, 14th floor White Plains, NY 10601 914-872-8060	general labor relations	3,230.75	2,263.73	967.02
Total Legal Expense			30,620.44	16,162.54	14,457.90

disallow **-3,120.01**

8,544.29	70.07% LC
3,649.93	29.93% Manor
12,194.22	100.00%

Schedule of Resident Statistics

Name of Facility Lord Chamberlain Nursing and Rehabilitation Center	License No. 968C		Report for Year Ended 9/30/2015				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
				Total	CCNH	RHNS			(Specify)
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	190	190		190	190	190	190		
B. On last day of THIS report period	190	190		190	190	190	190		
2. Number of Residents									
A. As of midnight of PREVIOUS report period	172	172		172	172	176	176		
B. As of midnight of THIS report period	176	176		176	176	176	176		
3. Total Number of Days Care Provided During Period									
A. Medicare	10,668	10,668		7,888	7,888	2,780	2,780		
B. Medicaid (Conn.)	41,603	41,603		31,088	31,088	10,515	10,515		
C. Medicaid (other states)									
D. Private Pay	11,267	11,267		8,479	8,479	2,788	2,788		
E. State SSI for RCH									
F. Other (Specify)	437	437		367	367	70	70		
G. Total Care Days During Period (3A thru F)	63,975	63,975		47,822	47,822	16,153	16,153		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days	431	431		271	271	160	160		
B. Other Bed Reserve Days	263	263		191	191	72	72		
5. Total Resident Days (3G + 4A + 4B)	64,669	64,669		48,284	48,284	16,385	16,385		

Schedule of Resident Statistics (Cont'd)

Name of Facility Lord Chamberlain Nursing and Rehabilitation			License No. 968C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	27		114			35							
Per Diem Rate													
a. One bed rm.						\$475							
b. Two bed rms.	see attached		\$224.29			\$430, \$420							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,825	2,825				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								23,807	23,807				
D. Total Physical Therapy Treatments								26,632	26,632				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								96	96				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,218	1,218				
D. Total Speech Therapy Treatments								1,314	1,314				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,564	1,564				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								25,978	25,978				
D. Total Occupational Therapy Treatments								27,542	27,542				



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

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



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

CMS MSA CT Counties Transition Wage Index RUG-IV Category	ADL Score	CMI Rural	CMI Urban	New London CBSA 35980 1,1813 10/1/14-9/30/15
RUX	11 - 16	66	66	\$874.24
RUL	2 - 10	65	65	\$855.19
RVX	11 - 16	64	63	\$778.14
RVL	2 - 10	62	61	\$698.12
RHX	11 - 16	61	62	\$705.00
RHL	2 - 10	57	57	\$628.80
RMX	11-16	58	58	\$646.71
RML	2 - 10	55	55	\$593.37
RLX	2 - 16	52	53	\$567.96
RUC	11 - 16	60	60	\$662.77
RUB	6 - 10	59	59	\$662.77
RUA	0 - 5	54	51	\$554.18
RVC	11 - 16	53	54	\$568.58
RVB	6 - 10	49	47	\$492.37
RVA	0 - 5	48	46	\$490.47
RHC	11 - 16	47	48	\$495.45
RHB	6 - 10	41	40	\$445.90
RHA	0 - 5	34	26	\$392.56
RMC	11 - 16	40	38	\$435.25
RMB	6 - 10	36	32	\$408.57
RMA	0 - 5	19	18	\$336.19
RLB	11 - 16	37	37	\$423.17
RLA	0 - 10	8	7	\$272.67
ES3	2 - 16	63	64	\$798.15
ES2	2 - 16	56	56	\$624.79
ES1	2 - 16	51	52	\$558.11
HE2	15 - 16	50	50	\$539.06
HE1	15 - 16	39	41	\$447.61
HD2	11 - 14	46	49	\$504.76
HD1	11 - 14	35	36	\$420.94
HC2	6 - 10	44	44	\$476.19
HC1	6 - 10	28	29	\$398.07
HB2	2 - 5	43	43	\$470.47
HB1	2 - 5	27	28	\$394.27
LE2	15 - 16	45	45	\$489.53
LE1	15 - 16	31	33	\$409.51
LD2	11 - 14	42	42	\$470.47
LD1	11 - 14	26	27	\$394.27
LC2	6 - 10	33	35	\$413.32
LC1	6 - 10	18	19	\$348.54
LB2	2 - 5	25	25	\$392.37
LB1	2 - 5	15	15	\$333.31
CE2	15 - 16	38	39	\$436.18
CE1	15 - 16	30	31	\$401.89
CD2	11 - 14	32	34	\$413.32
CD1	11 - 14	23	23	\$379.03
CC2	6 - 10	21	21	\$361.88
CC1	6 - 10	17	17	\$335.21
CB2	2 - 5	16	16	\$335.21
CB1	2 - 5	13	13	\$310.45
CA2	0 - 1	9	9	\$283.78
CA1	0 - 1	6	6	\$264.72
BB2	2 - 5	11	11	\$300.92
BB1	2 - 5	10	10	\$287.58
BA2	0 - 1	4	4	\$249.48
BA1	0 - 1	3	3	\$238.05
PE2	15 - 16	29	30	\$401.89
PE1	15 - 16	24	24	\$382.84
PD2	11 - 14	22	22	\$379.03
PD1	11 - 14	20	20	\$359.98
PC2	6 - 10	14	14	\$325.69
PC1	6 - 10	12	12	\$310.45
PB2	2 - 5	7	8	\$276.16
PB1	2 - 5	5	5	\$264.72
PA2	0 - 1	2	2	\$228.53
PA1	0 - 1	1	1	\$219.00
Default				\$219.00

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Lord Chamberlain Nursing and Rehabilitation Center	968C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	112,617	2,087				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	129,698	2,128				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	422,305	21,932				
5. Dietary Service						
a. Head Dietitian	73,755	2,192				
b. Food Service Supervisor						
c. Dietary Workers	835,937	63,274				
6. Housekeeping Service						
a. Head Housekeeper	70,870	3,511				
b. Other Housekeeping Workers	415,523	28,571				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	36,193	1,307				
b. Other Maintenance Workers	101,810	4,417				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	107,964	7,029				
9. Barber and Beautician Services	28,625	1,688				
10. Protective Services	18,603	1,329				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	199,047	4,125				
b. RN						
1. Direct Care	1,136,989	34,642				
2. Administrative**	466,442	12,393				
c. LPN						
1. Direct Care	2,453,853	90,342				
2. Administrative**						
d. Aides and Attendants	3,112,791	218,517				
e. Physical Therapists	378,409	10,224				
f. Speech Therapists	89,589	1,190				
g. Occupational Therapists	452,621	12,604				
h. Recreation Workers	136,249	7,078				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists	12,632	579				
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	204,393	9,030				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	119,839	3,554				
<i>A-13. Total Salary Expenditures</i>	11,116,755	543,742				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Rehab Program Manager	\$ 77,185	1,676				
Respiratory Therapist	\$ 17,856	365				
Chauffer	\$ 24,799	1,514				
Total	\$ 119,839	3,554	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Subacute Medical Consultants - Drs. Karkanista, Alcedo, Lim and	\$ 22,702	91				
Pulmonary Consultant - Dr. Simkovitz	\$ 8,829	35				
Wound Care Consultant - Dr. Bharucha	\$ 8,408	34				
Cardiovascular Consultant - Dr. Amir	\$ 701	3				
Total	\$ 40,640	162	\$ -	-	\$ -	-

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Lord Chamberlain Nursing and Rehabilitation Center		968C		9/30/2015		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Martin Sbriglio, RN, NHA							Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	2,272	130,000
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									
Mrs. Margaret Sbriglio, NHA							Ryders Health Management, 88 Ryders Lane, Suite 208, Stratford, CT 06614	1,040	26,000

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)		License No.		Report for Year Ended		Page		of	
Lord Chamberlain Nursing and Rehabilitation Center		968C		9/30/2015		12		37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
James Bergers	112,617		Non-discriminatory	Administrative	2,087	A2			
Section IV - Assistant Administrators									
Robert Sbrigliio, MD, MPH, NHA	129,698		Non-discriminatory	Administrative	2,128	A3			

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

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Lord Chamberlain Nursing and Rehabilitation Center	968C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	937	33				
2. Dentist	8,829	88				
3. Pharmacist	21,390	306				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,996	223				
b. Utilization Review (Title 18 and 19 only) monthly meeting	10,090	135				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	4,360	43				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	40,640	162				
B-13 Total Fees Paid in Lieu of Salaries	123,241	990				

* 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.

Schedule B1 - Information required for Individuals Paid on Fee for Service Basis

Name and Address of Individual	Full Explanation of Services	Related to Owners, Operators, Officers Y/N	Explanation of Relationship
Partners Pharmacy of Connecticut, Uniondale, NY	Pharmacy Consultant	N	
Dr. Scifo, Trumbull, CT	Medical Director/Medical Staff	N	
Dr. F. Alcedo, Stratford, CT	Medical Staff	N	
Dr. D. Das, Fairfield, CT	Utilization Review/Medical Staff	N	
Dr. Douglas Duchon, Bridgeport, CT	Utilization Review/Medical Staff	N	
Dr. S. Urcioli, Stratford, CT	Medical Staff	N	
Dr. J.B. Bharucha, Trumbull, CT	Medical Staff	N	
Dr. T. Domanik, Stratford, CT	Medical Staff	N	
Dr. Mithil Choksey, Stratford, CT	Utilization Review/Medical Staff	N	
Dr. Leonid Karkanista, Milford, CT	Medical Staff	N	
Dr. Charles Kochan, Stratford, CT	Medical Staff	N	
Dr. Anthony Arslan, Stratford, CT	Medical Staff	N	
Dr. Mogelof, Stratford, CT	Medical Staff	N	
Dr. Robert Prewitt, Stratford, CT	Medical Staff	N	
Dr. Carlos Schweitzer, Derby, CT	Medical Staff/Pulmonary Services	N	
Dr. Phillip Simkovitz, Trumbull, CT	Pulmonary Services	N	
Dr. Lionel Lim, Derby, CT	Medical Staff/Geriatric Services	N	
Gail Caprio, Stratford, CT (Angel of Breath)	Respiratory Services	N	
Wound Care Consultants, Trumbull, CT	Wound Care Services	N	
Susan Pendagast, Fairfield, CT	Dietician Services	N	
Dr. Brijesh Chandwani, Fairfield, CT	Dental Services	N	Note: became an employee June 2015

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing and Rehabilitation Center	968C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 379,153	379,153			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 1,001,772	1,001,772			
5. Health Insurance	\$ 1,293,106	1,293,106			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 26,573	26,573			
8. Uniform Allowance	\$ 32,995	32,995			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 9,632	9,632			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 268,563	268,563			
d. Accounting and Auditing	\$ 31,109	31,109			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 16,163	16,163			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 37,100	37,100			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 19,106	19,106			
2. Cellular Phones	\$ 2,780	2,780			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 14,532	14,532			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,129,867	1,129,867			
Subtotal	\$ 4,262,449	4,262,449			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing and Rehabilitation Center	968C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		4,262,449	4,262,449		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 4,475	4,475			
2. Holiday Parties for Staff	\$ 11,683	11,683			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 2,949	2,949			
5. Education Expenses Related to Seminars and Conventions	\$ 12,937	12,937			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 5,517	5,517			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 2,248	2,248			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 4,010	4,010			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 2,344	2,344			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 63,700	63,700			
4. Fund-Raising***	\$				
5. Medical Records	\$ 27,360	27,360			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 248	248			
7. Postage	\$ 8,076	8,076			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 13,551	13,551			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 994	994			
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 119,691	119,691			
12. Administrative Management Services**	\$ 420,047	420,047			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 47,699	47,699			
C-14 Total Administrative & General Expenditures	\$ 5,009,978	5,009,978			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Meals and Entertainment	\$ 2,248		
Total Other Travel and Entertainment	\$ 2,248	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising/Public Relations/Donations	\$ 63,700		
Total Other Advertising	\$ 63,700	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
American Association for Geriatric Psychiatry	\$ 473		
American College of Healthcare Administrators - CT Chapter	\$ 655		
American Medical Directors Association	\$ 324		
Connecticut Association of Healthcare Facilities	\$ 11,852		
Fairfield County Infection Control Nurses of Connecticut	\$ 51		
Association for Long-Term Care Financial Managers	\$ 56		
Connecticut Society of Certified Public Accountants	\$ 75		
American Institute of Certified Public Accountants	\$ 64		
Total Dues	\$ 13,551	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Fees and Licenses - see attached schedule	\$ 8,539		
Bank charges - National Data Corp. - resident trust fees	\$ 2,984		
Bank charges - customary	\$ 5,074		
Billing Consultants - Harmony Healthcare International	\$ 25,682		
Billing Consultants - A/R Solutions (self-disallow)	\$ 135		
Tax Consultant - Unemployment Tax Management Corporation	\$ 2,196		
PAC Planning Services, LLC	\$ 447		
Sales and Use Tax for Other A&G Expenses	\$ 2,642		
Total Other Administrative and General	\$ 47,699	\$ -	\$ -

Name of Firm	Service Provided	Amount	LC	CHI
CLIA Laboratory User Fees	Certificate Fee	\$150.00	\$105.10	\$44.90
American Association of Professional Coders	Certification Renewal	\$339.95	\$238.20	\$101.75
Town of Stratford, Health Department	Kitchen License	\$245.00	\$171.67	\$73.33
Brecht Assocaites	market study --- DISALLOW	\$250.00	\$175.17	\$74.83
State of CT, Treasurer	Technical Assistance Fee for plan review of vestibule project	\$565.00	\$395.89	\$169.11
State of CT, Treasurer	Citation - DISALLOW	\$500.00	\$350.34	\$149.66
National Government Services	Medicare Revalidation	\$1,106.00	\$774.96	\$331.04
Russell Phillips and Assocs	disaster planning	\$350.00	\$245.24	\$104.76
State of CT, Bureau of Boilers	Boiler Inspection/Certification Fee	\$160.00	\$112.11	\$47.89
Connecticut Dept. of Consumer Protection	Controlled Substance Practioner License	\$100.00	\$70.07	\$29.93
Connecticut Dept. of Consumer Protection	Major Contractor License Renewal	\$187.45	\$131.34	\$56.11
Town of Stratford, Health Department	Beauty Salon License Renewal	\$75.00	\$52.55	\$22.45
CMIC	Malpractice Insurance	\$6,776.80	\$4,748.40	\$2,028.40
State of Connecticut, Secretary of the State	Business filing fees	\$600.00	\$420.41	\$179.59
State of CT, DMV	Registration Renewal	\$781.20	\$547.37	\$233.83
Total Fees and License		\$12,186.40	\$8,538.82	\$3,647.58
	DISALLOW		(\$525.51)	
		\$8,118.41	70.07% LC	
		\$3,467.99	29.93% Manor	
		\$11,586.40	100.00%	

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Lord Chamberlain Nursing and Rehabilita	968C	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Ryders Health Management	420,047	Financial and Managerial Support Services	Page 16, m12
Sodexo Inc. and Affiliates	70,072	Dietary Management Services	Page 18, 2c

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing and Rehabilitation Center	968C	9/30/2015	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 712,018	712,018		
2. Non-Food Supplies	\$ 138,962	138,962		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____			
c. Management Services**	\$ 70,072	70,072		
d. Other (Specify) _____	\$ _____			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 921,052	921,052		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Lord Chamberlain Nursing and Rehabilitation Center		License No. 968C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3.	Laundry				
a.	In-House Processing*	Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b.	Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	133,699	133,699	
c.	Management Services**	\$			
d.	Other (<i>Specify</i>) Supplies	\$	4,204	4,204	
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	137,903	137,903	
3F.	Laundry Questionnaire				
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing and Rehabilitation		968C	9/30/2015		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	49,351	49,351		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	45,592	45,592		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	94,943	94,943		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Prescription Drugs	\$	345,500	345,500		
b.	Medicine Cabinet Drugs	\$	34,908	34,908		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$	15,278	15,278		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	40,634	40,634		
f.	X-rays and Related Radiological Procedures***	\$	48,422	48,422		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$	188	188		
h.	Laboratory***	\$	13,496	13,496		
i.	Recreation	\$	17,423	17,423		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	652,470	652,470		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	1,168,319	1,168,319		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Routine Medical Supplies	\$ 598,022		
Respiratory Services/Supplies	\$ 26,398		
Physical Therapy Supplies	\$ 23,404		
Physician Care - Patients	\$ 3,206		
Occupational Therapy -Part A - self-disallowed	\$ 1,440		
Total Other Resident Care	\$ 652,470	\$ -	\$ -

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

Name of Facility Lord Chamberlain Nursing and Rehabilitation Center		License No. 968C		Report for Year Ended 9/30/2015		Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***		
		Yes	No			CCNH	RHNS (Specify)	Pg Line
See Attached Contracted Services		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* 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).

Name of Firm	Address	Service Provided	Related Party Y/N	Amount	LC	CHI	LC	CHI	Page/Line
H&H Linen Services Inc.	135 City Avenue, New Britain, CT 06051	Purchase Service Laundry	N	\$136,459.84	106,424.49	30,035.35	77.99%	22.01%	P19 3b
Unitex Textile Rental Services	121-123 Meadow Street, Hartford, CT 06114	Purchase Service Laundry	N	\$30,009.78	23,404.51	6,605.27	77.99%	22.01%	P19 3b
All American Waste, LLC	PO Box 630 East Windsor, CT 06088	Garbage Removal	N	\$49,170.16	35,748.87	13,421.29	72.70%	27.30%	P22 6a
Aegis Energy Services, Inc.	PO Box 2511, Springfield, MA 01101-2511	Co-Generation Maintenance	N	\$21,482.28	15,618.56	5,863.72	72.70%	27.30%	P22 6a
KONE, Inc.	PO Box 7247, Philadelphia, PA 19170-6082	Maintenance Services	N	\$12,899.08	9,378.20	3,520.88	72.70%	27.30%	P22 6a
MedPro waste Disposal, LLC	3550 Momentum Place, Chicago, IL 60689-5335	Medical Waste Removal	N	\$31,905.00	23,196.34	8,708.66	72.70%	27.30%	P22 6a
Advantage Services, Inc.	15 Lunar Drive, Woodbridge, CT 06525	floor maintenance services	N	\$62,708.77	45,592.04	17,116.73	72.70%	27.30%	P20 4b
Simplex Grinnell	80 Clark Drive, Unit 5-D, East Berlin, CT 06023-1103	fire protection services	N	\$18,280.86	13,290.99	4,989.87	72.70%	27.30%	P22 6a
Perco	91 Shelton Avenue, New Haven, CT 06511	landscaping services	N	\$20,625.74	14,995.82	5,629.92	72.70%	27.30%	P22 6a
ADP Fees	1 ADP Plaza, Milford, CT 06460	Payroll Services	N	\$70,582.83	49,327.15	21,255.68	69.89%	30.11%	P16 m11
PointClickCare	6975 Creditview Rd, Unit 4, Mississauga, ON L5N 8E9	Software Services	N	\$40,825.92	28,531.39	12,294.53	69.89%	30.11%	P16 m11
Total				\$494,950.26	\$365,508.35	\$129,441.91			

	housekeeping 5490	laundry 5370	repair/maint. 5180	data 4220
LC	94,943.31	133,699.18	157,242.32	102,960.42
Manor	35,644.81	37,732.88	59,033.89	44,366.92
	130,588.12	171,432.06	216,276.21	147,327.34
	72.70%	77.99%	72.70%	102,960.42
	27.30%	22.01%	27.30%	44,366.92
	100.00%	100.00%	100.00%	147,327.34
				100.00%

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

Name of Facility	License No.	Report for Year Ended			Page	of
Lord Chamberlain Nursing and Rehabilitation	968C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 219,007	219,007				
b. Heat	\$ 114,596	114,596				
c. Light & Power	\$ 145,265	145,265				
d. Water	\$ 75,737	75,737				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 66,947	66,947				
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 621,552	621,552				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 510	510				
b. Building & Building Improvements	\$ 361,240	361,240				
c. Non-Movable Equipment	\$ 77,896	77,896				
d. Movable Equipment	\$ 118,228	118,228				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 557,875	557,875				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 480,000	480,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 321,584	321,584				
c. Personal property taxes	\$ 22,522	22,522				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,381,980	1,381,980				

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

Depreciation Schedule

Name of Facility Lord Chamberlain Nursing and Rehabilitation Center		License No. 968C	Report for Year Ended 9/30/2015					Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period		1,600							
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		8,350		8,350		S/L	15 years	510	
A-4. Subtotal									510
B. Building and Building Improvements									
1. Acquired prior to this report period		5,088,555		5,088,555	1,696,777	S/L	Varies	344,816	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		285,691		285,691		S/L	10 years	16,424	
B-4. Subtotal									361,240
C. Non-Movable Equipment									
1. Acquired prior to this report period		1,307,134		1,307,134	969,430	S/L	Varies	77,380	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2,569		2,569		S/L	3 years	516	
C-4. Subtotal									77,896
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 1993 Isuzu		28,081	3,490	24,591	24,591	200DB	5 years		
b. Autos and Handi Vans - Fully Depre		115,094		115,094	115,094	Varies	5 years		
c. Dump Truck/Plow		54,630		54,630	30,047	S/L	5 years	10,926	
d. Handi Van - NEW 2015		50,669		50,669		S/L	5 years	844	
2. Movable Equipment									
a. Acquired prior to this report period		2,098,051		2,098,051	1,872,823	Varies	Varies	95,485	
b. Disposals (attach schedule)				(44,000)	(44,000)	200DB	5 years		
c. Acquired during this report period (attach schedule)				84,719		S/L	5 years	10,972	
D-3. Subtotal									118,228
E. Total Depreciation									557,875

Lord Chamberlain Nursing and Rehabilitation Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/4/2014	parking lot paving	\$ 8,350	15 years	\$ 510
Total additions for Land Improvements		\$ 8,350		\$ 510 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Total 2015 Building Improvement Additions - see attached for detail	\$ 285,691	10 years	\$ 16,424
Total additions for Building Improvements		\$ 285,691		\$ 16,424 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Total 2015 Non-Movable Equipment Additions - see attached for detail	\$ 2,569	3 years	\$ 516
Total additions for Non-Movable Equipment		\$ 2,569		\$ 516 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	2015 Total Movable Equipment Additions - see attached for detail	\$ 84,719	5 years	\$ 10,972
	Total additions for Movable Equipment	\$ 84,719		\$ 10,972 *
Deletions:				
	Sold 1997 Handicap Van in Sep 2015; cost \$43,999.94 (fully depreciated)			
	Total deletions for Movable Equipment	\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Lord Chamberlain, Inc.				
Fixed Asset Log				
For the period 10/1/14 - 9/30/15				
G/L #1600 - Work In Progress				
Date	Description	Additions	Deletions	Balance
10/1/14	Beginning Balance			\$71,516.49
10/1/14	Reclass LOC interest and fees		\$ 71,516.49	\$0.00
G/L #1650 - Autos				
Date	Description	Additions	Deletions	Balance
10/1/14	Beginning Balance			\$167,358.57
G/L #1660 - Handicapped Van				
Date	Description	Additions	Deletions	Balance
10/1/14	Beginning Balance			\$74,447.23
9/15/15	Lombard Ford van	\$ 10,000.00		\$84,447.23
9/15/15	Lombard Ford van deposit	\$ 40,669.49		\$125,116.72
9/15/15	Sold 1997 Handicap Van		\$ (43,999.94)	\$81,116.78
		\$ 6,669.55		
G/L #1670 - Land Improvements				
Date	Description	Additions	Deletions	Balance
10/1/14	Beginning Balance			\$1,600.00
11/4/2014	Fernandes Paving	\$ 8,350.00		\$9,950.00
G/L #1700 - Improvements - SNF				
Date	Description	Additions	Deletions	Balance
10/1/14	Beginning Balance			\$5,088,555.20
10/1/14	Tolmie, Harold - Phase II - 2 of 6	\$ 10,000.00		\$5,098,555.20
10/3/2014	D&D Painting Services	\$ 1,022.64		\$5,099,577.84
11/1/14	Tolmie, Harold - Phase II - 3 of 6	\$ 10,000.00		\$5,109,577.84
11/25/2014	Kamco	\$ 1,107.74		\$5,110,685.58
11/25/2014	Kamco	\$ 158.25		\$5,110,843.83
11/12/2014	D&D Painting Services wall covering #202 & # 229 & 2 bathrooms	\$ 681.76		\$5,111,525.59
11/21/2014	Grainger- 4 dust barrier doors	\$ 240.44		\$5,111,766.03
11/4/2014	Direct Supply 26 HDTV & 10 wall defender	\$ 12,858.25		\$5,124,624.28
11/3/2014	Shelton Winnelson Co-2nd fl renovation	\$ 1,928.05		\$5,126,552.33
11/14/2014	Direct Supply-42 grab bars	\$ 1,089.96		\$5,127,642.29
11/11/2014	Shelton Winnelson Co		\$ 30.75	\$5,127,611.54
11/24/2014	Shelton Winnelson Co	\$ 25.69		\$5,127,637.23
11/6/2014	Electrical Wholesalers- 2nd fl - 3 2x2 baskets	\$ 352.55		\$5,127,989.78
11/14/2014	Electrical Wholesalers-2nd fl reno-20 lamps, 10 2x2 baskets	\$ 1,022.87		\$5,129,012.65
11/1/2014	Home Depot	\$ 574.89		\$5,129,587.54
11/1/2014	Home Depot	\$ 3,302.56		\$5,132,890.10
11/28/2014	Home Depot tape	\$ 40.01		\$5,132,930.11
11/28/2014	Home Depot mini blinds, drywall	\$ 559.17		\$5,133,489.28
11/11/2014	Shelton Winnelson Co	\$ 55.87		\$5,133,545.15
11/25/2014	Direct Supply - 14 grab bars project 10083164	\$ 360.20		\$5,133,905.35
11/7/2014	Shelton Winnelson Co	\$ 86.22		\$5,133,991.57
11/30/2014	Mary Gray Interiors Design	\$ 552.30		\$5,134,543.87
12/1/14	Tolmie, Harold - Phase II - 4 of 6	\$ 10,000.00		\$5,144,543.87
12/5/2014	Matthew Boggio - reimbursement	\$ 565.30		\$5,145,109.17
12/5/2014	Galla, Gregory	\$ 960.00		\$5,146,069.17
12/15/2014	Inpro Corporation	\$ 3,856.09		\$5,149,925.26
12/19/2014	Boggio, Mathew reimbursements- concrete	\$ 593.67		\$5,150,518.93
12/12/2014	Galla, Gregory-set up temp handicap ramp	\$ 480.00		\$5,150,998.93
12/19/2014	Galla, Gregory-concrete work	\$ 360.00		\$5,151,358.93
12/10/2014	Shelton Winnelson Co-2nd fl renovation	\$ 82.08		\$5,151,441.01
12/17/2014	D&D Painting- wall covering room 201 & 203	\$ 681.76		\$5,152,122.77
12/28/2014	Home Depot	\$ 100.46		\$5,152,223.23
12/28/2014	Home Depot	\$ 66.59		\$5,152,289.82
12/28/2014	Home Depot	\$ 300.67		\$5,152,590.49
12/8/2014	Shelton Winnelson Co-2nd fl renovation	\$ 1,738.37		\$5,154,328.86
12/4/2014	Shelton Winnelson Co-wall joiners	\$ 142.55		\$5,154,471.41
1/1/15	Tolmie, Harold - Phase II - 5 of 6	\$ 10,000.00		\$5,164,471.41
1/9/2015	Galla, Gregory- reimburse caulk, screws	\$ 43.12		\$5,164,514.53
1/9/2015	Galla, Gregory- finishing touches around air-lock	\$ 240.00		\$5,164,754.53
1/23/2015	Cheshire House	\$ 1,200.00		\$5,165,954.53
1/31/2015	Oct-Dec 2014 sales and use tax	\$ 359.00		\$5,166,313.53
1/1/2015	Morgan carpet-floating vinyl wood planks 10 rooms	\$ 22,075.62		\$5,188,389.15

Lord Chamberlain, Inc.				
Fixed Asset Log				
For the period 10/1/14 - 9/30/15				
1/28/2015	Home Depot		\$ 177.40	\$5,188,566.55
1/28/2015	Home Depot		\$ 135.61	\$5,188,702.16
2/1/2015	Tolmie, Harold - Phase II - 6 of 6		\$ 10,000.00	\$5,198,702.16
2/17/2015	Kamco		\$ 1,752.65	\$5,200,454.81
2/13/2015	Shelton Winnelson Co. - wall joiners		\$ 127.43	\$5,200,582.24
2/16/2015	Shelton Winnelson Co. - ball assembly		\$ 70.20	\$5,200,652.44
2/27/2015	Shelton Winnelson Co. - shower w/seat		\$ 1,747.58	\$5,202,400.02
2/24/2015	Shelton Winnelson Co. - 9 qt 1/2 BFP		\$ 382.35	\$5,202,782.37
2/19/2015	Shelton Winnelson Co. - faucets/insulation		\$ 622.57	\$5,203,404.94
2/6/2015	Shelton Winnelson Co. - compressor caps		\$ 14.13	\$5,203,419.07
2/10/2015	Shelton Winnelson Co. - lever operated drains		\$ 536.28	\$5,203,955.35
2/28/2015	Home Depot - supply lines, hammersets		\$ 108.38	\$5,204,063.73
2/28/2015	Home Depot - ceiling tiles, chair rails		\$ 868.03	\$5,204,931.76
2/28/2015	Home Depot - phone line cords, locks, blinds, grout		\$ 845.45	\$5,205,777.21
2/28/2015	Home Depot - rollers, s-glow		\$ 75.61	\$5,205,852.82
2/28/2015	Home Depot - wall phones, blinds, paint		\$ 430.29	\$5,206,283.11
2/28/2015	Home Depot - panels, spacers, grout		\$ 356.71	\$5,206,639.82
3/3/2015	Shelton Winnelson Co. - Temptrol with slide bar		\$ 391.08	\$5,207,030.90
3/30/2015	Inpro Corporation - Wheat Field Vinyl Sheets		\$ 3,051.90	\$5,210,082.80
3/27/2015	Home Depot - 6pc cover, Chair RL-POL, Pull		\$ 845.56	\$5,210,928.36
4/6/2015	Mary Gray Interiors Design		\$ 1,368.73	\$5,212,297.09
4/8/2015	Shelton Winnelson		\$ 1,827.12	\$5,214,124.21
4/30/2015	sales & use tax period end 3/31/15		\$ 195.00	\$5,214,319.21
4/24/2015	Shelton Winnelson		\$ 151.40	\$5,214,470.61
4/22/2015	Electrical Wholesales		\$ 1,257.91	\$5,215,728.52
4/28/2015	Home Depot		\$ 1,163.27	\$5,216,891.79
4/27/2015	D&D Painting		\$ 2,182.94	\$5,219,074.73
4/30/2015	Mary Gray Interiors Design		\$ 850.00	\$5,219,924.73
5/1/2015	Shelton Winnelson		\$ 1,195.92	\$5,221,120.65
5/4/2015	Wildman Construction		\$ 1,754.78	\$5,222,875.43
5/7/2015	Inpro Corporation		\$ 2,524.27	\$5,225,399.70
4/6/2015	Mary Gray Interiors Design balance due		\$ 1,368.73	\$5,226,768.43
5/20/2015	Mary Gray Interiors Design		\$ 1,928.59	\$5,228,697.02
5/20/2015	Mary Gray Interiors Design balance due		\$ 1,928.59	\$5,230,625.61
5/20/2015	Tolmie, Harold 2 additional room renovations		\$ 8,000.00	\$5,238,625.61
5/28/2015	Kamco		\$ 44.89	\$5,238,670.50
6/20/2015	Shelton Winnelson - 2nd fl renovation		\$ 907.24	\$5,239,577.74
6/5/2015	Shelton Winnelson - 2nd fl renovation		\$ 1,274.38	\$5,240,852.12
6/5/2015	Shelton Winnelson - 2nd fl renovation		\$ 60.87	\$5,240,912.99
6/10/2015	Morgan Carpet & Floors - 2nd fl renovation floors		\$ 3,890.30	\$5,244,803.29
6/12/2015	Kamco - 2nd floor renovation		\$ 876.32	\$5,245,679.61
6/10/2015	Morgan Carpet & Floors - 2nd fl renovation floors		\$ 3,890.31	\$5,249,569.92
6/5/2015	Mary Gray Interiors Design - 2nd floor renovation		\$ 1,215.50	\$5,250,785.42
6/17/2015	Shelton Winnelson - 2nd fl renovation		\$ 134.41	\$5,250,919.83
6/15/2015	D&D Painting - 2nd floor wallcovering		\$ 681.76	\$5,251,601.59
6/22/2015	Shelton Winnelson - 2nd fl renovation		\$ 131.06	\$5,251,732.65
6/23/2015	Mary Gray Interiors Design - 3rd fl nurse station border		\$ 352.23	\$5,252,084.88
6/28/2015	Home Depot - painting materials		\$ 462.18	\$5,252,547.06
6/30/2016	sales & use tax period end 6/30/15		\$ 161.00	\$5,252,708.06
7/14/2015	Electrical Wholesalers - 2nd fl renovations		\$ 1,839.19	\$5,254,547.25
7/16/2015	Kamco- 2nd fl renovations		\$ 1,752.64	\$5,256,299.89
7/15/2015	Electrical Wholesalers - 2nd fl renovations		\$ 292.91	\$5,256,592.80
7/23/2015	Kamco- 2nd fl renovations		\$ 1,779.24	\$5,258,372.04
7/14/2015	Electrical Wholesalers - 2nd fl renovations		\$ 221.44	\$5,258,593.48
7/21/2015	Electrical Wholesalers - 2nd fl renovations		\$ 1,002.71	\$5,259,596.19
7/21/2015	Mary Gray Interiors Design		\$ 1,269.11	\$5,260,865.30
7/21/2015	Mary Gray Interiors Design fabric recreation project		\$ 1,269.10	\$5,262,134.40
7/27/2015	D&D Painting 2nd fl wallcoverings		\$ 681.76	\$5,262,816.16
7/1/2015	Morgan Carpet & Floors revised balance		\$ 3,890.31	\$5,266,706.47
8/20/2015	Morgan Carpet & Floors			\$ 3,890.31
8/1/2015	Mary Gray Interiors Design - desings fees for renovation		\$ 1,388.05	\$5,264,204.21
8/19/2015	Shelton Winnelson materials 2nd fl		\$ 64.68	\$5,264,268.89
8/18/2015	Kamco recreation room		\$ 2,217.40	\$5,266,486.29
8/28/2015	HomeDepot - materials 2nd fl		\$ 195.09	\$5,266,681.38
8/27/2015	Shelton Winnelson rec room		\$ 209.20	\$5,266,890.58
8/31/2015	Shelton Winnelson 2nd fl		\$ 36.82	\$5,266,927.40
8/31/2015	Shelton Winnelson 2nd fl		\$ 43.54	\$5,266,970.94
8/31/2015	Shelton Winnelson 2nd fl		\$ 31.47	\$5,267,002.41
8/31/2015	Shelton Winnelson 2nd fl		\$ 523.69	\$5,267,526.10
8/28/2015	Shelton Winnelson 2nd fl		\$ 6.02	\$5,267,532.12
8/26/2015	Shelton Winnelson materials dietary		\$ 19.37	\$5,267,551.49
8/26/2015	Shelton Winnelson		\$ 78.82	\$5,267,630.31

Lord Chamberlain, Inc.

Fixed Asset Log

For the period 10/1/14 - 9/30/15

Date	Description	Additions	Deletions	Balance
8/27/2015	Shelton Winnelson 2nd fl	\$ 55.47		\$5,267,685.78
8/28/2015	Electrical Wholesalers 2nd fl renovation	\$ 1,065.78		\$5,268,751.56
8/28/2015	Electrical Wholesalers rec room	\$ 925.34		\$5,269,676.90
9/1/2015	Kitchen Cabinet Resurfacing cabinets for rec room	\$ 7,790.00		\$5,277,466.90
9/1/2015	Kitchen Cabinet Resurfacing cabinets for rec room	\$ 7,790.00		\$5,285,256.90
9/4/2015	Shelton Winnelson 2nd fl	\$ 1,203.23		\$5,286,460.13
9/10/2015	Wildman Construction new valves 2nd fl	\$ 1,116.68		\$5,287,576.81
9/15/2015	Kitchen Cabinet Resurfacing rec room window sills	\$ 1,600.00		\$5,289,176.81
9/4/2015	Shelton Winnelson 2nd fl	\$ 426.06		\$5,289,602.87
9/8/2015	Shelton Winnelson rec room	\$ 86.22		\$5,289,689.09
9/14/2015	Shelton Winnelson 2nd fl	\$ 117.07		\$5,289,806.16
9/11/2015	Shelton Winnelson 2nd fl	\$ 514.27		\$5,290,320.43
9/9/2015	Shelton Winnelson 2nd fl	\$ 127.33		\$5,290,447.76
9/16/2015	Kamco drywall materials	\$ 264.29		\$5,290,712.05
9/15/2015	Blake Fire Protection 2 new sprinkler heads labor & material	\$ 905.91		\$5,291,617.96
9/18/2015	Shelton Winnelson 2nd fl	\$ 733.16		\$5,292,351.12
9/30/2015	Sales and Use tax 9/30/15	\$ 1,091.00		\$5,293,442.12
9/28/2015	Home Depot 2nd fl renovations	\$ 4,871.05		\$5,298,313.17
9/30/2015	Shelton Winnelson 2nd fl	\$ 83.45		\$5,298,396.62
9/29/2015	Shelton Winnelson 2nd fl	\$ 58.72		\$5,298,455.34
10/1/2014	Reclass LOC interest and fees	\$ 71,516.49		\$5,369,971.83
9/3/2015	Joe Masonry new brick and mortar around flutes	\$ 2,800.00		\$5,372,771.83
		\$ 284,216.63		

G/L # 1810 - Movable Equipment - SNF

Date	Description	Additions	Deletions	Balance
10/1/14	Beginning Balance			\$2,098,050.72
10/31/14	Twin Med - Bariatric bed	\$ 3,284.09		\$2,101,334.81
11/10/14	Security Specialists- burglar system, video intercom, CCTV	\$ 47,593.68		\$2,148,928.49
12/10/14	Sara 3000 with scale	\$ 4,058.42		\$2,152,986.91
12/31/14	reversed meal deliverery cart-Direct Supply		\$ 2,288.31	\$2,150,698.60
3/17/2015	Security Specialists - service	\$ 409.45		\$2,151,108.05
3/10/2015	Security Specialists - service	\$ 215.36		\$2,151,323.41
3/13/2015	Security Specialists - run cables	\$ 94.65		\$2,151,418.06
3/13/2015	Security Specialists - monitoring	\$ 43.42		\$2,151,461.48
3/1/2015	Security Specialists - deposit for CCTV System	\$ 381.00		\$2,151,842.48
3/17/2014	Security Specialists - CCTV System install	\$ 869.68		\$2,152,712.16
5/1/15	Security Specialists	\$ 79.76		\$2,152,791.92
5/31/15	Twin Med Blood pressure SP o2 unit	\$ 3,709.49		\$2,156,501.41
6/5/15	Twin Med - 2 CVSM 6400 Blood pressure Sp02	\$ 7,443.76		\$2,163,945.17
7/22/15	McKession - SYS Scan VITASCAN LT BLAD - (bladder scanner)	\$ 9,374.99		\$2,173,320.16
8/14/15	Direct Supply		\$ 2,288.31	\$2,171,031.85
9/28/15	KWALU - tables, chairs 3rd fl dining room	\$ 11,737.63		\$2,182,769.48
		\$ 84,718.76		

G/L #1820 - Non Movable Equipment - SNF

Date	Description	Additions	Deletions	Balance
10/1/14	Beginning Balance			\$1,282,312.77

G/L #1837 - Computer Software

Date	Description	Additions	Deletions	Balance
10/1/14	Beginning Balance			\$24,821.39
1/31/2015	Ryders Mgt - Ash Creek Ent	1,081.73		\$25,903.12
1/31/2015	Ryders Mgt - Ash Creek Ent	827.40		\$26,730.52
4/30/15	Ryders Mgt - Ash Creek Ent	659.69		\$27,390.21
		2,568.82		

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
Lord Chamberlain Nursing and Rehabilitation Center		968C		9/30/2015		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

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

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

Name of Facility Lord Chamberlain Nursing and Rehab	License No. 968C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		1968			
2. Date Structure Completed		1968/1976/1994			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		190			
6. Square Footage		71,118			
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Variable	Variable			
b. Date Mortgage Obtained	2/2015	11/2011			
c. Interest Rate for the Cost Year	3.56%	3.64%			
d. Term of Mortgage (number of years)	7				
e. Amount of Principal Borrowed	474,842	2,000,000			
f. Principal balance outstanding as of 9/30/15	421,300	1,582,079			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing and Reha	968C	9/30/2015	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$ 18,825	18,825		
Name of Lender	Rate			
Peoples United Bank	Varies			
Address of Lender				
PO Box 205, Brattleboro, VT 05302-0205				
2. Second Mortgage	\$ 61,946	61,946		
Name of Lender	Rate			
Peoples United Bank				
Address of Lender				
PO Box 205, Brattleboro, VT 05302-0205				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$ 80,771	80,771		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Lord Chamberlain Nursing and Re		968C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				80,771	80,771		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	8,300	8,300	
Interest from finance charges							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	89,070	89,070	
14. Insurance							
a. Insurance on Property (buildings only)				\$	20,494	20,494	
b. Insurance on Automobiles				\$	5,865	5,865	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	94,693	94,693	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	121,052	121,052	
15. Total All Expenditures (A-13 thru C-14)				\$	20,785,845	20,785,845	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing and Rehabilitation Center				968C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	12g	Occupational Therapy	\$ 452,621	452,621		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 268,563	268,563		
10.	15	1e	Accounting & Legal	\$ 3,120	3,120		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,340	1,340		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	16	Automobile Expense (e.g. personal use)	\$ 5,517	5,517		
18.	16	m2,3	Unallowable Advertising *	\$ 66,044	66,044		
19.	15	1j	Income Tax / Corporate Business Tax	\$ 14,282	14,282		
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	m6	Barber and Beauty	\$ 248	248		
23.			Other - See attached Schedule	\$ 3,902	3,902		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 815,636	815,636		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	17	Meals and Entertainment	\$ 2,248		
16	m8a	Dues to Chambers of Commerce	\$ 994		
16	m13	Brecht Associates - market study	\$ 175		
16	m13	State of CT, Treasurer - Citation	\$ 350		
16	m13	AR Solutions - collections	\$ 135		
Total Other A&G Adjustments			\$ 3,902	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Lord Chamberlain Nursing and Rehabilitation Center			968C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 815,636	815,636		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 345,500	345,500		
28.	20	5d	Ambulance/Limousine	\$ 15,278	15,278		
29.	20	5f	X-rays, etc	\$ 48,422	48,422		
30.	20	5h	Laboratory	\$ 13,496	13,496		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 40,634	40,634		
33.	20	5j	Occupational Therapy	\$ 1,440	1,440		
34.			Other - See Attached Schedule	\$ 3,206	3,206		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 11,771	11,771		
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14b	Property Insurance	\$ 5,865	5,865		
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 20,683	20,683		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,731	4,731		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 1,326,661	1,326,661		

*** 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.

Lord Chamberlain Nursing and Rehabilitation Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Physician Care - Patients	\$ 3,206		
Total Other Ancillary Costs			\$ 3,206	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Fines and Penalties	\$ 1,612		
27	12D	Late Fees and finance charges	\$ 3,119		
Total Other Adjustments			\$ 4,731	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing and Rehabilitt	968C	9/30/2015		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 16,620,397	16,620,397			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,366,374)	(7,366,374)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,253,098	2,253,098			
b. Medicare Room and Board Contractual Allowance **	\$ 1,174,550	1,174,550			
4. a. Private-Pay Residents and Other	\$ 7,039,039	7,039,039			
b. Private-Pay Room and Board Contractual Allowance **	\$ (342,327)	(342,327)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 344,284	344,284			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 1,153	1,153			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 49,452	49,452			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 41,350	41,350			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 650,042	650,042			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 478,728	478,728			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 87,663	87,663			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 33,070	33,070			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 774,827	774,827			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 83,028	83,028			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (1,905,709)	(1,905,709)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 11,774	11,774			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 20,028,044	20,028,044			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 21,083	21,083			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 35,751	35,751			
8. Other (<i>Specify</i>)	\$ 20,442	20,442			
V. Total Other Revenue (1 thru 8)	\$ 77,276	77,276			
VI. Total All Revenue (III +V)	\$ 20,105,320	20,105,320			

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.
 ** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Ancillary Med A Allowance	\$ (1,984,286)		
	Oxygen - Med A	\$ 8,015		
	Respiratory Therapy - Med A	\$ 22,860		
	X-Ray - Med A	\$ 37,404		
	Lab - Med A and Med B	\$ 10,298		
Total Other Resident Revenue - Medicare		\$ (1,905,709)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Respiratory Therapy - Private Pay	\$ 3,195		
	Respiratory Therapy - Managed Care	\$ 6,165		
	Lab - Managed Care	\$ 1		
	Oxygen - Private Pay	\$ 2,413		
Total Other Resident Revenue		\$ 11,774	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Talmadge Park Interest - self-disallowed		\$ 20,683		
	PMA Interest		\$ 399		
	Finance Charge		\$ 1		
Total Interest Income			\$ 21,083	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Handivan	\$ 20,142		
	Sale of 1997 Handicap Van	\$ 300		
Total Other Revenue		\$ 20,442	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing and Rehabil	968C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(266,504)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,963,780
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	11,000
5. Prepaid Expenses			\$	814,435
a. Prepaid Corporate Taxes	55,849			
b. Exchange	340,000			
c. Prepaid Payroll and Medical Supplies	333,726			
d. Other Prepaid Expenses	84,860			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	23,338
Medicaid Advances	(4,427)			
Loans and Exchanges	(7,043)			
Refunds	34,808			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,546,049
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	9,950	\$	9,440
	Accum. Depreciation	510		
	Net			
3. Buildings	*Historical Cost	5,374,246	\$	3,316,229
	Accum. Depreciation	2,058,017		
	Net			
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
	Net			
5. Non-Movable Equipment	*Historical Cost	1,309,703	\$	262,377
	Accum. Depreciation	1,047,326		
	Net			
6. Movable Equipment	*Historical Cost	2,182,769	\$	203,489
	Accum. Depreciation	1,979,280		
	Net			
7. Motor Vehicles	*Historical Cost	248,475	\$	66,972
	Accum. Depreciation	181,503		
	Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
<hr/>				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	3,858,506

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing and Rehabil	968C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	7,404,555
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
\$				
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
3. Buildings				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
5. Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
\$				
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$				
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____ Net				
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
Due from Related Parties - SNFs			807,922	
Due from Related Parties - Ryders Health & Reh			162,090	
Due from Related Parties - Ryders Partners			58,061	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 1,028,073				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 8,432,628				

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing and Rehabilitation	968C	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,131,087
2. Notes Payable (<i>itemize</i>)			\$	77,866
Partners Pharmacy				
Auto				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	473,754
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	3,110,099
Line of Credit and Construction Loan				
Patient Fund				
Accrued User Fee Tax				
Accrued Rent				
2,003,379 Accrued Copier Expense				
35,924 Accrued PTO and AFLA				
285,241 Sales Tax Payable				
289,250 Accrued AP (see attached)				
65,284				
419,803				
2,311				
8,907				
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	4,792,806

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

(Carry Total forward to next page)

Lord Chamberlain

Cost Year 2015 - as of 9/30/15
2250 - Accrued Expenses

Page 33 Attachment

AP Invoices REVERSING in OCTOBER 2015

Sep-15	Management Fee	-4,342.30
Sep-15	Help Wanted	-2,038.85
Sep-15	Data Processing - Services	-62.10
Sep-15	Repair and Maintenance - Services	-422.32
Sep-15	Repair and Maintenance - Supplies	-567.20
Sep-15	Improvements	-1,474.00
	Balance	-8,906.77

G. Balance Sheet (cont'd)

Name of Facility Lord Chamberlain Nursing and Rehabilitati	License No. 968C	Report for Year Ended 9/30/2015	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,792,806	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
Due to Lord Chamberlain Realty		1,879,445		
Due to Subsidiary		994,222		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 2,873,668
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,666,474

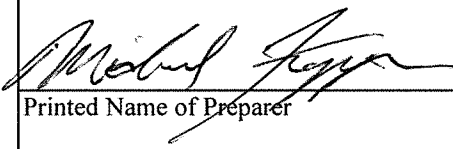
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing and Rehab	968C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	10,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,436,679
6. Gain or Loss for Period			\$	(680,525)
7. Total Net Worth			\$	766,154
C. Total Reserves and Net Worth			\$	766,154
D. Total Liabilities, Reserves, and Net Worth			\$	8,432,628

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing and Rehabili	968C	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	2,144,322
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	20,105,320
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	20,785,845
D. Net Income or Deficit			\$	(680,525)
E. Balance			\$	1,463,797
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	1,463,797

I. Preparer's/Reviewer's Certification

Name of Facility Lord Chamberlain Nursing and	License No. 968C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title Dir. of Finance	Date Signed 1/28/2016		
Printed Name of Preparer Michael Krijgsman, Director of Finance				
Address Address 88 Ryders Lane, Suite 208, Stratford, CT 06614		Phone Number 203-381-1327		