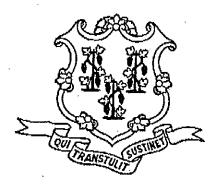
State of Connecticut



15/10

Annual Report of Long-Term Care Facility

		C	ost Year 2	015					
		C	osi i cai 2	015		RECEIV	EO	7. 19.10	
							•		
Name of Facility (as l	icensed)					FEB 17	2016		
Maefair Health Care (Center								
Address (No. & Stree	t, City, State, Z	ip Code)			[[DEPT. OF SOCIAL	SERVIC	ES	
21 Maefair Court Tru	ımbull, CT 066	511			OFFIC	E OF CON AND B	ATE SE	TIMGS	
Type of Facility									
Chronic and C Nursing Home			Rest Home Supervision				□ ((Specify	y)
Report for Year Begir 10/1/2014	nning		Report for Yea 9/30/2015	r Ending					
			•	•					
License Numbers:		CCNH	RHNS		(Spec	ify)	Me	dicare :	Provider
					No.).		
		2142C						07-540)4
			·			<u></u>	<u></u>		
Medicaid Provider Nu	ımbers:		CNH 42C	RHN	S		ICF-l	MR	
For Department Use	Only				•				
Sequence Number	Signed and	Date	Sequence N	Tumber	Q:	ned and Notar	izad	Data	Received
Assigned	Notarized	Received	Assign	ed	Sigi	neu anu motar	1ZCU	Date.	Keceived
							-		



December 11, 2013

Mr. Michael E. Mosier Chief Financial Officer Athena Health Care Systems 135 South Road Farmington, CT 06032

Subject:

Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report:

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Glaudette B. Pickens, CPA

CC: Chris Lavigne

Table of Contents

	eral Information - Administrator's/Owner's Certification	1
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	<u>1A</u>
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	2
Gene	eral Information and Questionnaire - Partners	3
	eral Information and Questionnaire - Corporate Owners	3A
	eral Information and Questionnaire - Individual Proprietorship	<u>3B</u>
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	
Sche	dule of Resident Statistics	8
Sche	dule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
В.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
C.	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C. C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd)	35
Н.	Changes in Total Net Worth	36
Ī.	Preparer's/Reviewer's Certification	37

	General 1	(nformation				
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of		
Maefair Health Care Center	2142C	. 9/30/2015	1	37		
Ac	lministrator's/C	Owner's Certification				
·	BE PUNISHABI	ON OF ANY INFORMATION C LE BY FINE AND/OR IMPRISO) IN		
I HEREBY CERTIFY that I h accompanying Cost Report an	d supporting sch	• •				
<u>Macfair Health Care Center</u>	[facility r	name] for the cost report period l	peginning			
October 01, 2014 my knowledge and belief, it is and records of the provider(s)	a true, correct, a	September 30, 2015, and a supplement prepared ith applicable instructions.		 		
Questionnaires, Schedule of R of Revenues and the related B	esident Statistics alance Sheet of t	tion of the attached General Info s, Statements of Reported Expen his Facility in accordance with the ne year ended as specified above	ditures, State ne Reporting	ements		
I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under penalities of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.						
	•					
Signed (Administrator)	Date	Signed (Owner)	Date			
Dona C. Creica	2/10/16	17	2/10	/16		
Printed Name (Administrator)		Printed Name (Owner)				
Donna S. Orefice		Lawrence Santilli	1			
Subscribed and Sworn State of to before me:	Date 2/10/16	Signed (Motary Public)	Comm. E	xpires		
Address of Notary Public	1	76 Christine &	noe			
/		Southington C	T 864	P?		

(Notary Seal)

State of Connecticut Annual Report of Long-Term Care Facility CSP-1A Rev. 6/95

State of Connecticut Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustm	aent		Page	of
			1A	37
Name of Facility	Period Cover	red:	From	То
Maefair Health Care Center			10/1/2014	9/30/2015
Address of Facility				
21 Maefair Court Trumbull, CT 06611		•		
Report Prepared By	Phone Numb	er	Date	
Athena Health Care Associates, Inc	(860) 751-39	000	2/10	2016
Item .	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid\$				
2. Laundry wages paid\$			-	
3. Housekeeping wages paid\$		<u> </u>		
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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

		Phone No. of Facility 203-459-515		Report for Year En		Page 2	of . 37
Name of Facility (as shown on license)		Address (No	o. & St	reet, City, State	e, Zip)		
Maefair Health Care Center		21 Maefair C	ourt T	rumbull, CT 066	11		
	CCNH	RHNS	((Specify)		Medicare Pr	
License Numbers:	2142C					07-5	404
Type of Facility (Check appropriate box(es)) ်						
☑ Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Supervision only			(Specify) ·	
Type of Ownership (Check appropriate b	ox)						
PROPRIETORSHIP LLC	PARTNERSHIP	PROFIT CORP.		NON-PROFIT CORP.		GOVERNMENT	☐ TRUST
			Date (Opened	Date Clo	sed	
If this facility opened or closed during re	port year prov	ide:					
Has there been any change in ownership				_			
or operation during this report year?		☐ Yes	V	No If "Y	es," expl	ain fully.	_
							. <u> </u>
						 -	
				·			
Administrator			-		<u>.</u>		
Name of Administrator				Nursi	ng Home		<u> </u>
Donna S. Orefice					istrator's	001	677
	•				ense No.:		
Other Operators/Owners who are assistant	nt administrat	ors (full or part tin	ne) of	this facility.		1	
Name				Lice	ense No.:		
		·					
Not Applicable							
T. Carrelle Lands							
	·						
		·					

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page	of
Maefair Health Care Center		2142C	9/3	0/2015	3	37
Legal Name of Partr	nership/LLC	Business A	ddress	State(s) and/o Which R		
Name of Partners/Members	Business A	Address	,	Γitle	% Ov	vned
Not Applicable						
	·					
				·		

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	led	Page	of
Maefair Health Care Center	2142C	9/30/2	015	3A	37
If this facility is owned or operated as a cor	poration, provide	the following information	on:		
Legal Name of Corporation		iness Address	State(s) in W		porated
Maefair Health Care Center, Inc	21 Maefair	Court, Trumbull, CT 06611		CT	-
Name of Directors, Officers	Bus	iness Address	Title	No. S Held by	
	-				
Lawrence G. Santilli	21 Maefair Co 06611	urt, Trumbull, CT	President	772.0	6015
Debra M Soucey	21 Maefair Co 06611	urt, Trumbull, CT	Secretary		
Michael E. Mosier	21 Maefair Co 06611	urt, Trumbull, CT	Treasurer		
Names of Stockholders Owning at Least 10% of Shares					
Other than noted above:	·				
Chakalos Nursing Homes, LLC	21 Maefair Co 06611	urt, Trumbull, CT		10	7.5
Conservators for Lawrence E. Santilli	21 Maefair Co 06611	ourt, Trumbull, CT		119.	8985
,					
-					

f Long-Term Care Facility
10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	° of
Maefair Health Care Center	2142C	9/30/2015	3B	. 37
If this facility is owned or operated as ar	n individual proprietorship, pro	ovide the following informati	on:	
Owner(s) of Facility			
	-			
			•	•
Not Applicable				
	<u> </u>		٠	
·				
				:
	· · · · · · · · · · · · · · · · · · ·			
,				

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

General Information and Questionnaire Related Parties*

Name of Facility		License No.	No.		Report for Year Ended		Page	Jo
Maefair Health Care Center		2142C			9/30/2015		4	37
								-
Are any individuals rece marriage, ability to conti	Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	cility re	lated thriation?	ygno.	□ Yes □ No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Add nation on Pag	iress and ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servi	es,					-
including the rental of purelated through family as	including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business	to this fa	cility, or busi	ness				
association to any of the	association to any of the owners, operators, or officials of this facility?	of this f	acility?		☑ Yes ☐ No	If "Yes," provide the following information:	e following	information:
		Als	Also Provides	des		Indicate Where		
		G00	Goods/Services to	ces to		Costs are Included		Actual Cost to the
Name of Related	Business	Non-F	Non-Related Parties	Parties	Description of Goods/Services	in Annual Report	Cost	Related
Individual or Company	Address	Yes	οÑ	**%	Provided	Page # / Line #	Reported	Party
Shady Knoll Health Care	41 Skokorat Street Seymour, CT	5		%80<	Interest allocation avolends	Page 27 12D	\$13.613	£13.£18
Laurel Ridge Health Care	Laurel Ridge Health Care 1642 Danbury Road Ridgefield.				0	21.61.19.11		
Center	CT 06877	\(\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\texi}\text{\texi}\text{\text{\text{\texi}\text{\text{\tet		>98%	Bank Fees	Pg 16m13	\$8,319	\$8,319
Athena Health Care Systems	135 South Road, Farmington, CT 06032	7		%86<	see attached			
Marfain I andland II C	135 Courth D.d Bournington CT	[2		/000		Pg 22, Ln 9 and 10b,	61 364 140	01 364 140
		[2	VALUE OF ENGINE		6-2-6-2	
Sheriden Woods	321 Stonecrest Drive, Bristol, CT	2		>98%	Expense reimbursement	pg 22 Ln 6b	\$2,220	\$2,220
Litchfield Woods Health Care	255 Roberts Street, Torrington, CT	5			Shared Legal Fees	Pg 15, 1 e	\$5,076	\$5,076
						-	·	
			Ö					
						,		
7 7 7 17								

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

Maefair Health Care RELATED PARTIES PAGE 4

		Also Provided Goods/Services to		Indicate Where Costs are included		Actual Cost to the
FACILITY	1	Non-Related Parties	Description of Goods/Services	in Annual Report	Costs	Related
NAME	ADDRESS	Yes No 1 %	naprico 1.1			
Athena Health Care Systems	135 South Road Farmington, CT 06032	%905*	Management, Legal, Marketing, Bank Fees, AR, MIS, mortgage fees, Insurance, Lobbying, Health Insurance Bank Charges, LOC Interest, psyroli processing fees Computer conversion, data processing employee relations maintenance & repairs PIS therapy, nursing consulting	Pg 15, 1e & 1g, 1a5 Pg 16, m3, m13, Pg 17 Pg 27, 12D & 14a, Pg 16, L2 Pg 16, m13 pg 23 D2c, pg 16 m13 pg 16 L3 pg 12, 6a	\$2,109,973	\$1,691,463
Athena Health Care Systems 401(k) plan	135 South Road Farmington, CT 06032	× >50%	Facility Participates in a multi-facility 401 (K) plan			
Athena Captive LLC	135 South Road Farmington, CT 06032	%09< X	Workers Comp Captive	Pg 15, L1a	\$546,414	\$546,414

State of Connecticut Annual Report of Long-Term Care Facility CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	of
Maefair Health Care Center	2142C		9/30/2015	5_	37
If the facility is licensed as CDH and/or RCH o		IDS or TB	services with special Medicai	d rates,	costs
must be allocated to CCNH and RHNS as follo	ws:				<u>,</u>
Item			Method of Allocation		
Dietary			meals served to residents		•
Laundry			pounds processed		,,,
Housekeeping		Number of	square feet serviced		
			hours of routine care provided	-	
Nursing		employee o	classification, i.e., Director (or	Charge	Nurse),
		Registered	Nurses, Licensed Practical Nur	rses, Ai	des and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provided	d by EA	CH
		specialist ((See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar	ies		
Management services			e cost center involved		
All other General Administrative expenses		Total of Di	rect and Allocated Costs		
The preparer of this report must answer the following	lowing ques	tions applic	able to the cost information pro	ovided.	
1. In the preparation of this Report, were all			If "No," explain fully why suc		ition was
costs allocated as required?	☐ Yes	☑ No	not made.		
Not Applicable					
	···· ···	•	-		
				, , , , , , , , , , , , , , , , , , , ,	
2. Explain the allocation of related company ex	xpenses and	attach copy	of appropriate supporting data	ı.	
2. Diplan in allocation of foliate a company	<u></u>	1.7			
Not Applicable					
110071Dpixedoit					
3. Did the Facility appropriately allocate and s	elf-disallow	direct and	indirect costs to non-nursing ho	me cos	t centers?
(e.g., Assisted Living, Home Health, Outpat	tient Service	s. Adult Da	v Care Services, etc.)		
(c.g., Assisted Diving, Frome Floatin, Suspen				h allaa	tion was
	☐ Yes	□ No	If "No," explain fully why suc	II alloca	ition was
·			not made,		
NY CARRY IN AT M. N. N. T. T. Cond	Cantara				
Not Applicable: No Non-Nursing Home Cost	Centers				
	·			<u> </u>	

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

General Information and Questionnaire Leases (Excluding Real Property)

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

\$6,465 \$2,409 \$7,124 \$1,091 \$11,333 37 ot Amount Claimed Page 9 \$6,465 \$2,409 \$7,124 \$1,091 \$11,333 Amount of Lease Annual 9/30/2015 Report for Year Ended restructured. Term of 48 months 32 months 60 months 60 months Lease Lease** Date of 11/22/13 03/06/12 07/15/11 07/18/13 06/18/13 Description of Items Leased 2142C Conference Equipment Postal Equipment PCC Equipment Copier System Copier System License No. ŝ Related * to Operators, \Box 2 > ₪ > Owners, Officers Yes LEAF Capital Funding, LLC PO Box 979127, Miami, FL LEAF Capital Funding, LLC PO Box 979127, Miami, FL CISCO Capital, 170 West Tasman Drive, San Jose, CA Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA Pitney Bowes, 60 Wellington Rd, Milford, CT 06484 Name and Address of Lessor Maefair Health Care Center Name of Facility 33197-9127 33197-9127

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Not Applicable - No Vehicles Is a Mileage Log Book Maintained for All Leased Vehicles?

\$28,422

Total ***

ŝ

Kes

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

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

Marefair Hell Case Ct.



Piney Bowes

Portfolio Management

Phone 3/0-6/0-3526 ext 3/19 Fac 205-617-2654

April 19, 2014

To:

Joseph Colaci

Brom;

Raye Druckrey

Ret

15292609862

Dear Joseph Coluci.

This will confirm our conversation regarding the re-structuring of your Lease Account # 4546825-006with PEGES for the Pitney Bowes Mailing Equipment.

As was discussed, PDGES has agreed to re-structure your 42—month lease, resulting in a new payment of \$255.55 New Payment perquaster, excluding fax and Valumax, Your custonly pay \$255.06 Old Payment per quarter, excluding tax and Valumax. All other topics and conditions under the lease signed \$3/36/2014 remain in hill force and effect. "This offer expires 04/25/2014

We value you as a long term ritiney Bowes enstooder and look forward to a anutually beinedicial relationship. Once I receive you signature approval, I will have the contract adjusted to reflect our agreement to re-structure your payments. Please fax it back to my attention at I-203-613-2634 at your earliest convenience. If you have any additional questions or concerns, please do not hesitate to contact me.

Salvatore-Porletta

CUSTOMER RETENTION ACCOUNT ADJUSTMENT

DATE: May 19, 2014		•	•		
To Portfolio Administration		•. ,			• .
From: Matt Perry		•			•
Customer Name: MAEFAIR HE	<u>ALTH CARE CE</u>	NTER			
Lease/Schedule: 4546826-006					
Old Comm. Date: 3/30/14	New Comm. Dat	te: <u>3/30/14</u>	·		
BILLING ADJUSTMENTS:				:	. •
Current Billing	Adjusted Billing	Discount %			
Rent: 104,40	<u>93.96</u>	<u>10</u> .			
EMA: 75.60	<u>68.04</u>	<u>10</u>			
Meter: <u>105</u>	<u>94.50</u>	<u>10</u>		**	
SFTG				•	
UXC		·	•	•	
METER OR EMA CHANGE O	NLY				
New Meter \$	New EMA\$		•		
PARTIAL TERMINATION	Ratio %	•			
PCN Serial# Serial#	,		,		•
resultance in the second of th		to describe the second			
PORTFOLIO ADMINISTRATI			٠		
Original ContractNew C Contract Balance W/O	ontract	Difference			•
Balance Forwards Write Offs				•	
Rent EMA	Meter	Late Charges			
Original Term Remain	ning Term	Adjusted Term			

■ PitneyBowes

Every connection is a new opportunity

EZ LEASE

Pitney Bowes
Inside Sales Group
27 Waterview Drive
Shelton, CT 06484
SARA SCHULBERG
District: 0007
RIDE THE CHANNEL
LAWRENCE ZARRELLA
950108
99
3-4061933321

YES, I want to take advantage of protecting my Existing Pitney Bowes

Equipment Payment for 42 months.

We are proud to extend our Loyalty offer to you, effective on the day following the expiration date of your existing lease, if this lease is entered during the initial lease term of your existing lease, or on the first day of the next billing period, if this lease is entered during a monthly renewal term of your existing lease (said day is called the "Effective Date"). This opportunity is only being offered to a select group of our long-term Customers. If your current equipment meets your needs, simply acknowledge your acceptance by agreeing to the new lease terms outlined below.

NEW LEASE CONTRACT INFORMATION

This lease is for a fixed term of 42 months.

Same Quarterly Lease Payment: \$285 (Exclusive of Taxes and Fees for the ValueMAX program)

Rep ID: 166850 RIDE THE CHANNEL 950108 99

ACKNOWLEDGMENT OF NEW CONTRACT TERMS & CONDITIONS

I understand that Pitney Bowes Global Financial Services LLC will lease to us the equipment currently leased under existing #4546826 - 005 at the same payment and billing frequency, commencing on the Effective Date for the term set forth above. All terms and conditions of the existing lease are hereby incorporated into this new lease except as modified above. The faxed form, when accepted by Lessor, will be the one and only original lease. The person signing below confirms that he/she is authorized to enter into this agreement on behalf of the undersigned lessee.

Lessee Name:	Title:	DIRECTOR OF PURCHASING AND DINING
Signature:	Date:	1/1/13
Print Name: () nd2.061 / nlaci	E-mail:	· · · · · · · · · · · · · · · · · · ·
Accepted By: Salvatore Pour	etta	

Fax your confirmation back to 1-203-617-6360

RT6

Page 2 of 2

{C0150661.1}

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

		ID C. 37	Dono e
Name of Facility	License No.	Report for Year Ended	Page of
Maefair Health Care Center	2142C	9/30/2015	7 37
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			
[F	Yes	☐ No If "No," explain.	
previous period?			
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Y. J doubt A convention Viscon	***		· · · · · · · · · · · · · · · · · · ·
Independent Accounting Firm Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	
1 Dworkin, Hilman, LaMorte	e & Sterezala	Four Corporate Dr, Shelton, CT	•
2 Marcum LLP	c cicicana	555 Long Wharf Drive, New Haven, C	:T
3 Dopkins & Co		200 International Dr., Buffalo, NY	^
4		200 Intolinational 21, 24, 30, 11, 2	
Services Provided by This Firm (describe fully)		
1 2014 Audit, Yearend financials &	¿ tax returns		\$ 14,000
2 preparation of Medicare Cost re			\$ 2,650
3 Key Bank audit (Disallowed)	p 01 ((2 /2////////////////////////////////	MANA (40-40-40-40-40-40-40-40-40-40-40-40-40-4	\$ 1,912
4			\$ -
1			Charge for Services Provided
	•		\$18,562
Are These Charges Reflected in the Exp	enditure Portion of This Rep	ort? If Yes, Specify Expense Classification and Line No.	
✓ Yes ☐ No	Pg 15, Line1d		
***************************************	rg 15, Lineta		-
Legal Services Information Name of Legal Firm or Independent	ent Attorney	•	Telephone Number
1 Goldman, Gruder & Wood	=	•	203-899-8900
2 Probate, Shiff Harding			
3 Murtha Cullina			860-240-6000
4 Wiggin & Dana			203-498-4400
5			
Address (No. & Street, City, State	z, Zip Code)		
1 200 Connecticut Ave. Norv	valk, CT		
2			
3 185 Asylum Street, Hartfor			
4 One Century Tower, New 1	Haven, CT	•	
Services Provided by This Firm (·	
Services Provided by This Firm (aescrive juity)		
1 Collections:Disallowed			\$ 14,481
2 HUD Re-fi:\$5077(Disaflowed); p			\$ 6,000
3 Audit Letter \$872 & Sec. of Stat	e Annual Filing \$178:allow	ed; loan modification \$7,366 and DPH issues \$211:Disallow	
4 refund of Prior year fees:Disallo	wed		\$ (1,247)
5			\$ -
			Charge for Services Provided
			\$27,861
Are These Charges Reflected in the Exp	enditure Portion of This Rep	port? If Yes, Specify Expense Classification and Line No	·
☑ Yes ☐ No	Pg 15, Line 1e		

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

Schedule of Resident Statistics

Name of Facility			License No.	٧٥.		<u> </u>	Report fo	Report for Year Ended	hapu		Page	of
Maefair Health Care Center				2142C				09/30/15	15	٠	8	37
					Per	iod 10/1	Period 10/1 Thru 6/30	30	Pe	Period 7/1	Thru 9/30	/30
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH RHNS		(Specify)	Total	CCNH RHNS		(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	134	134			134	134			134	134		
B. On last day of THIS report period	134	134			134	134	·		134	134		
2. Number of Residents A As of midnight of PREVIOUS report period	121	121			127	127			121	121		
	131	131			133	133			131	131		
2									-			
A. Medicare	8,481	8,481			862,9	6,598			1,883	1,883		
B. Medicaid (Conn.)	34,168	34,168			23,113	23,113			11,055	11,055		
C. Medicaid (other states)			,									
D. Private Pay	3,075	3,075			2,165	2,165			910	910		
E. State SSI for RCH												
F. Other (Specify) Managed Care	824	824			752	752			72	72		
G. Total Care Days During Period (3A thru F)	46,548	46,548			32,628	32,628			13,920	13,920		
Beds										******	-	
A. Medicaid Bed Reserve Days	373	373			273	273			100	100		
B. Other Bed Reserve Days	3	3			3	3						
5. Total Resident Days (3G + 4A + 4B)	46,924	46,924	!		32,904	32,904			14,020	14,020		

State of Connecticut

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

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licen	se No.				Report	for Year	Ended		Page	of
Maefair Ḥea	lth Car	e Cente	er		2142C						9/30/	2015	9	37
Macian ijea	iiii Cai	COLIC	/-		21420					·····	7,50,			
4 Were the	re anv	changes	in the certified b	ed car	nacity du	ing th	nė renor	t vear	?			YES 🗹	NO	
	•	_	llowing informat	-	suoity du	g u	io ropoi	. ,	•					
II TES	, provid		f Change	1011,		hanaa	in Bed	· c			anacity A	After Change	·	······
	-	Flace o				nange		a Gaine	a	-	apacity r	inci change	•	
	l	-	(Specify)		Lost			Oame	<u>u</u>					
Date of		RHNS	·											O)
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	r Change
						!								

		I					<u> </u>			<u> </u>			l	
5 rc.1			46.41.4					(man arta	d in itan	a 4 abaya) provide the num	har of	
I .						me re	eport ye	ar (as	reporte	a in non	1 4 auuve) provide the num	OCI OI	
RESIDI	ENT DA	AYS for	90 days followir	ig the	change.					1			. 	
		•								1			/0	
			Change in R	eside	nt Days					CC	NH	RHNS	(Spe	city)
										ļ				
	· · · · · · · ·													
4th change						<u> </u>			<u> </u>					
6. Number of Residents and Rates on September 30 of Cost Year Medicare Medicaid						S	elf-Pay	· · · · · · · · · · · · · · · · · · ·	Other Stat	e Assisted				
							1		(0	i				
	ItemCCNHCCNHRHNSCCNHNo. of Residents111011							RHNS (Specify)		R.C.H.	ICF-MR			
No. of R		s	11	Sviess	101	Messal.		102000	11	12000000			1	50.00
				\$ 50 K 70 K 2	MCATA CONTRA	2500-000		15000000		55447000000	ristrates contractors	425,24	E-CLANCE CONTRACT	models (terms the first detailer)
a. One l			646,72	-	239,08	<u> </u>		1	06.00				· ·	
b. Two			646.72		239.08			1 4	94,00			425,24	 	
c. Three		re						1						
bed			1.501	<u> </u>		<u>l</u>		<u> </u>			TAI	CCNII	RHNS	(Specify)
E		-	cal Therapy Treat	ments	i					TOTAL CCNH 10,656 10,656			KLIIA	(Specity)
A.	Medic	are - Pa	rt B_ clusive of Part B)			·				10,050 10,050				Olivision of the last
В.			ce Treatments								2,217	2,217	9362530523858388	5000AC6200053806588
			Treatments							 		,,		
C	. Other	otoració									18,204	18,204		
		Physica	l Therapy Treat	nents							31,077	31,077		
			h Therapy Treatr							160				
A	. Medic	are - Pa	rt B								801	801	W. Carris Valle Control (Control	CONTRACTOR CONTRACTOR
В			clusive of Part B)										
			ce Treatments								213	213	<u> </u>	
			Treatments							ļ		1044		
	. Other		071 P1 - 1								1,944 2,958	1,944 2,958	 . 	
			Therapy Treatm							control of	2,930	2,738		
			oational Therapy	reau	ments					2055920950	3,336	3,336	E-12-53-12-53	
		are - Pa	clusive of Part B	····							0.00	2,000	and the same	(6)
B			ce Treatments	,							1,390	1,390		200000000000000000000000000000000000000
			e Treatments											
C	. Other										14,607	14,607		
			tional Therapy	<i>Freati</i>	nents						19,333	19,333		

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year		Page	of
Macfair Health Care Center	2142	C	9/30/2	015	10	37
Are time records maintained by all individuals receiving con	mpensation?	✓ Yes	□ No			
			Total Cost ar	nd Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
	000000000000000000000000000000000000000					
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III			participates at a second			
, · · · ·	135,844	2,023				
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	155,011	3,020				
1	281.32802.02			222022122823115	<u> </u>	Carlo
of Schedule A1)	24-55-04-03-03-03-03-03-04-0	20000000000000000000000000000000000000	20 25 0 20 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2883084356		
4. Other Administrative Salaries (telephone	271 020	11.262	3			X10)27037025
operator, clerks, receptionists, etc.)	271,939	11,362		video for violable to G	200000000000000000000000000000000000000	75.198.508.50
5. Dietary Service						//
a. Head Dietitian	62.071	2.006		-		
b. Food Service Supervisor	63,071	2,006 28,712				
c. Dietary Workers	424,737	28,712	77.75	77.5	550 St 200 S	1277
6. Housekeeping Service	48,804	2,182	992600000000000000000000000000000000000		2000	2576335027650
a. Head Housekeeper		16,303				
b. Other Housekeeping Workers	178,227	10,303		50,720,000,000		2/2/2/2
7. Repairs & Maintenance Services	56,007	2,129	200000000000000000000000000000000000000		7797.00.000000000	
a. Engineer or Chief of Maintenance	56,997 39,196			 		
b. Other Maintenance Workers	39,190	2,021		200		
8. Laundry Service						100000000000000000000000000000000000000
a. Supervisor	120 965	9,981		 		
b. Other Laundry Workers	128,865	9,961		 	 	
Barber and Beautician Services					 	
10. Protective Services		902505-040509074V5		20012012000		(\$17.00 Ch (\$10.00)
11. Accounting Services						
a. Head Accountant	 			 	ļ	
b. Other Accountants						625
12. Professional Care of Residents		0.70				
 a. Directors and Assistant Director of Nurses 	191,039	3,786) Section of the sect	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	50000000000000000000000000000000000000	I I I I I I I I I I I I I I I I I I I
b. RN				500000000000000000000000000000000000000		
1. Direct Care	545,411				<u> </u>	
2. Administrative**	475,566	16,713	4 0000000000000000000000000000000000000	TOTAL MARKET MARKET	TO THE RESIDENCE OF THE PARTY O	1200 CON 1000 CON 1000
c. LPN						
Direct Care	1,458,111	50,773			<u> </u>	
2. Administrative**		115.00			<u> </u>	
d. Aides and Attendants	1,658,758				 	
e. Physical Therapists	659,645			 	1	
f. Speech Therapists	73,542					
g. Occupational Therapists	347,990					
h. Recreation Workers	200,822	10,123	3			280-221-221-221
i. Physicians			F 1000 1000 1000 1000 1000 1000 1000 10			1 20 6 20 10 10 10 10 10 10 10 10 10 10 10 10 10
Medical Director						
2. Utilization Review		ļ		 	 -	-
3. Resident Care***				u sanggan Askanakinski	a visse sagara di Salaran	eggygystacht accabine
4. Other (Specify)						
j. Dentists		1				
k. Pharmacists						
I. Podiatrists						
m. Social Workers/Case Management	194,518	6,72	2			
n. Marketing		1.	1			
o. Other (Specify)						
	7,153,082	326,86		+	1	

^{*} 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)	\$	Hours	\$	Hours	\$	Hours
Position	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
		44.4	200 BANGS 187 187		WALLES TO THE PROPERTY OF THE	(X 3
		Heritani kalinda	V25*****			
	Tellinida yang dalam		ALMON WEST	Errikishiliti (246)	HERATELY PROTECTION	274
	The state of the		2 10 to 10 t			
		200				图 2000
	100000000000000000000000000000000000000		300000000000000000000000000000000000000		Partner by	A CALL CALLOCATION
	Kara Kara Kara					
	belief the See a					
	72.00.00	0.0245.008	(4 - A) F A - 70 (50 (50)		117 0 100 1 p = 00;	2014 HEAVE
	10 10 12 12 12 12 12 12 12 12 12 12 12 12 12	4400	(8.7.3)		0.000 (0.000 (0.000)	
	(35) (27)	60.64 (6.51		61222651	ies a carrier	等層線影響
			6.600	N-8: 8: 3: 3	13.7 (S. 4) (S.	93.10.00
	7.0	4/2/2015	25 (2) 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			7 T Water

Schedule of Physician: Other Fees (Page 13)	s	Hours	S	Hours	S	Hours
Service	CCNH	CCNH_	RHNS	RHNS	(Specify)	(Specify)
		322		1000	0.000.000.00	, 500 planting
Medical Staff Meetings	\$ 1,950	20		SELENOVINA KAZILA		0.000,000,000
					ACCEPTANCE AND	Spine State
		Etrovi Seri	B.B. S. H. S. F. F. S. F. S. F. F. F. F. S. F. F. S. F.	\$120030XXXI	025 WESTER 21	
	48 S 37 10 12 18 11	\$19992926 5	30000000	64.999A+538±	12.000	2 (1) (0) (03)
			表示 经边境	设施场 公司等	STATE OF	ese ente dos
		学先进校学		Busicas Nasa		ver files
	9.4	经接触线	的建筑原理	\$-5025*0023		izzieiliziik
		42 AV 35 AV 34-			美多等级 :	1/4/8/45
			连续被制度强			
		SHOW SEE		新沙里域的		
		F-100 (#7-522)	F 31 F 21 22 E	F-20-001		
	474 474 749 74		是2016年			VX 20 38
			5位2000年第3年	Vibrative Y		************
Total	\$ 1,950	20	\$		\$	7447 5 82

Schedule of Other Fees (Page 13)	\$	Hours	\$ RHNS	Hours RHNS	S (Specify)	Hours (Specify)
Service	CCNH	CCNH	MILIO December 1911 o		(Specify)	(opecity)
				100000000000000000000000000000000000000		1913: Tasaccanist
		到2位为 基本				1.5%
	NAME OF THE PARTY	(817) - 12 - 12 MIN	GH2046(60)[7]	6200122409		100000000000000000000000000000000000000
	F-100004447674417675-641	\$\$9.54.XXXXXXXX	221210			拉拉斯特别 的
	13X11005100	网络沙漠 电外流模型 电影	32/2012/32/08 1933	least to a		1360 to 668
		227	445-327-33/20	topostezaza	200 200 A	District Colors
	1 43 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Self Substitution (Section)	01-98-14-78-78-78-60-1	KOZZJONA	NACHARAKTER BIRKE	2565-2660 const
		T. 22 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	200000000000000000000000000000000000000	2000		2004 Sept No. 0
		255-12124	9.049/ME286	N 250 27	XV	
		127 TO 12 TO				
	TELEVISION OF THE PERSON OF TH	7.00				PROPERTY.
	F32 (0.00-52)	0.00	25 T 2 Y	1070 Y 2112Y	No.	-51,000
	10000	Z-11-11-11-11-11-11-11-11-11-11-11-11-11	200	0.000		0.473473037
	1 10 10 10 10 10 10 10 10 10 10 10 10 10	25 55 55 55 55 55	2-727-737-737	100000000000000000000000000000000000000		1400000000000
	3 (12) (12) (12) (12) (12) (12) (12) (12)			n merepero Control Consideration	\$	1000
Total	\$	1888-1486 - 1888-1	3	16/23/06/07/2007	\$ -	s to State States, 12

State of Connecticut

Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

			AS	Sistaiit Aciii	Assistant Administrators and Outer Installed Lating	Cuici	וייים דייי	al uco		
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
Maefair Health Care Center				2	2142C		9/3	9/30/2015	11	37
		Salary Paid								
				Fringe Benefits and/or Other	٠	Total	Line Where		Total	
Name		())		Payments	Full Description of	Hours	Claimed on	Name and Address of All Other Employment**	Hours	Compensation Received
	CCNH	KHNS	(Specify)	(describe ruily)	Services Kendered	W OI KCU	1 age 10	Oute Employment	Pour l	50.1000
Section I - Operators/Owners										
ווענו אףאוועמטזע										
		-								
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).							·		-	·
Not Applicable										
										•
										•
	_ :					. -				

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

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

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-12 Rev. 10/2005

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

Administrators and Other Related Parties*

Name CCNH RHNS Specify Gescribe fally Services Rendered Hours Claimed on Name and Address of All Hours Compensation Payments Pay	Name of Facility (as licensed)				License No.	Report for Year Ended	Report for	Report for Year Ended		Page	jo
Name								!	1	,	
Name	Maefair Health Care Center				7	,142C		9/30	/2015	12	37
Name			Salary Paic						-		
Name					Fringe Benefits						
Name CONH RHNS (Specify) Gescribe fully Services Rendered Worked Page 10 Other Employment** Worked Recompany Name and Address of All Hours Company Company Name and Address of All Hours Name and Address of All					and/or Other		Total	Line Where		Total	
Health & Ille Administrators*** Health & Ille Day to day operations Health & Ille	Name				Payments	Full Description of	Hours		Name and Address of All	Hours	Compensation
Health & Life Day to day operations		CCNH	RHNS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Bardsley (10/1/14- 96,928 Health & Life Day to day operations 1,365 A2	Section III - Administrators***						·				
Bardsley (10/1/14- 96,928 Payroll Taxes Reality.					Health & life	Day to day operations					
S. Orefice (6/8/15- Payroll Taxes facility. 1,365 A2 Rose Garden - Health & life Day to day operations Rose Garden - Rose	Sandra Bardsley (10/1/14-				insurances,	of the nursing home					
S. Orefice (6/8/15- Health & life Day to day operations Rose Garden S. Orefice (6/8/15- 38,916 Payroll Taxes facility. S. Orefice (6/8/15- 38,916 Payroll Taxes facility. S. Orefice (6/8/15- 38,916 Payroll Taxes facility. S. Orefice (6/8/15- Albena Garden Waterbury, CT Village Payroll Taxes Facility. Albena Health Care 135 South Road Farmington, Payroll Taxes facility. Istrators Facility. Albena Health Care 135 South Road Farmington, Payroll Taxes Istrators Facility. Istrators	5/9/15)	96,928			Payroll Taxes	facility.	1,365	A2			-
S. Orefice (6/8/15- 38,916 Payroll Taxes Payroll Taxes I facility. of the nursing home facility. Watchury, CT Village and Matchury, CT Village and Matchury, CT Village and Matchury. No Watchury, CT Village and Matchury. No Willord, S80 A2 Crest - New Milford, S80 R80 s Walkuski 5/11/15- 3,589 Heather life Day to day operations insurances, Itacility. facility. 40 P16, M13 CT Athen Health Care 135 out Road Farmington, Payroll Taxes facility.					Health & life	Day to day operations			Rose Garden -	-	
Swalkuski 5/11/15- 3,589 Payroll Taxes facility. 658 A2 Crest- New Millord, 880	Donna S. Orefice (6/8/15-				insurances,	of the nursing home		-	Waterbury, CT Village		
s Walkuski 5/11/15- 3,589	9/30/15)	38,916			Payroll Taxes	facility.	658	A2	Crest - New Milford,	880	45,963
s Walkuski 5/11/15- 3,589 insurances, of the nursing home 40 P16, M13 n IV - Assistant istrators		,			Fleaith & life	Day to day operations			Athena Health Care 135		
a 1V - Assistant istrators In 1 A - Assistant istrators In 1 A - Assistant In 1 A - A - A - A - A - A - B - B - B - B -	Thomas Walkuski 5/11/15-				insurances,	of the nursing home			South Road Farmington,		
Section IV - Assistant Administrators	6/5/15	3,589			Payroll Taxes	facility.	40	P16, M13	CT		
Administrators	Section IV - Assistant								:		
	Administrators										
	,										
						_					

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of Ex		es - Proie				
Name of Facility	License No.		Report for Y	ear Ended	Page	of
Macfair Health Care Center	· 2142	2C	9/30/2	2015	13	37
			Total Cost a	nd 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	37,050	1,458				
2. Dentist	14,552	36				
3. Pharmacist	10,051	155				
4. Podiatrist						
5. Physical Therapy			10.00			
a. Resident Care	59,689	854				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,000	45				
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings) 2. Pharmaceutical Committee	- 1					
(Quarterly meetings)		•				
3. Staff Development Committee						
(Once annually)						Fill done in reside to this 21 Sept.
e. Other (Specify)	100					
· See Attached Schedule	1,950	20				
9. Speech Therapist						
a. Resident Care	2,985	9				
b. Other				World on the American Active	7 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1	155 Var in responsible 202
10. Occupational Therapist	56.5					
a. Resident Care	1,442	24				
b. Other				and of Constant Constant		arismos salvisionos
11. Nurses and aides and attendants						
a. RN						
1. Direct Care			<u> </u>		ļ <u> </u>	
2. Administrative***	14,340	70			biberroend additions	1027000045068000
b. LPN						
Direct Care						
2. Administrative***						ļ
c. Aides						
d. Other	ACQUSINESS SERVICES	and the second of the second o	and the state of t			22 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	172,059	2,671				
* Do not include in this section management consultants or services which		- Dana 16 itam M	12 and augusted by	e required inform	ntion Page 17	

^{*} Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

Report of Expenditures Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility		License No.		Report for Year Ende		Page	of
Maefair Health Care Center		2142C		<u> </u>	/2015	14	37
Name & Address of Individual	Full Expla	nnation of Service		to Owners, s, Officers No	Explanation of Relationship		
Dr Wayne Levin, 66 Deepdene Road, Trumbull, CT 06611	Med	lical Director		Ø			
Athena Health Care, 135 South Road, Farmington, CT 06032	. N	IDS Fill in	Ø		Common Own	ers	
Janine Gillum, 19 Eden Hill Road, Newtown, CT		Dietician		Ø			
Swallowing Diagnostics, 21 Waterville, Rd, Avon, CT	The	rapy Services		Į.			
Health Drive, One Prestige Drive, Meriden, CT		Dentist		. 🗹			
Dr. Iran Gomez, 3690 Main Street, Bridgeport, CT 06606	М	edical Staff		V			
Dr. John Flores MD, 15 Corporate Drive, Trumbull, CT 06611		edical staff		Ø		-	
Omnicare/Value Health Care,525 Knotter Drive, Cheshire, CT	Pharma	acy Consultants		v			
Access Therapies, PO Box 823461, Philadelphia, PA 19182-3461	The	rapy Services		Ø			
Dr. Milla Stellman, 3715 Main Street, Bridgeport, CT 06606		edical Staff		v		· ma	
Onward Health Care, P.O.Box 27421, New York, NY	The	rapy Services		☑ .			
Dr. Christopher Luthie, 3690 Main Street, Bridgeport, CT	M	edical Staff		v			
MVP Recruitment, 59 Saint Lawrence Way, North Attleboro, MA 02760	Placem	ent Fee - Nursing		Ø			·
Cheryl Maciarakowski, 234 Sherman Ave, Apt 1, Meriden, CT 06450	•	Dietician		Ø			
Amy Palmer, 24 Lufberry Lane, Norwalk, CT 06851		Dietician		V			
Pinnacle Rehab Services, PO Box 8317, Clearwater, FLA 33758	The	rapy services		Ø			
	-						
						<u></u>	, , , , , , , , , , , , , , , , , , ,
						M/ =	
	1					wa · ·	
·							

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Li	cense No.	Report for Ye	ear Ended	Page	of
Maefair Health Care Center 21	42C	9/30/	2015	15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General	:		Till State of the Control of the Con		
 a. Employee Health & Welfare Benefits 					
Workmen's Compensation	\$	546,414	546,414		
2. Disability Insurance	\$		-		
3. Unemployment Insurance	\$	161,030.	161,030		
4. Social Security (F.I.C.A.)	\$	530,873	530,873		
5. Health Insurance	\$	1,065,935	1,065,935		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	29,347	29,347		
(not-owners and not-operators)					
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>)	\$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
•					
c. Bad Debts*	\$	75,184	75,184		
d. Accounting and Auditing	\$	18,562	18,562		
e. Legal (Services should be fully described on Pa	ige 7) \$	27,861	27,861		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	75,286	75,286		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	· \$	37,033	37,033		
2. Cellular Phones	\$	1,659	1,659		
i. Appraisal (Specify purpose and	\$				
attach copy)*					
i. Corporation Business Taxes (franchise tax).	\$				
k. Other Taxes (Not related to property - See Pag	e 22)				
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule					
3. Resident Day User Fee	. \$	807,630	807,630		
Subtotal	\$	3,376,814	3,376,814		

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

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
			24 (2005)26 (346E)
	1 12 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Property of the Control of the Contr	11.414		
	66 (-41)		
20 (10 C)			
			200 (100 (100 (100 (100 (100 (100 (100 (
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description CC			(-1-7)
	0.165200	7 (2) (2)	
(A)	75-26		
Total \$	- \$		\$ -

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

Name of Facility	License No.		Report for Year Ended		Page	of
Maefair Health Care Center	2142C		9/30/	2015	16	37
Item			Total	CCNH	RHNS	(Specify)
Subtota	ls Brought Forwa	rd:	3,376,814	3,376,814		
l. Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	6,145	6,145		
3. Gifts to Staff and Residents		\$	17,538	17,538		
4. Employee Travel	<u> </u>	\$	7,879	7,879		
Education Expenses Related to Seminars an		\$	7,818	7,818		
6. Automobile Expense (not purchase or depr		\$				
7. Other (<i>Specify</i>)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
 Advertising Help Wanted (all such expense 		_\$	1,875	1,875		
2. Advertising Telephone Directory (all such a		\$				
3. Advertising Other (Specify)***		\$	35,487	35,487		
See Attached Schedule						
4. Fund-Raising***		\$,
5. Medical Records		\$	6,223	6,223		
6. Barber and Beauty Supplies (if this service		\$	14,264	14,264		
directly and not by contract or fee for service	e)***					
7. Postage		\$		9,658		
* 8. Dues and Membership Fees to Professional		\$	8,404	8,404		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$				_
9. Subscriptions		\$		859		
10. Contributions***		\$	50	50	Seat Section 2	
See Attached Schedule						
11. Services Provided by Contract (Specify and		\$		77.77.00		2000 CO 2000 C
Schedule C-2, Page 21 for each firm or ind						
12. Administrative Management Services**	********	\$		466,674		
13. Other (Specify)		\$	159,616	159,616		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	4,119,304	4,119,304		

^{*} 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)
	situati del 11 del		
	3. 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	CARROLL BY	3,50,00
	344.67.036		可能被抗 病毒。
		0.848.4074.28	SOUTHWAY SE
		140000 000	354 366
Total Other Travel and Entertainment	\$	\$	\$

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 35,487	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(\$.5).25 No. 21.
		C. S. Selen K. LS. C.	
		DESCRIPTION OF STREET	
			2019 Zhiji ya ji
		649000000000000000000000000000000000000	2.124.2.9
Total Other Advertising	\$ 35,487	\$ -	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	3.65.35.50		2.05
	(4)(2)(4)(8)(4)(12)	zanian Strain iza ili	a de la companya de
CAHCE	\$		被通用数数1.00
		2 S. S. S. S. S.	
	0.50 6-6 27 538 (0.07)		医激素素
	15 (5) (6) (6) (7)		
		1000	
Total Dues	\$ 8,404	-\$	\$

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$		14 20 S 20 S 20 S 20 S
	(V41-48-48-48-22)		
	7 - F. S. E. S.		
	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Total Contributions	\$ 50	\$ 50 00 22	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 4,169		
Bank Charges	\$		
Payroll Processing Fees	\$ 23,492	en e	
Employee Physicals	\$ 15,415		
MDS consulting(\$20,000) and Compliance Consulting(\$31,276	\$ 51,276	(0.29-4). (0.33)	A145:25452:03.0
Data Processing	\$ 36,225		KERK XX
Licenses	\$ 30 485	动脉 医神经线	
P/S-Administrator: fill-in (3,589) and Temprary bookkeeping help (\$1,275)	\$ 4,864		
CMS case #2015-01-LTC-194 and #2015-01-LTC-022	\$ 8,223		F-2008 81-25
State of CT - citiations #2015-77 and 2015-78	\$ 1,440		C12KC67K6C1173
Medicaid Applications	\$ 5,250		
Total Other Administrative and General	\$ 159,616	\$	\$

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Maefair Health Care Center	2142C	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 #
Athena Health Care Assoc., Inc	<i>:</i> •		
135 South Road	\$641,965	Contract Attached to a	
Farmington, CT 06032		Prior Year	See Below
Allocation of the above	\$423,697	Admin/Gen 66%	Pg 16, Line 12
	\$102,714	Indirect 16%	Pg 18, Line 2C
	\$115,554	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc			
135 South Road	\$42,977	Admin/Gen - Other Exp	Pg 16, Line 12
Farmington, CT 06032			

^{*} 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.

Annual Report of Long-Term Care Facility

CSP-18 Rev. 9/2002

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

(See Note on Page 5)

Nam		No.	Report for Y	ear Ended	Page of	
Maei	air Health Care Center		2142C	9/30	/2015	18 37
	Item		Total	CCNH	RHNS	(Specify)
2.	Dietary					
	a. In-House Preparation & Service					
	1. Raw Food	\$	280,488	280,488		
	2. Non-Food Supplies		33,834	33,834		
	3. Other (Specify)	\$	1,012	1,012		
	Dishes = \$1,012					
	b. Purchased Services (by contract other	\$				
	than through Management Services)					
	(Complete Schedule C-2 att. Page 21)			100		
	c. Management Services**	\$	102,714	102,714		
	d. Other (Specify)	. \$				
			er e			100 mm (180 mm) 100 mm (180 mm)
2E.	Total Dietary Expenditures $(2a+b+c+d)$	\$	418,048	418,048		
2F.	Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per	r day:*	383	383		
H.	Is cost of employee meals included in 2E?		☑ Yes	, 🗌 No		
Ī.	Did you receive revenue from employees?		☐ Yes	☑ No	If yes, specif	y amount.
J.	Where is the revenue received reported in the	.Cost Re	eport? (Page/L	ine Item)		
K.	Is cost of meals provided to persons other that employees or residents (i.e., Board Members, Guests) included in 2E?		✓ Yes	No	If yes, specif	y cost. = \$3568
L.	Is any revenue collected from these people?		☐ Yes	☑ No	If yes, specif	y amount.
M.	Where is the revenue received reported in the	Cost Re	eport? (Page/L	ine Item)		
N.	Is cost of food (other than meals, e.g., snacks monthly staff meetings, board meetings) provemployees included in 2E?		Yes	☑ No	If yes, specif	y cost.
O.	Is any revenue collected from employees?		☐ Yes	☑ No	If yes, specif	y amount.
P.	Where is the revenue received reported in the	Cost Re	eport? (Page/L	ine Item)		

^{*} Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.

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

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

Name of Facility Maefair Health Care Center		License	No.	Report for Y	Page of	
			2142C	9/30/2015		19 37
	Item		Total	CCNH	RHNS	(Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	100.			
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt. \$				
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	13,746	13,746		
	b. Purchased Services (by contract other	\$				
	than through Management Services)			Special Control		
<u> </u>	(Complete Schedule C-2 att. Page 21)	ļ				
	c. Management Services**	\$				
	d. Other (Specify)	\$	7,338	7,338		
	Supplies = \$7,338		1.0			
3E.	Total Laundry Expenditures $(3a+b+c+d)$	\$	21,084	21,084		
3F.	Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?		☐ Yes	☑ No	If yes, speci	
H.	Did you receive revenue from employees?		Yes	☑ No	If yes, speci	fy amount.
Ī.	Where is the revenue received reported in the Co	ost Repo	rt?	(Page/Line	Item)	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	n	Yes	☑ No	If yes, speci	ify cost.
K.	Did you receive revenue from these people?		☐ Yes	☑ No	If yes, speci	ify amount.
L.	Where is the revenue received reported in the C	ost Repo	rt?	(Page/Line	Item)	
_	Do not include salaries from page 10 as part of dollar valu			d 4		-

^{*} 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. I	Repo	ort for Year Ei	nded	Page	of
Macfair Health Care Center 2142C		2142C		9/30/2015		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping a. In-House Care	Sq. Ft. Serviced by Personnel					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$	41,947	41,947		
	b. Purchased Services (by contract other than through Management Services)	Sq. Ft. Serviced by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$				
	c. Management Services*	* * * * * * * * * * * * * * * * * * * *	\$				
	d. Other (Specify)		\$		ally die e Nederland		
4E.	Total Housekeeping Expenditures (4a +	b+c+d)	\$	41,947	41,947		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***		Φ.				
	1. Own Pharmacy		\$	710.074	510.054		
	2. Purchased from		\$	510,854	510,854		
	Omnicare		\$	10,756	10,756		
	b. Medicine Cabinet Drugs		<u>φ</u>	253,969	253,969		-
	c. Medical and Therapeutic Supplies d. Ambulance/Limousine***		\$	1,720	1,720		
	e. Oxygen 1. For Emergency Use		\$				
-	2. Other***		\$	39,023	39,023		
	f. X-rays and Related Radiological		\$	19,717	19,717		
	Procedures***		••				
	g. Dental (Not dentists who should be inc salaries or fees)		\$				
	h. Laboratory***		\$	27,340	27,340		
	i. Recreation		\$	22,112	22,112		
	j. Other (Specify)****		\$	223,496	223,496		
	See Attached Schedule	<u></u>					
5K	. Total Resident Care Expenditures (5a - 5	j)	\$	1,108,987	1,108,987	<u> </u>	

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
		0.00	10 10 20 20 2
Management Fee Direct	\$ 115,554		
Cable TV Fees	\$ 31,799		
Oxygen Concentrator Rentals	\$ 5,514		1000
Medical Equip Rentals-Medicaid	\$ 14,406		
Physical Therapy Supplies	\$ 32,538	3731-5-50	27,4085,468,253
Medical Equip Rentals-Other	\$ 23,601		4 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Speech Therapy Supplies	\$ 84		7. V. 4. V 1. Province
			(2.005)-24.0
	o de de recursos mestos	\$140 (15 6 + 172)	
		3	1.0-2-5:20
	(1) (2) (2) (2) (3) (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		717.7000
		a description	
		5230000000000	and grant of
	110-54-162-53	ar 44 v. Ne (1.20)	S. G. SEAR
	a de la companya de		Mark Carlotte
			da sidebili na 1939 ti
		Nach Time Trips	(2) 2 to 100 sec. 77
Total Other Resident Care	\$ 223,496	\$	\$ -

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Ves No			2142C		5102/08/6	2015			21	37
Name of Individual or Company Columbi Omnicare PO Box 41		Owners, O Offic	perators,		•		Fotal Cost/	Total Cost/Page Ref.***	*	
	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
	ns, OH 43271- 5268		D		Pharmacy	862,169			20	5a2
	15, Plainville, CT 06062		•		Rubbish Removal	30,297			22	ef.
ADP Philadelp	Philadelphia, PA 19170- 0351		<u> </u>		Payroll Processing	18,449	. "		16	m13
Parziale Landscaping Stratfor	1800 Huntington Ave, Stratford, CT 06614		7		landscaping/snow removal	21,371			77	ef.
Harmony Health Topsfiel	30 Boston ST, Suite 104, Topsfield, MA 01983		5		compliance consulting	31,276			16	m13
	,									

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

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

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

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

Name of Facility License No.		Report for Year Ended			Page	of
Maefair Health Care Center	2142C		9/30/2015		22	37
Item		Total	CCNH	RHNS	(S	pecify)
6. Maintenance & Operation of Plant			"			
a. Repairs & Maintenance	\$	137,889	137,889			•
b. Heat	\$	70,185	70,185	-		
c. Light & Power		131,202	131,202			
d. Water		72,898	72,898			
e. Equipment Lease (Provide detail on p		28,422	28,422			
f. Other (itemize)		97,616	97,616			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f)\$	538,212	538,212			
7. Depreciation (complete schedule page 23	3*)					-
a. Land Improvements	\$	4,085	4,085			
b. Building & Building Improvements	\$	103,759	103,759			
c. Non-Movable Equipment		17,533	17,533			
d. Movable Equipment	\$	81,495	81,495		<u> </u>	
*7e. Total Depreciation Costs (7a + b + c + c	d)\$	206,872	206,872			
8. Amortization (Complete att. Schedule Po						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements		8,725	8,725			
d. Other (Specify)						
*8e. Total Amortization Costs (8a + b + c + c	d)\$	8,725	8,725			
9. Rental payments on leased real property	less					
real estate taxes included in item 10b	<u>\$</u>	1,066,697	1,066,697			
10. Property Taxes						
a. Real estate taxes paid by owner\$						
b. Real estate taxes paid by lessor	\$	208,795	208,795			
c. Personal property taxes	\$	20,882	20,882			
11. Total Property Expenses (7e + 8e + 9 +		1	1,511,971			<u></u>

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

Maefair Health Care Center 9/30/2015

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
			materia de
Groundskeeping	\$ 14,929		
Rubbish Removal	\$ 30,297		
Snow Removal	\$ 18,53.1		Land Street
Supplies	\$ 33,859		IXIV VI
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2000 1000
			or the second like period
	7. The second of		
	TO DESCRIPTION OF THE PARTY OF THE STATE OF	10 0 0 0 0 <u>0</u>	100000
		168	7 1000000000000000000000000000000000000
		ta eraterina	
			100
		1 32 32 33 13 13 13 13	
Der gestellen der der State in der Gestellen		N 200	
			4.0
EAST OF THE SECOND SECO	ф 07.12	o .	o .
Total Other Repairs and Maintenance	\$ 97,616	\$	\$ -

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

Depreciation Schedule

	***************************************		77.77	Dept celation Senedar	ווכממזר			ĺ		
Name of Facility			License No.			Report for Year Ended)nded		Page	Jo
Maefair Health Care Center				2142C		76	9/30/2015		23	37
			Historical			Accumulated				
			Cost Exclusive of	Less	Cost to Be	Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
Property Item			Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Ťotals
A. Land Improvements										
 Acquired prior to this report period 			42,342		42,342	30,736	S/L	Various	2,737	
2. Disposals (attach schedule)					_					
 Acquired during this report period (attach schedule) 	n schedule)		21,562		21,562		S/L	Various	1,348	
A-4. Subtotal										4,085
B. Building and Building Improvements										
 Acquired prior to this report period 			1,298,324		1,298,324	700,527	S/L	Various	103,759	
2. Disposals (attach schedule)	-									
3. Acquired during this report period (attach schedule)	h schedule)				_		S/L	Various		
B-4. Subtotal.					H 100 100 100 100 100 100 100 100 100 10					103,759
C. Non-Movable Equipment										
 Acquired prior to this report period 			443,744		443,744	366,131	SL	Various	17,478	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)		1,094		1,094		S/L	Various	55	
C-4. Subtotal										17,533
	Is a mileage logbook	Date of	Historical			Accumulated				
	maintained?	Acquisition	Cost	Less	_	Depreciation to	Method of			
			Exclusive of	-	Cost to Be	Beginning of			Depreciation	
	Yes No N	Month Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment			(B)							
1. Motor Venicles (Specify name, model										
and year of cach venice)										
b.										
ď.										
2. Movable Equipment										
a. Acquired prior to this report period		9 · 2014	1,661,965	-	1,661,965	1,395,153	. Z/S	Various	78,150	
b. Disposals (attach schedule)										
c. Acquired during this report period									The second second	
(attach schedule)		9 2015	44,323		44,323		S/L	Various	3,345	
m										81,495
E. Total Depreciation										206,872

Schedule of Land Improvements Acquired during this report period

·			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	·			
Oct-14	paying	\$ 13,719	- 8	\$ 857
Sep-15	outside conduit installation	\$ 7.843	8	\$ 490
		Street Street		Para-teration
egy i avaint of a constant	1977-24-1975 Control of the State of the Sta	50000000000000000000000000000000000000		in company of
		say allow a class of		2.25
na ing kacamatan na manggal Alika Lawar	(中央) (中央) (中央) (中央) (中央) (中央) (中央) (中央)	42.75 Address (4	2620E313N324E3	14-4-75-1
Total additions for Land Imp	provements	\$ 21,562		\$ 1,348
Deletions:				
			51415	
			S-28-5-5	
		14 Santa 282 S		
		公分為後 蓋	Se SARE TR	
	100000000000000000000000000000000000000	18 18 18 18 18 18 18 18 18 18 18 18 18 1		an construit de
and the second second	rentant de la companya del companya del companya de la companya de	(Carde 613 622 63	. S. 94. S. 5. S.	52500000
Total deletions for Land Imp	rovements	\$		\$ -

^{*}Tics to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	The state of the s			P1 (00x/6/16/05)919
			(Arie 1861-2004)	
			(2) (2) (2) (2) (2) (3) (4) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
			2- Sp. 188	
		2 10 1 2 3		
			4 6 6	
2	Control of the Contro			
				246.642
			44.26.20.2	60.000,600,600
				Éddo Alf
Total additions for Building I	mprovements	\$ 2200.55		\$
Deletions:				
				\$3.30 B
				10140-000
4 14 C A C C C C 67 A C C				\$ 37.00
			经经营型额 浅	STERZICK
		32.11.72.12.51 <u>0</u> .318		Sales Sales
600 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 - 1200 -		经主条联 网络	ig the leading	
Total deletions for Building I	iuprovėmeuts	\$		\$\$ 5 THE P

^{*}Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

	•		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Oct-14	conveyor drive	\$ 1,094	10	\$ 55
		7.5	\$ 100 DESCRIPTION OF THE PERSON OF THE PERSO	
			2.2.2.6	S E S S 3
Paris de la lación de la colonia			92200	5 (A. 45 (A. 5)
		0.0000000	30.246.60	National D
Total additions for Non-Mo	ovable Equipment	\$	微感 侧膜	\$ 55
Deletions:				
		5.62 (4.42)	32.000 No. 16	Middinization
		0.000000		
		16000000	Z/4/2015	925-286-22-3
Name at the state of the state of the		HARIEN STAN	NOT SEE THE	524 58300
Compression of Stratistics		5-23-21-22	\$55000E168	
		F105743424-28	KET WEST	N=1412500-6
Total deletions for Non-Mo	vable Equipment	\$10000000	file EPARAME	\$ 22

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

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

Schedule of Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	·			
Oct-14	wound surface mattress	\$ 1,555	5	\$ 156
Oct-14	ty's-resident rooms	\$ 7.19	30	\$ 72
Vov-14	garbage disposal	\$ -1,164	5	\$ 116
Nov-14	motor coupling	\$ 1,638	10	\$ 82
Nov-14	wound vac	\$ 18,888	10	\$ 944
Dec-14	laptop	\$ 854	3	\$ 142
Dec-14	nurses station console	\$ 927	10	\$ 46
Jan-15	2-way radio	\$ 1,276	5	\$ 128
Ian-15	wound surface mattress	\$ 3,222	5	\$ 322
Feb-15	wound surface mattress	\$ 3,222	5	\$ 322
Vlar-15	laptop	\$- 534	3	\$ 89
Mar-15	robo-blixer	\$ 2,755	10	\$ 138
viar-15	resident furniture	\$ 2,621	15	\$ 87
		\$ 676	3	\$ 113
√ay-15	laptop		3	the state of the s
Jun-15	computer conversion	\$ 1,050	THE PROPERTY OF	\$ 175
Tul=15	refrigerators	\$ 1,064	->-> > 10	\$
Sep-15	computer conversion	\$ 1,254	30.00 (2 3)	\$209
Oct-14	computer conversion	\$ 2904	5 3	\$ 151
			Pathon Calcino	A. (5 . 18 . 14 . 16
				10.000 (00.00
			38, 25, 25, 28	
				B-05-1535.V0.03
		CHAPTER SERVICE TO THE	500000	productive v
			粉絲粉粉	K-W-000000
			计2位为	医
		COMEST CASES AND AND		
engen vinda ujetra koma ju				10.000,000,000
a Francisco (marcos) i constanti e d		126572044194	EQ 1/800 (1/8) (1/8)	21-11-12-12-12-12-12-12-12-12-12-12-12-1
		TOTAL BUILDING H	74.51 SER	E8520102410005203
		25.7458 \$2.432.55 (65.75)	TEAD OF STREET	English State
		an the Conclusion of	03943): SHEES	0.000
		S2 50 50 90 90 45 00 150	and the second	is a separation in prince.
			125 (3)	16 10 20 20 20 20 20
			23422220	
				5754,G7540,H
			alan in with the entire in State of the later of the	60,000,000,000,000,000 60,000,000,000,00
			CC 10010-0010-002	To 60 NO A-044 CONST.
(VV) VCC 1991/24VV - 244/77 - 44		AND CONTRACTOR OF THE PARTY.	547769 (ICAN) 2	10.00 March 10.00
			200 4000000000	120 CF (25 CO)
		SERVED WARD ON SHAPE	16341336(C)210002	10.00.44.66.46
THE THE THE				Brother State
				344
Total additions for Moy	able Equipment	\$ -44,323		\$ 3,345
Deletions:		·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			27000 Y 1940	
				计量数据的
		North Manager	段2.被从知验	美国共享的第
	PROFESSION OF THE PROFESSION O			
				1814t dynasty
Total deletions for Mov	obla Parinment	6 \$ 36600 (2-1)		\$ 2000

^{*}Ties to Page 23, Line D2c

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

Schedule of Leasehold Improvements Acquired during this report period

	ovements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Oct-14	flooring	\$ 5,796	10	\$ 290
Oct-14	painting	\$ 6,381	10	\$ 319
Oct-14	HVAC	\$ 1,808	₹10	\$ 90
Mar-15	HVAC	\$ 1,968		\$ 98
Jun-15	CPU boards	\$ 6,368	20	
Jun-15	plumbing	\$ 3,038		\$ 61
Jul-15	flooring	\$ 1,365		\$ 68
Jul-15	RTÚ blower mótor	\$ 1,420	10117	\$ 71
Sep-15	plumbing	\$ 1,342	20	\$ 34
Sep-15	HVAC*	\$ 5,121	3/7 3/15	
Sep-15	exterior pre & paint	\$ 44,135		\$ 4,414
Sep-15	5-ton roof top unit	\$ 9,513		\$ 476
		e e e e e		1.00
		4 37 7 12 27 13	64 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8450 (S. 50)
		16 m / 20 m / 20	· Sazawań,	多种学品的
			200 TV 600 80	i kantiti
STAN MASSAGE STANSON		Construction	038924468	<u> </u>
Total additions for Leaseho	d Improvements	\$= 88,255	CONTRACT	\$
Deletions:				
Carlos Ca				
		22XII (6 R	43 1500 FOR	
TO STATE OF THE ST			第1500年	100000000000000000000000000000000000000
				(三)生物
				Unora Black College
Total deletions for Leasehol	d Improvements	\$	3 TURNS	\$

^{*}Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	of .
Maefair Health Care Center		214	2142C		9/30/2015		24	37
				Accumulated				
	Date of	=		Amort. to				
	Acquisition			Beginning of	Basis for			
		_ Length of	Cost to Be	Year's	Computing	Rate	Amortization	
Item	Month Year	 	Amortized	Operations	Amortization**	%	for This Year	Totals .
A. Organization Expense								
•								
2.								
3.								
A-4, Subtotal								
B. Mortgage Expense					•	·		
1.								
2. Finance Fees								
3. Finance Fees								
B-4. Subtotal								
C. Leasehold Improvements and								
Other (Specify)								
1. Acquired prior to this report period	9 2014	4 Various	607,840	373,204	SL	Var	2,475	
2. Disposals (attach schedule)								
3. Acquired during this report period								
(attach schedule)	9 2015	5 Various	88,255		SL	Var	6,250	
C-4. Subtotal								8,725
D. Total Amortization								8,725
* Ctusicht line method mist be need		,						

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

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

State of Connecticut Annual Report of Long-Term Care Facility

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility		License No.		Report for Year Ended	r Ended		Page	of
Maefair Health Care Center		2142C	2C		9/30/2015		24A	37
C. Leasehold Improvements (Specify)					,	,		
Acquired prior to this report period Disposals (attach schedule)	9 2014	Various	39,924	1,817 SL	TS	varion	2,475	
3. Acquired during this report period	9 2015	various	88,255		SL	varion	6,250	
C-4. Subtotal.								8,725
C. Other (Specify) 1. Bed Purchase License	9 1997	15 yrs	567,916	371,387 SL	SL	6.67%		
2. C-4. Subtotal.								
Total Acquired prior to this report period	9 2014	Various	607,840	373,204	TS	Var	2,475	
Total Disposals								
Total Acquired during this report period	9 2015	Various	88,255		ST	Var	6,250	

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

Nan	ne-of-Facility	License No	١.	Report for Year End	led		Page	of
Maef	nir Health Care Center	214	2C		9/30/2015		25	37
11.	Property Questionnaire							
	Part A							
				n 1 (in , ±0	☑ Yes		If "Yes," compl	
	Is the property either owned by the						If "No," comple	ete Part C.
	*If any owner or operator of this fa business association to any person							
	a related party transaction.	or organization	i iioiii wiioiii	buildings are leased, thei	i t is considered			
	Description			Total				
	Date Land Purchased			4/1/1993		40		
	2. Date Structure Completed			4/1/1994				
	3. If NOT Original Owner, Dat	e of Purchas	e					
	4. Date of Initial Licensure			4/1/1994				
	5. Total Licensed Bed Capacity	, , , , , , , , , , , , , , , , , , , ,		134				
	6. Square Footage							
	7. Acquisition Cost							
	a. Land			1,260,000				
	b. Building		•	7,823,776	TOTAL TRANSPORT CONTRACTOR			
	Part B - Owner and Related Pa	arties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mor	tgage
	1. Financing							
	a. Type of Financing (e.g., f	fixed, variab	le)	HUD	<u> </u>			
	 b. Date Mortgage Obtained 			03/29/12				
	c. Interest Rate for the Cost			3.22%				
	d. Term of Mortgage (numb			35				
	e. Amount of Principal Born		(0.0.10.0.1.5	16,336,000				
<u> </u>	f. Principal balance outstan			15,424,673				200 X 100 C
	Complete if Mortgage was							
	During Current Cost Ye		• .					
	g. Type of Financing (e.g., f	fixed, variab	le)					
	h. Date of Refinancing							
	i. New Interest Rate	C \				-		
<u> </u>	j. Term of Mortgage (numb							
	k. Amount of Principal Bor	~~~)ff					
<u> </u>	l. Principal Outstanding on Part C - Arms-Length Leas			Impusyomanta Only	,			
	Part C - Arms-Length Leas	ses for Real	rroberty	improvements Omy	,			
	Name and Address of I	Lessor	Pro	perty Leased	Date of Lease	Term of Lease	Annual Amou	nt of Lease
<u> </u>				,				
						<u> </u>	l	

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

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

Name of Facility	License No.		Report for Ye	ar Ended		Page	of
Maefair Health Care Center	2142C			9/30/2015		26	37
Item		·	Total	CCNH	RHNS	(Spec	fy)
12. Interest A. Building, Land Improve Equipment 1. First Mortgage	·	\$					
Name of Lender		Rate					
Address of Lender		•					
2. Second Mortgage		\$					
Name of Lender		Rate				100	
Address of Lender						3 ST	
3. Third Mortgage		\$					
Name of Lender		Rate				100 pt	
Address of Lender							
4. Fourth Mortgage	************	\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Informati	on						
1. Original Loan Amou	nt	\$					
2. Loan Origination Da	te						
3. Interest Rate %							
4. Term					100		
5. CHEFA Interest Exp	ense						
12 B7. Total Building Interest Exp		. \$					
			(Carr	v Subtotals 1	forward to r	port nage	

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Y	ear Ended		Page	of
Maefair Health Care Center	2142C			9/30/2015		27	37
Ite	em		Total	CCNH	RHNS	(Speci	ify)
	Subtotals Brought	Forward:					
12. C. Movable Equipment			-				
	ment	. \$			**************************************	No. of the control of	nord foreign the new
A. Item	Rate	Amount					
Lender		-1					
Address of Lender							
2 Other (Specify)		. \$					
A. Item	Rate	Amount					
Lender		<u> </u>					
Address of Lender							
B. Item	Rate	Amount					
Lender							
Address of Lender							
		<u></u>					
12. C. 3. Total Movable Eq							
	(0 .6)		106,945	106,945			
12. D. Other Interest Expensions Vender Interest = \$21,074; Line of				100,943			
Loan Interest & Fees = \$62,230	Cituit interest · \$25,041	, 110, 21111					
13. Total All Interest Expens	se (12B7 + 12C3 + 12I	S)\$	106,945	106,945		200200000000000000000000000000000000000	
14. Insurance							
1	y (buildings only)	. \$	93,588	93,588			
b. Insurance on Automo	biles	9			-		
	Property (as specified	above)			•		
1. Umbrella (Blanke	t Coverage)	9				 	
2. Fire and Extended	l Coverage						
3. Other (Specify)		9					
1/d Total Inguinas a Euras d	itures (1/2 + h + a)		93,588	93,588			
14d. Total Insurance Expend				15,285,227		-	·
15. Total All Expenditures (A-13 unu (-14)	• •	13,203,241	1 2,200,227	<u> </u>	1	

D. Adjustments to Statement of Expenditures

Name	of Fa	cility		Li	cense No.	Report for Ye	ar Ended	Page	of
Maefa	ir Heal	th Car	e Center		2142C	9/30/	2015	28	37
	· ·				Total				
Item	Page	Line			Amount of		,		
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(S ₁	pecify)
Page	10 - S	alarie	es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	A12g	Occupational Therapy	\$	347,990	347,990			
4.	Var	Var	Other - See attached Schedule	\$	2,863	2,863			
Page	13 - F	rofes	sional Fees						
5.			Resident Care Physicians **	\$					
6.	13	B10a	Occupational Therapy	\$	1,442	1,442			
7.			Other - See attached Schedule	\$					
Page.	s 15 &	16 -	Administrative and General		100 000 000	ALC: NO COLORS			
8.	15	1a9	Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$		75,184			
10.	15		Accounting & Legal	\$		31,373			
11.	30		Telephone	\$					
12.	15		Cellular Telephone	- \$	939	93,9			
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$					
14.	16	13	Gifts, flowers and coffee shops	\$	17,538	17,538			
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
	16	15	for owners and employees	\$	789	789			
16.	<u> </u>		Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.	1		Automobile Expense (e.g. personal use)	. \$					
18.	16	m2&3	Unallowable Advertising *		35,487	35,487			
19.		· · · · ·	Income Tax / Corporate Business Tax	. \$	3				
20.	16	m4&10	Fund Raising / Contributions	. \$	50	50			
21.	16	m12	Unallowable Management Fees	. \$	276,217	276,217			
	18	2c	_	\$	66,962	66,962			
	20	5j		\$	75,332	75,332			
22.	16	m6	Barber and Beauty	. \$	14,264	14,264		·	
23.	Var	Var	Other - See attached Schedule	. \$	79,135	79,135			
Page	18 - 1	Dietar	y Expenditures				District Control		
24.		2a1	Meals to employees, guests and others						
			who are not residents	4	6,308	6,308			
Page	19 - I	Laune	lry Expenditures						
25.		3d	Laundry services to employees, guests						a di deserbi
			and others who are not residents	. \$					
Page	20 -	House	ekeeping Expenditures					100	
26.		4d	Housekeeping services to employees						
~~			and others who are not residents	. 9	D				A STATE OF THE PROPERTY OF THE
	.—	<u>.</u>	Subtotal (Items 1 - 26			1,031,873		_	
			The state of the s			Carry Subtotal	, 1,	· · · · · · ·	

^{*} 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)

224 51.570					漢語基礎
S. C. Falend	Warding 1981,98		A.A.ST.	7.835.943.943.52.12	类形造铁
202-2326				142 3000 300	are to have
100-17-100-18				W. W. C. 10.8	169-179-5691 3 9
	80 W W 2007		50/40 M R	100 (21/21/20)	位在) 英雄
024953341 27770	350,2000				美洲
2m / 1/8/3			944 a 2013 a 2013		1000 x 1000 1000 2000 x 1000 1000 1000 1000 1000 1000 100
7 CT (100 CT)				100	
10	A12M	Marketing Salaries & Benefits	2,863		50 00 00 00 00 00 00 00 00 00 00 00 00 0
3.60.60-66.6	Seath and		31.55.50 TeX		
	V2 44-76-64		490.51084633.4	3100 H. B. J	
3/31/22/5/5/0	1827; S. 1846; A.		建多类类类	50. 70% (S	
	roughtitis		9494250 BB		(3) Estables
4 (1/20)	923/1930		90 (95) 25 (5)	CONTRACTOR OF THE	A (12000)
w wykady netry w 26. Ser Samilian sakoliny Ser Samilian sakoliny		at the state of th	V-4007005	o zostije uzavez	5103350000
20-6016262454				2000	eto. (Contrato)
Total Other	Salaries .	Adjustment	\$ 2,863	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
THE REPORT	METERS.		17 - 25 - 25 - 75 - 76 - 75 - 76 - 75 - 76 - 76 - 7		
30.50	TENER DE LA COMPTE				
12.50				94.3 2622-1514	
48.77	1,200,000,000			學學學學	
2000000	7 (2.2) (2.1) (2.1) (3.1) (3.1) (3.1)				0.0000000000000000000000000000000000000
				SECULIARISM SECTION	150 X 144 37
A 11 3 5 4 4	SANCETAL				
G-182833202	ego go colonda			33,788,358,35-45	2 - Y. A. X
Total Othe	r Fees Adj	ustments	\$	\$	\$

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			多數的數學		
16	⊗ M13 ·	Bank Charges	8,777	10 12 20 42 3	
- 4 16		Lobbying Fees	4,169	1041678 EA 188. W	2011 (State 1911 Files
16	M13	MDS & Compliance Consulting	51,276		
16	m13	CMS citations	8,223		4.20
16	m13	State of CT Citations	1,440.	過數學等等	24 F. X
16	M13	Medicaid Applications	5,250		
	CONTRACTOR OF				
NA TASA	Section Section		. 84.9 di 12.14		
35.00	美國的數			ranconertico?	423527.38
			\$2.00 S2.00 S2	20728738 19 10	.≧ sX-s±, ≤
48783 777.34	\$245 ASS			Egyp Mittage	2-21-21
	165 SZ GW-0761				(* 150 M/2)
			304	· 医克里氏管 150 150 150 150 150 150 150 150 150 150	
10.00	25.00		25-25-21		
Total Othe	r A&G Ac	ljustments	\$ 79,135	\$	\$ -

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

Nam	e of Fa	acility	D. Adjustments to Statem		ense No.	Report for		Page	of
Maefa	ir Hea	lth Ca	re Center		2142C	9/30	/2015	29	37
		T			Total		l ·		
Item	Page	Line	,		Amount of	;			
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(St	ecify)
			Subtotals Brought Forward	\$	1,031,873	1,031,873		(-)	
Page	20 - I	Reside	ent Care Supplies***						51.15
. 27.	20		Prescription Drugs	\$	510,854	510,854	essential laboratory and a second second	30702539000250	
28.	20	5d	Ambulance/Limousine	\$	1,720	1,720			
29.	20	5£	X-rays, etc	\$	19,717	19,717			
30.	20	5h	Laboratory	\$	27,340	27,340	7		
31.	20	5e	Medical Supplies	\$	16,533	16,533			
32.	20	5e2	Oxygen (non emergency)	\$	39,023	39,023			
33.			Occupational Therapy	\$, , , , , , , , , , , , , , , , , , , ,			
34.	Var	Var	Other - See Attached Schedule	\$	23,601	23,601			
Page	22 - N		enance and Property	7					
35.			Excess Movable Equipment Depreciation	1			au a desent de et es		
	Var	Var	See Attached Schedule		4,917	4,917	AVE	National Control of the Control of t	TO A CONTROL OF STREET
36.			Depreciation on Unallowable	Ť	3, 1				
			Motor Vehicles	\$					
37.			Unallowable Property and Real	Ť					
			Estate Taxes	\$					
38.			Rental of Building Space or Rooms						
39.			Other - See Attached Schedule	\$					
	27 - I	nsura		Ť					
40.			Mortgage Insurance	\$	***************************************	HAND A DUING BOOKED		(Sept. Sept. Ballotte	
41.			Property Insurance	2					
	- Mis			Ψ					
42.	1,2,10	CCII	Research or Experimental Activities	\$					
43.	30	IV4	Radio and Television Revenue	\$	28,289	28,289			
44.		117	Vending Machine Revenue	\$	20,207	20,207			
45.			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$					
47.			Expenditures made for the protection,	Ψ					
			enhancement or promotion of the	200					
			providers interest	\$					
48.	30	IV5	Interest Income on Accounts Rec	\$	27	27			, , , , , , , , , , , , , , , , , , ,
49.			Other (include personnel and other	Ψ	21	41			
- '-'			costs unrelated to resident care) - See						
	l		Attached Schedule.	ę					
Not F	or Pri	ofit P	roviders Only	7					
50.	Var		Building/Non Movable Eq. Depreciation	-					
ا.``			Unallowable Building Interest -		-				
1			See Attached Schedule	·					
l	Total		unt of Decrease (Items 1 - 50)	\$	1,703,894	1,703,894	-		
<i>U</i> 1,				Ψ	1,703,034	1,703,034			

^{***} Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20		Medical Equipment Rental	23,601		
X X X X					
			第三进 格		43.4
	3.5				Q10,820 800 A
			数角像等	整整成 卷棒	後漢型
	50,400.00		游戏的	美洲鲜物	(特)(数)建
000 000 000 000 000 000 000 000 000 00					T
			75. T. S. V.S.		
	deliver rei		TAT OR SONS	3.00	1000
	1672001895			forest to the	
Total Othe	r Ancillar	y Costs	\$ 23,601	\$	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
		Excess Movable Equipment Depreciation	4,917	control forms (in Link Exercise for Transition	
- C	ice emplese			53000050-6280	
200 Sec. 1	18. B. 32.		30.55		
	X.W. (62.645)				250.00
1600 V (100 V (100 V)		Secretary and the secretary an			########
2.33 (5.434-4				1/2	40.2
138620 7608					2000
					180 F 1825
(A) (A) (A) (A)	VSAUMSKI				
Total Exce	s Movable	Equipment Depreciation	4,917		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			31287 <u>3</u> 88		
12-30-57	(4) Holis		数据磁性	11 12 16 17 10	
No. 653 3345	1960 27 W.		激化·多维		
1000	e a moderna n	MARKET CONTROL OF THE PROPERTY		f(**##;*********************************	
(A) (A) (A)	. SA 60. EV		20.430.234	S. 44.65 S. 15	
48 ¥#10K				3.42.35 32.33	
35.54.053	X32 / (8.75)23		**************************************		(20)4.0
	1200000			化环烷 美国	200
				**************************************	02.25263
Total Othe	r Property	Adjustments			200270

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
1916年3月			游传零级		
100	region and		두쌓충분		
4.25.65					
			and related		30 12 15 A
	XX 32103.15				W. W. W. W.
Violativ (534) (1			6 V 1 V 1 V 1 V 1	(C. C. 10) / S. (S.	
1950 15T 1 = 13					550 (550)
4 5 5 2					CEST NO. STOLEY
- bras	ion akzies				10.05.00
Total Othe	r Adjustm	ents	\$ 100 100	\$	\$

Maefair Health Care Center 9/30/2015

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	2 11 2 (8.8)				DELETE STATE
edy is with the second	01028022333				
10 (2)		TOTAL PRODUCTION TO THE PRODUCTION OF THE PRODUC	4.500.000		
200 m.c.				7) & 4.45	
600-0500	8 N X 2		(414) (414)	88386	
CONTRACTOR OF THE PARTY OF THE				\$4.50 (\$14E)	PUL 4500
		77.70 (1.0 m) 1.0 m) 1.			
			24 (24 (24)) 24 (24 (24))		1120 X 20
2018 (304)	S.102 (\$ E-54)				
50000	######################################		- XXIII		1000
Total Unall	owable Bu	illding Interest	\$	\$= conserve	\$

F. Statement of Revenue

Name of Facility	License No.		Report for Y	ear Ended		Page	of
Maefair Health Care Center	2142C			9/30/2015		30] 37
Į.	tem		Total	CCNH	RHNS	(Spe	cify)
I. Resident Room, Board & Routine	Care Revenue			600			
1. a. Medicaid Residents (CT only)	\$	16,966,150	16,966,150	_		
b. Medicaid Room and Board C	ontractual Allowance **	\$	(8,710,285)	(8,710,285)			
2. a. Medicaid (All other states)	***************************************	\$					
	Contractual Allowance **	\$					
3. a. Medicare Residents (all inclu	sive)	\$	2,202,216	2,202,216			
b. Medicare Room and Board C	ontractual Allowance **	\$	676,982	676,982			
	her	\$	3,763,861	3,763,861			
	Contractual Allowance **	\$	(193,274)		-		
II. Other Resident Revenue	,						
1. a. Prescription Drugs - Medicard	3	\$	249,382	249,382			
b. Prescription Drugs - Medicar	e Contractual Allowance **	\$	(249,382)	(249,382)			
	dicare	\$	291,686	291,686			
	dicare Contractual Allowance **	\$	(291,686)	(291,686)			
		\$	3,133	3,133			
	Contractual Allowance **	\$	(1,595)	(1,595)			
	care	\$	1,878	1,878			
	icare Contractual Allowance **	\$	(1,878)	(1,878)			
		\$	1,102,644	1,102,644			
	Contractual Allowance **	\$	(835,207)	(835,207)	••		
	care	\$	543,226	543,226			
d. Physical Therapy - Non-Med	icare Contractual Allowance **	\$	(543,226)	(543,226)			
		\$	178,432	178,432			
	Contractual Allowance **	\$	(149,680)	(149,680)			
	are	\$	138,928	138,928	. 		
d. Speech Therapy - Non-Medic	are Contractual Allowance **		(138,928)	(138,928)			
	care	\$	726,544	726,544			
	care Contractual Allowance **	\$	(624,668)	(624,668)			-
	Medicare		457,407	457,407		-	
	Medicare Contractual Allowance **		(457,407)	(457,407)			
		\$	(1219121)	(,,)			
	·e	\$	2,241	2,241			
III Total Resident Revenue (Section I.			15,107,494	15,107,494			
IV. Other Revenue*							e al Mari
	& others	\$				14-32-1-33	
		\$					
		\$					
	Services	\$					
	SCI VICCS	\$	27	27			
6 Private Duty Nurses! Foos		\$	21				
	shops		20,815	20,815		· ·	
9 Other (Specific)	οπορο	<u>Ф</u>	11,627	11,627			 .
8. Other (Specify)		<u> </u>	32,469	32,469			
		Φ					
VI. Total All Revenue (III + V)	was on Page 28 on Page 20 of the Cost Pagent	Φ	15,139,963	15,139,963			

^{*} 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)
	er va a drotter i			STEEL NAMES
				200 00 10 10 10 10 10 10 10 10 10 10 10 1
			1482797 2451 31 1 03	
			HSS (6794-891)	75.5 . 3 512.6 . 1
Fotal Other Resident Revenue - Medicare	ecaptae ai ni	\$	\$	\$=:-

Schedule of Other Non-Medicare Resident Revenue

R	ela	ite	ы	Ex	n

Page Ref	Description	CCNH	RHNS	(Specify)
	Retroactives	\$ 2,241		
		ATTENDED		NACE AND ADDRESS.
received of		WAR STATE	STRABUS A	
18.T.St. X2.5.			"",数据规模	N. A. W. A.
10 -01 (8)		W FRANCISCO	用数数据数据	
EX(08:05)25/FEEE		office to the property of the second	第四次等域	
Total Othe	r Resident Revenue	\$ 2,241	\$	\$

Interest Income

Account	A	cc	0	u	n	1
---------	---	----	---	---	---	---

Page Ref	Account	Baiance	CCNH	KHINS	(бресну)
	Interest on A/R	NA STATE	\$ 27	150000000000000000000000000000000000000	Carrier days
			·等。第2272766分	47.00	
TENERAL S		34 (State of the State of the S			

200.000000					
31.85.85.22					
Total Inter	rest Income:	Projection and the	\$ 27	\$	S
CLEAN MANNEY	TO FORD TO THE RESIDENCE OF THE PROPERTY OF TH				

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NO. 40 (1922)			Auto anas	22.00
THE WAR				Property.
980 P. P. P. C. S. F. S.			医特殊 苏梅辛	
15 - 15 TO THE CO.				
10000				
15, lc / 🖟 🔆	Bad Debt Recoveries	\$ 11,627		
		4.1		30 ave 34
32/31/05/56			300 MARLES	Sign Control
2011 DO 24		ii.Asarte a	(4) 路线路站	redistantini.
25 (2) (2) (2)				
			es de estado a	
			5/3/5/5/	
100 miles (100 miles (200.000			
100100000000000000000000000000000000000				20220
高级验验				(S. 5. 28, 40)
Total Oth	er Revenue	\$ 11,627	\$	\$ 22-15-22

G. Balance Sheet

Nam	e of	Facility	License No.	Report for Year Ended	Page	of		
Maef	air H	Lealth Care Center	2142C	9/30/2015	31	37		
			Account	Amount				
Asse	ts							
A.	Cu	rrent Assets						
	1.	Cash (on hand and in banks))		\$	187,493		
	2.	Resident Accounts Receivab	le (Less Allowance for	Bad Debts)	\$	940,051		
	3.	Other Accounts Receivable (Excluding Owners or 1	Related Parties)	\$			
***	4	Inventories			\$	24,706		
	5.	Prepaid Expenses	, , , , , , , , , , , , , , , , , , , ,		\$	178,837		
		a. Prepaid Insurance		175,950				
		b. Ppd exp -Fire alarm moni	toring (6/15-5/16)	2,887				
		c.						
		d.						
	6.	Interest Receivable			.\$			
	7.	Medicare Final Settlement R	eceivable	•••••	\$			
	8.	Other Current Assets (itemize	e)		\$	456,020		
		Due from Related Parties		456,020				
A-9.	To	tal Current Assets (Lines A1	thru 8)		\$	1,787,107		
В.	Fix	ced Assets						
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost	. 63,905	\$	29,084		
			Accum. Depreciation	n (34,821) Net		•		
	3.	Buildings	*Historical Cost	. 1,299,096	\$	494,038		
		_	Accum. Depreciation	n (805,058) Net				
	4.	Leasehold Improvements	*Historical Cost	. 128,179	\$	117,637		
		•	Accum. Depreciation	n (10,542) Net				
	5.	Non-Movable Equipment	*Historical Cost	. 444,830	\$	61,174		
		• •	Accum. Depreciation	n (383,656) Net		_		
	6.	Movable Equipment	*Historical Cost	. 1,700,332	\$	223,683		
		• •	Accum. Depreciation	n (1,476,649) Net				
	7.	Motor Vehicles	*Historical Cost		\$			
	• •		Accum. Depreciation	n Net				
	8.	Minor Equipment-Not Depre			\$			
	9.	Other Fixed Assets (itemize)	<u> </u>		. \$	(14,098		
	2.	Equipment Carryforward		5,957	7	(-1,5000)		
		Depr adjustment due to co		(20,055)	-			
D 14		Total Fixed Assets (Lines B			\$	911,518		
B-10	V.	Total Pixeu Assets (Lines L	1 ullu /j		<u>1Ψ</u>	711,710		

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

Totals	. e.	\$ 189,646	\$ 6,840 \$ 118,503			1	\$ 14,895	i			1	ĺ		\$ 28,756		- 1		1	- !	- 1		1	- 1			1				\$ 4,845		s 356			
Amount	TV's 2015 Cost Report	s 716 \$	•								٠							•				,	·			,		. 645 143			\$ 143			ŀ	
Amount	Heritage Fum 2010 Profit	* * * * * * * * * * * * * * * * * * *					•			•			•			-		:					- 1	o vo	\$ 82	၈ မာ		us es	e co	\$ 6	· .			•	
Amount	Heritage Furn 2009 Profit	\$ 151 5		•											•	٠.		• •				9 69	69	e vo	5 74	es es	· so	4 es	, b w	ماء	اء م	ഗര		il	
Amount	Heritage Furn 2008 Profit	\$ 2,220 \$ 10																	1	G		- V	- 1	Г · и	69	. w	8	OP U	- မ	69 6	5	69 64			
Amount	Heritage Fum 2007 Profit	\$ 44,130										•							- 1	e e	69 6		S	ю (•			s 4,404				
Amount	Heritage Furn 2007 Profit	\$ 735 \$	•	•							•				1				မ	e es	1	e co	69	Съ	တ							•			
Amount	Bed Addition Adj	\$ 18,232 \$ 15	•			1		\$ 15,800 \$ 1,216	\$ 14,584		\$ 1,216	မ	69 6	Ф	- 1	9 W	€9 (8		8		€9	⊕ 4:	69	ــ ا ــ	ام ۔	، بدا	مام	اس					
Amount	Excess Over CON Adj #5	\$ 2,125 \$ 20	\$ 53	\$ 2,072 \$ 106	\$ 1,966	ľ		\$ 1,754 \$ 106	\$ 1,648	,	s 106	. Ф	4,330		69 6	e vo	5	ŧ	· co	us us	8, 694	Se 69	S								' ₩.			· .	
Amount	Excess Over CON Adj #4	\$ 8,375 \$ 15	\$ 279	\$ 8,096 \$ 558	7	9	ł	\$ 6,422 \$ 558		ις		\$ 558	\$ 4,130	6		8 558 8	2	s 258	.	8 1,400		\$ 558		· 69	•				. •		•				•
Amount	Excess Over - E	\$ 94,539 \$ 10		\$ 89,812 \$ 9,454		S 9,454	\$ 9,454	\$ 61,450 \$ 9.454	\$ 51,996		-		\$ 23,634		\$ 9,454	\$ 4,726			•		· · .	٠.													
Amount	Excess Over CON Adj#2	\$ 1,336 \$		\$ 1,252 \$ 167	1	S 167		. 751 . 167		\$ 417	3 167	V -	83			•					<i>;</i>											-		· .·	٠.
Amount .	Excess Over CON Adj#1	\$ 15,968 t	\$.1,697	15,271	1	3,394	3,394	5,089	1 .	1,695	•	٠		•					•	•			.•	•			,							. •	
					· en			ine	lue	·		alue	. enle	· ene		alue	alue			alue,	; 'alue'		/aine	/alue	c /alue		value	/alue	٠ وبرور	0	Value	Value	sc Vatue	ic Value	
. to		· Cost Term	. Вергес				Book value Deprec			Deprect Book Value	-	Book Value		3 Deprec 3 Book Value			5 Deprec 5 Book.Value	6 Depred			8 Deprec Book Value		g Book value n Deprec		1 Deprec		2 Book Value		14 Deprec				٠		
Cost Year			1995	1995	1996 1996	1997	1997	1998	1999	2000	2001	2001	2002	2003	2004	2004	2005	2006	2007,	2007	2008	. 2009	2009	2010	2011	2012	2012	2013	2014	2015	. 2015	2016	2017	2018	

G. Balance Sheet (cont'd)

Nam	e of Facility	License No.	Report for Year Ended	Page	-	of
Maefa	air Health Care Center	2142C	9/30/2015	32		37
		Account		A	mount.	
			Total Brought Forward:	\$	2,698	3,625
C.	Leasehold or like property record	ed for Equity Purposes	S.			
	1. Land			\$	1,260	0,000
	2. Land Improvements	*Historical Cost	•			
		Accum. Depreciation		\$		
	3. Buildings	*Historical Cost	7,823,776			
	-	Accum. Depreciation	1 (5,607,045) Net	\$	2,216	5 , 731
	4. Non-Movable Equipment	*Historical Cost	•			
		Accum. Depreciation	n Net	\$		
	5. Movable Equipment	*Historical Cost	•			
		Accum. Depreciation	Net	\$		
	6. Motor Vehicles	*Historical Cost	•			
		Accum. Depreciation	n Net	\$		
	7. Minor Equipment-Not Depre	ciable		\$.	•	
C-8	Total Leasehold or Like Propert			\$	3,476	5 ,73 1
D.	Investment and Other Assets					
	1. Deferred Deposits	· · · · · · · · · · · · · · · · · · ·		\$		
	2. Escrow Deposits	*******		\$		
	3. Organization Expense	*Historical Cost				
		Accum. Depreciation	n Net	\$		
	4. Goodwill (Purchased Only)			\$		
	 Goodwill (Purchased Only) Investments Related to Resid 	ent Care (itemize)		\$		
		·				
	6. Loans to Owners or Related	Parties (itemize)	•	\$	(8,73	4,040)
	Name and Address	Amount	Loan Date			
	Related Party Investment	(8,734,040)	3/29/2012			
	·					
	7. Other Assets (itemize)			\$	19	6,529
	, , ,					
	Unamortized Bed License					
D-8	. Total Investments and Other As	sets (Lines D1 thru 7)		\$	(8,53	7,511
	Total All Assets (Lines A9 + B1			\$		2,155

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

G. Balance Sheet (cont'd)

Name of Fac	ility		License No.	Report for Year	Ended	Page	of
Maefair Healtl	ı Care	e Center	2142C	9/30/2	015	33	37
			Account		Am	ount	
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		947,557
	2.	Notes Payable (itemize)) }	416,000
		Key Bank Line of Credit		416,00	00		
	3.	Loans Payable for Equipm				elices accession of the Colors	
		Name of Lender	Purpose	Amount	Date Due		
			-				
					,		
					B		
	4.	Accrued Payroll (Exclusive					257,097
	5.	Accrued Payroll (Owners					
The state of the s	6.	Accrued Payroll Taxes Pa	yable				11,228
	7.	Medicare Final Settlemen					
	8.	Medicare Current Financi	ng Payable	*********			
	9.	Mortgage Payable (Curren				}	
	10	. Interest Payable (Exclusiv	e of Owner and/or	Related Parties)		3	2,670
	11	. Accrued Income Taxes*		*****************			
	12	. Other Current Liabilities ((itemize)			3	249,829
		Security Deposits-Private Pay	,	11,0	70 **		
		Acc'd Int-Private Pay Security Dep	osits	4,2	73		
	•	Acc'd Operating Expenses		24,2	71		
		Acc'd Expense - Sales Tax			08		
		Provider Taxes Due		209,1	07		
			₩ (* · ·				
A-13	To	tal Current Liabilities (Li	nes A1 thru 12)			3	1,884,381

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

⁽Carry Total forward to next page)

^{**} Interest Bearing - Do Not Include in Return on Equity Calculation.

Maefair health Care Accd expenses 9/30/2015

(\$33,817.89)
\$2,739.97
(\$14,000.00)
(\$5,000.00)
(\$1,212.70)
\$34,121.29
(\$97.09)
(\$371.22)
(\$1,155.70)
(\$4,979.89)
(\$497.72)

(\$24,270.95)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page		of
Maefair Health Care Center	2142C	9/30/201	15	34		37
	Account		An	ount		
		t Forward:		1,884,	381	
Liabilities (cont'd)						_
B. Long-Term Liabilities						
 Loans Payable-Equipment 	(itemize)	******************	\$			
Name of Lender	Purpose	Amount	Date Due			
			Į.			
				0.00		
•				4.5		
2. Mortgages Payable			\$	ters and company of the South of the Com-		Seneral Secretary
3. Loans from Owners or Rel						
Name and Address of Lender	Amount	Loan D				
14amo ana 14amos et Bonder	1 244.0 442.0				1000	
	1				(20.1	500
4. Other Long-Term Liabiliti	es (<i>itemize</i>)		\$		(294	,599)
Related Party	·	(867,505)				
Key Bank Note Payable	, , , , , , , , , , , , , , , , , , ,	572,906				
B-5. Total Long-Term Liabilities (,599)
C. Total All Liabilities (Lines A-	13 + B-5)		\$	•	1,589	,782

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

Nan	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Maefair Health Care Center		2142C	2142C 9/30/2015		35	37
	Account				Ą	Amount
A.	Reserves					
	1. Reserve for value of leased	d lạnd			\$	1,260,000
	2. Reserve for depreciation value of leased buildings and appurtenances					
	to be amortized					2,216,731
	3. Reserve for depreciation value of leased personal property (Equity)					
	4. Reserve for leasehold real	properties on which	ı fair rental value	e is based	\$	g.,
	5. Reserve for funds set aside	e as donor restricted			\$	
	6. Total Reserves				\$	3,476,731
В.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	2,000
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
C.	5. Cumulated Earnings				\$	(7,285,404)
	6. Gain or Loss for Period	10/1/2	014 thru	9/30/2015	\$	(145,26 <u>4)</u>
	7. Total Net Worth		·····		\$	(7,428,668)
	Total Reserves and Net Wort	h <u></u>			\$	(3,951,937)
D.	Total Liabilities, Reserves, an	nd Net Worth	·····		\$ ·	(2,362,155)

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	Ended	Page		of	
Maefair Health Care Center		2142C	9/30/203	15	36	_	37	
	Account					Amount		
A.						(7,37	1,656)	
B.						15,13	9,963	
C.	. Total Expenditures (From Statement of Expenditures Page 27)					15,28	5,227	
D.	Net Income or Deficit			\$	3	(14	5,264)	
E.	Balance				3	(7,51	6,920)	
F.	Additions							
	1. Additional Capital Contributed (itemize)							
	61,823							
	2015 computer conversio	n depr adjustment	19,702					
	Swap Value Net Change 6,727							
	2. Other (itemize)							
1								
				1000			500	
						1		
				Š				
F-3.	3. Total Additions					8	8,252_	
G.	Deductions							
	1. Drawings of Owners/Operators/Partners (Specify)			183	}	nanathu vystav sidas on	uno transferinti Associati	
	Name and Address (No., City,	, State, Zip)	Title	Amount				
			•					
	2. Other Withdrawings (Specify)							
	Purpose		Amount					
			·					
1								
	3. Total Deductions.					er.eab assista		
H.					<u> </u>	(7.42	8,668)	

State of Connecticut Annual Report of Long-Term Care Facility CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of				
Maefair Health Care Center	2142C	9/30/2015	37	37				
	Check appropriat	te category						
CCNH	RHNS	Other (Spe	cify)					
Į								
	Preparer/Reviewer	r Certification						
have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the appplicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility. Signature of Preparer Title Date Signed								
Signature of Preparer Printed Name of Preparer	Cho	2/12/16						
Athena Health Care Associates, Address 135 South Road	Inc	Phone Number						
Farmington, CT 06032		(860) 751-3900						

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.