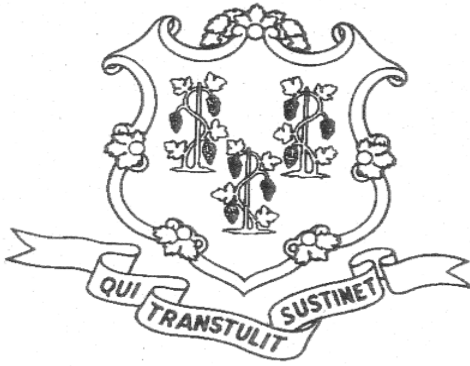


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center	
Address (No. & Street, City, State, Zip Code) 93 West Town Street, Norwich, CT 06360	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 859-C	RHNS	(Specify)	Medicare Provider 07-5079
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Medicaid Provider Numbers:	CCNH 8599	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Norwichtown Convalescent Home, Inc. d/b/a Norwich	License No. 859-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) John Miller			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 93 West Town Street, Norwich, CT 06360				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/14/2015	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-889-2614		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Re			Address (No. & Street, City, State, Zip) 93 West Town Street, Norwich, CT 06360		
License Numbers:	CCNH 859-C	RHNS	(Specify)	Medicare Provider No. 07-5079	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator John Miller			Nursing Home Administrator's License No.:	001866	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a	License No. 859-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center	93 West Town Street, Norwich, CT 06360	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Leonore Kallen	400 South Ocean Boulevard, Apt. #16, Boca Raton, FL 33432	President	1	
Phillip Kallen	2324 NE 28th, Lighthouse Pt, FL 33064	Vice President	49.5	
Kenneth Kallen	Essex, CT		49.5	
Names of Stockholders Owning at Least 10% of Shares				
Phillip Kallen	2324 NE 28th, Lighthouse Pt, FL 33064	Vice President	49.5	
Kenneth Kallen	Essex, CT		49.5	

**General Information and Questionnaire
Related Parties***

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwicht	License No. 859-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Inc. d/b/a New London Rehab and Care of	88 Clark Lane, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services Sold to Founatinview	Pg. 30 / Line IV8	40,500	40,500
Inc. d/b/a New London Rehab and Care of	88 Clark Lane, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>		Allocation of Controller's Salary	Pg. 10 / Line 11a	99,121	99,121
Inc. d/b/a New London Rehab and Care of	88 Clark Lane, Waterford, CT 06385	<input type="radio"/>	<input checked="" type="radio"/>		Allocation of Marketing Salary	Pg. 10 / Line A4	3,178	3,178
Kenneth Kallen	93 West Town Street, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>		Related Party Note	Pg. 32 / Line D6		
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a N	License No. 859-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

N/A - Only one level of care

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A - Only one level of care

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

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

N/A - Only one level of care

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown			859-C	9/30/2015			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
NEC Financial Services, 250 Pehle Avenue Suite 309, Saddle Brook, NJ 07663	<input type="radio"/>	<input checked="" type="radio"/>	Phone System	03/01/12	60 Months	819	819	
CIT Technology, 10201 Centurion Parkway N #100, Jacksonville, FL 32256	<input type="radio"/>	<input checked="" type="radio"/>	Copier LD425B	12/01/11	60 Months	1,579	1,579	
Delagen Laden, PO Box 429, Moline, IL 61265-0429	<input type="radio"/>	<input checked="" type="radio"/>	Office Copier	06/01/12	48 Months	5,831	5,831	
Pitney Bowes Global Finance, PO Box 856460 Louisville, KY 40285-6460	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	08/29/09	Open Ended	651	651	
Accelerate Care Plus, 4850 Joule Street, Bldg A-1, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Physcial Therapy Equipment	09/01/11	Open Ended	16,775	16,775	
US Bank, PO Box 790448, St. Louis, MO 63179-0448	<input type="radio"/>	<input checked="" type="radio"/>	Phone System replaces NEC Lease (See attached)	10/01/14	60 Months	9,614	9,614	
Life Systems, 7320 Central Ave, Savannah, GA 31406	<input type="radio"/>	<input checked="" type="radio"/>	Bladder Scanner (See attached)	12/01/14	36 Months	2,550	2,550	
VW Finance 1401 Franklin rd, Libertyville, IL 60048	<input type="radio"/>	<input checked="" type="radio"/>	Auto Lease	03/01/12	36 months	1,911	1,911	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***							39,730	

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Norwichtown Convalescent Home,	License No. 859-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Byrd and Associates, LLC	P.O Box 1749, Winter Park, FL 32790
2 PDR Certified Public Accountants	29750 US Hwy 19 North, Suite I 01, Clearwater, FL 33671
3 Marcum LLP	555 Long Wharf Dr., 12th Fl, New Haven, CT 06511
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of Federal and State Tax Returns	\$ 3,950
2 401(k) Audit	\$ 2,438
3 Preparation of 2014 Cost Reports and Financial Statements	\$ 22,015
4	\$
	Charge for Services Provided
	\$ 28,403

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

- Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Brown Jacobson	860-889-3321
2 Town of Littleton	
3 Murtha Cullina LLP	860-240-6000
4 State of CT Marshall	860-886-5555
5 Norwich Probate Court	860-887-2160

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

- 1 22 Courthouse Square, Norwich, CT 06360
- 2 Littleton, CT
- 3 City Place, 185 Asylum Street, Hartford, CT 06103
- 4 154 Main Street, Norwich, CT 06360
- 5 100 Broadway #1, Norwich, CT 06360

Services Provided by This Firm (*describe fully*)

1 A/R Collections (Disallowed Pg. 28)	\$ 6,824
2 Birth Certificate	\$ (15)
3 Genereal representation, general employee matters	\$ 10,327
4 Conservatorship, Marshall Fees (Disallowed on Pg. 28)	\$ 216
5 Conservatorship (Disallowed on Pg. 28)	\$ 300
	Charge for Services Provided
	\$ 17,652

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

- Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation			859-C		9/30/2015				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	117	117			117	117			114	114			
B. As of midnight of THIS report period	119	119			114	114			119	119			
3. Total Number of Days Care Provided During Period													
A. Medicare	8,742	8,742			6,547	6,547			2,195	2,195			
B. Medicaid (Conn.)	24,626	24,626			18,429	18,429			6,197	6,197			
C. Medicaid (other states)													
D. Private Pay	5,984	5,984			4,770	4,770			1,214	1,214			
E. State SSI for RCH													
F. Other (Specify) Insurance	1,978	1,978			1,485	1,485			493	493			
G. Total Care Days During Period (3A thru F)	41,330	41,330			31,231	31,231			10,099	10,099			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	41,330	41,330			31,231	31,231			10,099	10,099			

Schedule of Resident Statistics (Cont'd)

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a			License No. 859-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	32		68		19								
Per Diem Rate													
a. One bed rm.	Various		171.76		405.00								
b. Two bed rms.	Various		171.76		355.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,661	3,661				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								368	368				
2. Restorative Treatments													
C. Other								28,413	28,413				
D. Total Physical Therapy Treatments								32,442	32,442				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								754	754				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								19	19				
2. Restorative Treatments													
C. Other								5,060	5,060				
D. Total Speech Therapy Treatments								5,833	5,833				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,475	2,475				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								292	292				
2. Restorative Treatments													
C. Other								23,884	23,884				
D. Total Occupational Therapy Treatments								26,651	26,651				

Report of Expenditures - Salaries & Wages

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwichtown	License No. 859-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	97,768	1,040				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	160,320	1,320				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	232,266	10,035				
5. Dietary Service						
a. Head Dietitian	24,049	613				
b. Food Service Supervisor	57,523	2,080				
c. Dietary Workers	251,591	21,858				
6. Housekeeping Service						
a. Head Housekeeper	23,324	1,044				
b. Other Housekeeping Workers	163,771	14,064				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	55,811	2,080				
b. Other Maintenance Workers	68,459	4,113				
8. Laundry Service						
a. Supervisor	21,124	1,036				
b. Other Laundry Workers	135,117	12,431				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant	99,121	1,040				
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	223,498	4,160				
b. RN						
1. Direct Care	863,589	25,630				
2. Administrative**	291,509	8,122				
c. LPN						
1. Direct Care	779,950	31,458				
2. Administrative**						
d. Aides and Attendants	1,436,286	102,089				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	143,252	8,011				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	88,083	3,140				
n. Marketing	3,178	100				
o. Other (Specify) See Attached Schedule	72,842	4,287				
<i>A-13. Total Salary Expenditures</i>	<i>5,292,431</i>	<i>259,751</i>				

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabil				859-C	9/30/2015			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Kenneth Kallen	97,768			Non Discrim	Financial Consultant	1,040	A1	Eastern Connecticut Health Systems	1,040	97,768
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation				859-C	9/30/2015				12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
John Miller (10/1/2014 - 12/31/2014 & 5/16/2015 - 9/30/2015)	160,320			Non Discrim	Administrator	1,320	A2	Eastern Connecticut Health Systems	760	73,077
Rich McGirr (1/1/2015 - 5/15/2015) - Salary & hours are included in line A11a on page 10.										
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Norwichtown Convalescent Home, Inc. d/b/a Norwi	859-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	13,200	N/A				
3. Pharmacist	7,150	260				
4. Podiatrist	168	PPS Billing				
5. Physical Therapy						
a. Resident Care	553,583	8,110				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	72,000	260				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	102,290	1,458				
b. Other						
10. Occupational Therapist						
a. Resident Care	451,286	6,663				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	10,560	264				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	8,084					
B-13 Total Fees Paid in Lieu of Salaries	1,218,321	17,015				

* 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 Ended	Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwichto		859-C	9/30/2015	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive, 85 Barnes Rd, Suite 206, Wallingford, CT 06492	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Pharmacia, PS Box 409251, Atlanta, GA 30384	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Health Drive Podiatry Group, 888 Worcester Street, Wellesley, MA 02482	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Preferred Therapy, 850 Silas Deane Hwy., 2nd Floor, Wethersfield, CT 06109	PT,OT,ST Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Dr. Yahya Quereshi, 12 Case Street, Norwich, CT 06360	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
WM W Backus Hospital, 326 Washington Street, Norwich, CT 06360	Med A Consolidated Billing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
New England Retina Associates, 229 Whitney Ave., Hamden, CT 06518	Optometrist Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Arhythmia Center of CT, 330 Orchard Street, Suite 210, New Haven, CT 06511	Patient PPS Billing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Norwich Cardiac Medicine LLC, 79 Wawecus St, Suite 101, Norwich, CT 06360	Patient PPS Billing	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Alliance Health Management Services, 153 Cordaville Rd, Suite 320, Scarborough, MA 01772	Nursing Consulting	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Health Drive Audiology Group, 888 Worcester Street, Wellesley, MA 02482	Audiology Services	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Norwichtown Convalescent Home, Inc. d/b/a No	859-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 237,209	237,209			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 126,143	126,143			
4. Social Security (F.I.C.A.)	\$ 382,594	382,594			
5. Health Insurance	\$ 459,864	459,864			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 7,179	7,179			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 3,776	3,776			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 8,594	8,594			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 72,664	72,664			
d. Accounting and Auditing	\$ 28,403	28,403			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 17,652	17,652			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 23,811	23,811			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 9,277	9,277			
2. Cellular Phones	\$ 1,090	1,090			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 645,083	645,083			
Subtotal	\$ 2,023,339	2,023,339			

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

(Carry Subtotals forward to next page)

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

Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Attachment Page 15
9/30/2015

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Employee Pre-Employment Screening	\$ 8,594		
Total	\$ 8,594	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwic	859-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,023,339	2,023,339		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	12,150	12,150		
4. Employee Travel	\$	209	209		
5. Education Expenses Related to Seminars and Conventions	\$	1,326	1,326		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	3,742	3,742		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)***	\$	10,008	10,008		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,486	4,486		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$	468	468		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	510	510		
9. Subscriptions	\$				
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	29,988	29,988		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>)	\$	23,123	23,123		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	2,109,349	2,109,349		

* 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)
	-		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Marketing	\$ 8,345		
Advertising - Promotional	\$ 1,663		
Total Other Advertising	\$ 10,008	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
ICNC Membership Dues	\$ 38		
CT Region 4 LTC Annual Dues	\$ 350		
ALTCFM Dues	\$ 80		
Total Dues	\$ 468	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Nursing Home Week	\$ 2,999		
Owner/Administrator Allowance	\$ 4,008		
Licenses	\$ 2,101		
Miscellaneous	\$ 468		
Service Charges - Bank	\$ 9,975		
Fines and Penalties	\$ 940		
Subscriptions	\$ 2,632		
Total Other Administrative and General	\$ 23,123	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Norwichtown Convalescent Home, Inc. d/	License No. 859-C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwich	License No. 859-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 285,776	285,776		
2. Non-Food Supplies	\$ 63,590	63,590		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 2,015	2,015		
c. Management Services**	\$			
d. Other (Specify) _____ Equipment Repair & Maintenance	\$ 2,091	2,091		
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 353,472	353,472		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$750				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg. 30 / Line IV 1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwichto		859-C	9/30/2015	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	36,982	36,982	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify) Equipment Repair & Maintenance		\$	7,707	7,707	
3E. Total Laundry Expenditures (3a + b + c + d)		\$	44,689	44,689	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Norwichtown Convalescent Home, Inc. d/b/a N		859-C	9/30/2015		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	39,399	39,399		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	39,399	39,399		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Pharmacy	\$	485,543	485,543		
b.	Medicine Cabinet Drugs	\$	201,575	201,575		
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$	2,121	2,121		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	43,435	43,435		
f.	X-rays and Related Radiological Procedures***	\$	52,502	52,502		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	42,844	42,844		
i.	Recreation	\$	31,282	31,282		
j.	Other (Specify)**** See Attached Schedule	\$	63,734	63,734		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	923,036	923,036		

* 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.

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

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation a			License No. 859-C	Report for Year Ended 9/30/2015	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Sterling Superior Services	PO Box 62, Bozrah, CT 06334-0062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	16,717			22	6f
Gallivan	39 Branch Hill Rd, Preston, CT 06365	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	14,490			22	6f
MDI Achieve	Drive, Minneapolis, MN 55344	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Software - Matrix	29,988			16	m11
Comcast	PO Box 1577, Newark, NJ 07101-1577	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Resident Cable Television & Internet	31,810			20/22	5i/6f
MobilXUSA	930 Ridgebrook Road, Sparks, MD 21152	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Radiology Services	48,465			20	5f
L&M Hospital	365 Montauk Ave, New London, CT 06320	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Lab Services	42,844			20	5h
Procaire	PO Box 801, Tolland, CT 06084	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Oxygen Services	43,435			20	5e2
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Norwichtown Convalescent Home, Inc. d/b/a	859-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 70,629	70,629				
b. Heat	\$ 67,736	67,736				
c. Light & Power	\$ 177,858	177,858				
d. Water	\$ 53,075	53,075				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 39,730	39,730				
f. Other (<i>itemize</i>)	\$ 82,156	82,156				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 491,184	491,184				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 85,412	85,412				
c. Non-Movable Equipment	\$ 11,872	11,872				
d. Movable Equipment	\$ 55,038	55,038				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 152,322	152,322				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 113,470	113,470				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 20,241	20,241				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 286,033	286,033				

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

Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/23/2015	WANDERGUARD UPGRADE	\$ 3,288	5	\$ 658
2/20/2015	NEW GUTTERS	\$ 7,896	20	\$ 395
4/30/2015	FACILITY WIDE LIGHTING UPGRADE	\$ 148,731	30	\$ 4,958
4/30/2015	NDPU LIGHTING REBATE	\$ (48,948)	30	\$ (1,632)
8/8/2015	REPAIR TO SPRINKLER SYSTEM	\$ 6,375	15	\$ 425
8/22/2015	LOCHINVAR HOLDING TANKS	\$ 6,500	20	\$ 325
11/29/2013	CALL BELL SYSTEM (Myers & Stauffer Adjustment 2014)	\$ 65,874	20	\$ 3,294
11/29/2013	CALL BELL SYSTEM (Myers & Stauffer Adjustment 2014)	\$ 41,318	20	\$ 2,066
11/29/2013	CALL BELL SYSTEM (Myers & Stauffer Adjustment 2014)	\$ 22,634	20	\$ 1,132
3/10/2014	LOCHINVAR REPLACEMENT (Myers & Stauffer Adjustment 2014)	\$ 4,743	15	\$ 316
4/16/2014	SIGN ON FRONT LAWN (Myers & Stauffer Adjustment 2014)	\$ 3,510	5	\$ 702
6/27/2014	LOCHINVAR REPLACEMENT (Myers & Stauffer Adjustment 2014)	\$ 5,169	15	\$ 345
Total additions for Building Improvements		\$ 267,090		\$ 12,984 *
Deletions:				
12/31/2005	COLONIAL CARPET 2005	\$ (9,291)	10	\$ -
11/1/2006	COLONIAL CARPET 11012006	\$ (2,815)	10	\$ -
Total deletions for Building Improvements		\$ (12,106)		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/1/2014	NEW POINT OF CONTACT (POC) FOR EAST WING (Computer Cart)	\$ 1,224	3	\$ 408
8/25/2015	NEW MATTRESSES	\$ 5,274	5	\$ 1,055
Total additions for Movable Equipment		\$ 6,498		\$ 1,463
Deletions:				
6/1/1990	COMPUTER EQUIPMENT 1990	\$ (1,487)	10	\$ -
10/1/1993	COMPUTER SOLUTIONS	\$ (4,404)	10	\$ -
9/21/1994	COMPUTER SOLUTIONS	\$ (2,827)	10	\$ -
9/30/1994	SIMPLEX TIMECLOCK	\$ (3,850)	10	\$ -
10/31/1994	COMPUTER SOLUTIONS	\$ (1,819)	10	\$ -
5/31/1995	COMPUTER SOLUTIONS	\$ (2,360)	10	\$ -
2/1/1990	MODEM 1990	\$ (546)	10	\$ -
5/5/1993	SEARS LAWN TRACTOR	\$ (1,589)	10	\$ -
6/23/1993	SYSTEMS FAX	\$ (885)	10	\$ -
10/31/1994	STAPLES	\$ (509)	10	\$ -
11/29/2013	CALL BELL SYSTEM (Myers & Stauffer Adjustment 2014)	\$ (65,874)	20	\$ (3,294)
11/29/2013	CALL BELL SYSTEM (Myers & Stauffer Adjustment 2014)	\$ (41,318)	20	\$ (2,066)
11/29/2013	CALL BELL SYSTEM (Myers & Stauffer Adjustment 2014)	\$ (22,634)	20	\$ (1,132)
3/10/2014	LOCHINVAR REPLACEMENT (Myers & Stauffer Adjustment 2014)	\$ (4,743)	15	\$ (316)
4/16/2014	SIGN ON FRONT LAWN (Myers & Stauffer Adjustment 2014)	\$ (3,510)	5	\$ (702)
6/27/2014	LOCHINVAR REPLACEMENT (Myers & Stauffer Adjustment 2014)	\$ (5,169)	15	\$ (345)
Total deletions for Movable Equipment		\$ (163,524)		\$ (7,855)

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown R			859-C		9/30/2015			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Norwichtown Convalescent Home, Inc	License No. 859-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	1964/1991				
2. Date Structure Completed	1965				
3. If NOT Original Owner, Date of Purchase	1964				
4. Date of Initial Licensure	1964				
5. Total Licensed Bed Capacity	120				
6. Square Footage	44,390				
7. Acquisition Cost					
a. Land	21,000/19,142				
b. Building	328,616				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed				
b. Date Mortgage Obtained	04/01/06				
c. Interest Rate for the Cost Year	7.02%				
d. Term of Mortgage (number of years)	20				
e. Amount of Principal Borrowed	5,310,000				
f. Principal balance outstanding as of <u>9/30/2015</u>	4,606,876				
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Norwichtown Convalescent Home, In		859-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 208,447	208,447		
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 208,447	208,447		

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Norwichtown Convalescent Home,		859-C		9/30/2015		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				208,447	208,447		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	944	944	
Working Capital Interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	209,391	209,391	
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	87,393	87,393	
General Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	87,393	87,393	
15. Total All Expenditures (A-13 thru C-14)				\$	11,054,698	11,054,698	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rel				859-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 100,946	100,946		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 451,286	451,286		
7.			Other - See attached Schedule	\$ 8,252	8,252		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 72,664	72,664		
10.	15	1e	Accounting & Legal	\$ 7,340	7,340		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 4,327	4,327		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	22	6e	Automobile Expense (e.g. personal use)	\$ 1,911	1,911		
18.	16	m3	Unallowable Advertising *	\$ 10,008	10,008		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 24,680	24,680		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 681,414	681,414		

* 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)
10	A1	Owner's Salary	\$ 97,768		
10	A12n	Marketer Salary	\$ 3,178		
Total Other Salaries Adjustment			\$ 100,946	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	12o	Med A Consolidated Billing	\$ 6,186		
13	12o	Audiology Services	\$ 193		
13	B4	Podiatrist	\$ 168		
13	12o	Physicians Other - Optometrist	\$ 18		
13	12o	Physicians Other - PPS Billing	\$ 130		
13	12o	Physicians Other - PPS Billing	\$ 1,557		
Total Other Fees Adjustments			\$ 8,252	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Owner/Administrator Allowance	\$ 4,008		
16	m13	Fines and Penalties	\$ 940		
16	m13	Miscellaneous	\$ 468		
16	m8a	The Greater Norwich Area Chamber Dues	\$ 510		
15	Var	Marketing Salary Benefits (See Attached)	\$ 728		
15	Var	Owner Salary Benefits (See Attached)	\$ 18,026		
Total Other A&G Adjustments			\$ 24,680	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Norwichtown Convalescent Home, Inc. d/b/a Norwichtown			859-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 681,414	681,414		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 485,543	485,543		
28.	20	5d	Ambulance/Limousine	\$ 2,121	2,121		
29.	20	5f	X-rays, etc	\$ 52,502	52,502		
30.	20	5h	Laboratory	\$ 42,844	42,844		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 43,435	43,435		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 58,862	58,862		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV 8	Vending Machine Revenue	\$ 170	170		
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 42,625	42,625		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,409,516	1,409,516		

*** 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.

Norwichtown Convalescent Home, Inc. d/b/a Norwichtown Rehabilitation and Care Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Billable Supplies	\$ 4,996		
20	5j	Therapy Supplies	\$ 3,275		
20	5i	Cable TV Disallowance (See attached)	\$ 24,876		
20	5j	Drugs - IV	\$ 25,715		
Total Other Ancillary Costs			\$ 58,862	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 1	Meals sold to guests, employees and others	\$ 750		
30	IV 8	Laundry	\$ 40,500		
30	IV 8	Misc. Income	\$ 1,375		
Total Other Adjustments			\$ 42,625	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page	of
Norwichtown Convalescent Home, Inc. d. 859-C				9/30/2015		30	37
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (<i>CT only</i>)	\$	8,487,395	8,487,395		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(4,461,707)	(4,461,707)		
2.	a.	Medicaid (<i>All other states</i>)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (<i>all inclusive</i>)	\$	3,320,365	3,320,365		
	b.	Medicare Room and Board Contractual Allowance **	\$	1,864,434	1,864,434		
4.	a.	Private-Pay Residents and Other	\$	3,122,047	3,122,047		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(72,932)	(72,932)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	764,184	764,184		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$				
	c.	Prescription Drugs - Non-Medicare	\$	171,231	171,231		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$	15,974	15,974		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$	972	972		
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	2,576,884	2,576,884		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$				
	c.	Physical Therapy - Non-Medicare	\$	438,000	438,000		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$	255,482	255,482		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$				
	c.	Speech Therapy - Non-Medicare	\$	27,960	27,960		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	2,635,204	2,635,204		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$				
	c.	Occupational Therapy - Non-Medicare	\$	483,720	483,720		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other (<i>Specify</i>) - Medicare	\$	(6,134,502)	(6,134,502)		
	b.	Other (<i>Specify</i>) - Non-Medicare	\$	(957,146)	(957,146)		
III. Total Resident Revenue (Section I. thru Section II.)				\$	12,537,565	12,537,565	
IV. Other Revenue*							
1.	Meals sold to guests, employees & others			\$	750	750	
2.	Rental of rooms to non-residents			\$			
3.	Telephone			\$			
4.	Rental of Television and Cable Services			\$			
5.	Interest Income (<i>Specify</i>)			\$	14,647	14,647	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (<i>Specify</i>)			\$	41,365	41,365	
V. Total Other Revenue (1 thru 8)				\$	56,762	56,762	
VI. Total All Revenue (III +V)				\$	12,594,327	12,594,327	

* 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)
		-		
30 II 6a	Medicare A - Sequestration	\$ (89,645)		
30 II 6a	Medicare A - Oxygen	\$ 3,900		
30 II 6a	Medicare A - IV Therapy	\$ 54,839		
30 II 6a	Medicare A - X-Ray	\$ 69,239		
30 II 6a	Medicare A - Ambulance	\$ 1,068		
30 II 6a	Medicare A - Lab	\$ 484,042		
30 II 6a	Medicare A - Complex Medical	\$ 10,794		
30 II 6a	Medicare A - Contractual Adjustment	\$ (6,144,295)		
30 II 6a	Medicare A - Prior Year Adjustment	\$ (11,572)		
30 II 6a	Medicare B - Contractual Adjustment	\$ (463,489)		
30 II 6a	Medicare B - Sequestration	\$ (4,144)		
30 II 6a	Medicare B - Prior Year Adjustment	\$ (41,984)		
30 II 6a	Managed Care B - Vaccines	\$ 600		
30 II 6a	Managed Care B - Contractual Allowance	\$ (3,855)		
Total Other Resident Revenue - Medicare		\$ (6,134,502)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Private - Vaccines	\$ 150		
30 II 6b	Private - Contractual Adjustment	\$ (111)		
30 II 6b	Private - Prior Year Adjustment	\$ 56,200		
30 II 6b	Medicaid - Vaccines	\$ 450		
30 II 6b	Medicaid - Oxygen	\$ 636		
30 II 6b	Medicaid - IV Therapy	\$ 7,586		
30 II 6b	Medicaid - Prior Year Adjustment	\$ (28,074)		
30 II 6b	Managed Care - Vaccines	\$ 150		
30 II 6b	Managed Care - Oxygen	\$ 1,100		
30 II 6b	Managed Care - IV Therapy	\$ 3,527		
30 II 6b	Managed Care - X-Ray	\$ 26,242		
30 II 6b	Managed Care - Lab	\$ 92,002		
30 II 6b	Managed Care - Contractual Adjustment	\$ (1,105,474)		
30 II 6b	Managed Care - Prior Year Adjustment	\$ (994)		
30 II 6b	Insurance - X-Ray	\$ 403		
30 II 6b	Insurance - Lab	\$ 268		
30 II 6b	Insurance - Contractual Adjustment	\$ (11,175)		
30 II 6b	Hospice - Contractual Adjustment	\$ (32)		
Total Other Resident Revenue		\$ (957,146)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Income - Savings Account	879,401	\$ 946		
30 IV 5	Interest Income - Note Receivable	2,427,138	\$ 13,701		
Total Interest Income			\$ 14,647	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
	Insurance - Prior Year Adjustment	\$ (120)		
	Laundry	\$ 40,500		
	Vending Income	\$ 170		
	Misc. Income	\$ 1,375		
	(Loss)/Gain On Disposal Of Fixed Asset	\$ (560)		
Total Other Revenue		\$ 41,365	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc.	859-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,125,114
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,646,563
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	297,684
a. Prepaid Dietary	8,055			
b. Prepaid Property Tax	18,182			
c. Prepaid Real Estate	89,424			
d. Prepaid Federal Corp Tax	182,023			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	3,069,361
B. Fixed Assets				
1. Land			\$	40,600
2. Land Improvements	*Historical Cost	15,542	\$	15,542
	Accum. Depreciation			Net
3. Buildings	*Historical Cost	4,927,821	\$	813,628
	Accum. Depreciation	4,114,193		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	201,469	\$	36,464
	Accum. Depreciation	165,005		Net
6. Movable Equipment	*Historical Cost	1,711,659	\$	143,749
	Accum. Depreciation	1,567,910		Net
7. Motor Vehicles	*Historical Cost	42,663	\$	20,617
	Accum. Depreciation	22,046		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	107,312
F/S vs C/R NBV		107,312		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,177,912

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc.	859-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	4,247,273
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$ 51,073	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$ 2,427,138	
Name and Address		Amount	Loan Date	
L. Kallen		2,427,138		
7. Other Assets (<i>itemize</i>)			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 2,478,211	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 6,725,484	

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

G. Balance Sheet (cont'd)

Name of Facility Norwichtown Convalescent Home, Inc. d/b/a		License No. 859-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	661,272
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	288,078
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	487
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	175,935
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	258,140
Accrued Expenses		156,515			
Interest Rate Swap		101,625			

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,383,912

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

(*Carry Total forward to next page*)

G. Balance Sheet (cont'd)

Name of Facility Norwichtown Convalescent Home, Inc. d/b/	License No. 859-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				1,383,912	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 4,430,941	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 4,430,941	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,814,853	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc	859-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	10,000
3. Paid-in Surplus			\$	16,625
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(614,643)
6. Gain or Loss for Period			\$	1,498,649
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	910,631
C. Total Reserves and Net Worth			\$	910,631
D. Total Liabilities, Reserves, and Net Worth			\$	6,725,484

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Norwichtown Convalescent Home, Inc. d	859-C	9/30/2015	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014		\$	556,155
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)		\$	12,594,327
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)		\$	11,095,678
D.	Net Income or Deficit		\$	1,498,649
E.	Balance		\$	2,054,804
F.	Additions			
	1. Additional Capital Contributed (<i>itemize</i>)			
	Audit Adj - Interest rate swap to current fair value	3,252		
	2. Other (<i>itemize</i>)			
	Expenses Per Page 27	\$11,054,698		
	F/S vs C/R Depreciation	40,980		
	Total F/S Expenses	\$11,095,678		
F-3.	Total Additions		\$	3,252
G.	Deductions			
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)		\$	
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount	
	2. Other Withdrawings (<i>Specify</i>)		\$	1,147,425
	Purpose	Amount		
	Distributions	1,147,425		
	3. Total Deductions		\$	1,147,425
H.	Balance at End of Period	09/30/15	\$	910,631

I. Preparer's/Reviewer's Certification

Name of Facility Norwichtown Convalescent Home, Inc.	License No. 859-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Matthew S. Bovolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	

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