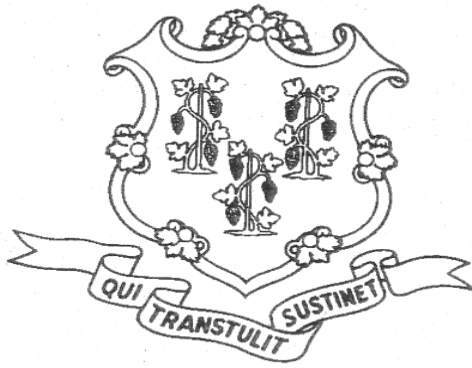


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Paradigm Healthcare Center of New Haven, LLC	
Address (No. & Street, City, State, Zip Code) 181 Clifton Street, New Haven, CT 06513	
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 2351	RHNS	(Specify)	Medicare Provider 07-5397
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Medicaid Provider Numbers:	CCNH 8177	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) Paradigm Healthcare Center of New Haven, LLC	License No. 2351	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 Paradigm Healthcare Center of New Haven, LLC [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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.

{a} SUBJECT TO DESK AUDIT REVIEW

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Administrator From Cost Report No Longer Employed			Printed Name (Owner) See Page 3		
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 Paradigm Healthcare Center of New Haven, LLC	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 181 Clifton Street, New Haven, CT 06513				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 2/8/2015		
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 203-907-3550		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Paradigm Healthcare Center of New Haven, LLC		Address (No. & Street, City, State, Zip) 181 Clifton Street, New Haven, CT 06513		
License Numbers:	CCNH 2351	RHNS	(Specify)	Medicare Provider No. 07-5397
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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 David Bouchard		Nursing Home Administrator's License No.:	2008	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of New Haven, LLC	2351	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility Paradigm Healthcare Center of New Haven, LLC	License No. 2351	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	%**				
Paradigm Management, LLC	177 Whitewood Road Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	Pg. 16 / Line m12	512,544	417,047
Paradigm Management, LLC	177 Whitewood Road Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Disability Insurance	Pg. 15 / Line 1a2	22,576	22,576
Paradigm Management, LLC	177 Whitewood Road Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Life Insurance	Pg. 15 / Line 1a6	3,128	3,128
Paradigm Management, LLC	177 Whitewood Road Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Property Insurance	Pg. 27 / Line 14a	12,877	12,877
Paradigm Health Care Development, LLC	177 Whitewood Road Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Cororate/Dental/Health Policy	Pg. 15 Line 1a5	1,220,475	1,220,475
Paradigm Health Care Development, LLC	177 Whitewood Road Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp	Pg. 15 / Line 1a1	484,988	484,988
Paradigm Health Care Development, LLC	177 Whitewood Road Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		401k Plan	N/A		3,530
Paradigm Health Care Development, LLC	177 Whitewood Road Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Shared Working Capital	Pg. 27 / Line 12d	176,688	176,688
Paradigm Health Care Development, LLC	177 Whitewood Road Waterbury, CT 06708	<input type="radio"/>	<input checked="" type="radio"/>		Liability Insurance	Pg. 27 / Line 14c3	89,831	89,831

* 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 Paradigm Healthcare Center of New Haven, LL	License No. 2351	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Workers Comp, Corporate Policy allocated based upon beds, Corporate Health/Dental is billed separately to each facility. Interest on Line of Credit on A/R Balance. Advertising/promotional and general legal based on equal ratio.

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Paradigm Healthcare Center of New Haven, LLC			2351	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						
Xerox, P.O. Box 66051, Dallas, TX	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/14/12	36 Months	159	159	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
Total ***							159	

* 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 Paradigm Healthcare Center of New	License No. 2351	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 Audit, Tax, Cost Report and Reimbursement Advisory Services	\$ 20,100
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 20,100

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 1 Reid & Reig, P.C. 2 Murtha Cullina LLP 3 MidCap Financial 4 Sinquetta Joyner 5 Various	Telephone Number 860-278-1150 860-240-6000 301-760-7600 Various
--	---

Address (*No. & Street, City, State, Zip Code*)
 1 One Financial Plaza, Hartford, CT
 2 185 Asylum Street, Hartford, CT 06103
 3 7255 Woodmont Ave. Ste 200, Bethesda, MD 20814
 4
 5 Various

Services Provided by This Firm (*describe fully*)

1 General Representation and mediation	\$ 4,293
2 General Representation and mediation	\$ 8,246
3 Due dilligence and line of credit fees (Disallowed on Pg. 28)	\$ 13,177
4 General Representation	\$ 2,750
5 Initial Admin Fee and Conservatorship (Disallowed \$470 on pg. 28)	\$ 720
	Charge for Services Provided
	\$ 29,186

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 Paradigm Healthcare Center of New Haven, LLC			License No. 2351			Report for Year Ended 9/30/2015				Page 8		of 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	150	150			150	150			150	150			
B. On last day of THIS report period	150	150			150	150			150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	137	137			137	137			131	131			
B. As of midnight of THIS report period	139	139			131	131			139	139			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,710	2,710			2,010	2,010			700	700			
B. Medicaid (Conn.)	49,265	49,265			37,103	37,103			12,162	12,162			
C. Medicaid (other states)													
D. Private Pay	203	203			200	200			3	3			
E. State SSI for RCH													
F. Other (Specify) Managed Care	26	26			26	26							
G. Total Care Days During Period (3A thru F)	52,204	52,204			39,339	39,339			12,865	12,865			
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)	52,204	52,204			39,339	39,339			12,865	12,865			

Schedule of Resident Statistics (Cont'd)

Name of Facility Paradigm Healthcare Center of New Haven, I	License No. 2351	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes 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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	9	130						
Per Diem Rate								
a. One bed rm.	Various	246.93		382.00				
b. Two bed rms.	Various	246.93		328.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	4,359	4,359		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	2,513	2,513		
2. Restorative Treatments				
C. Other	4,512	4,512		
D. Total Physical Therapy Treatments	11,384	11,384		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	1,297	1,297		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	639	639		
2. Restorative Treatments				
C. Other	831	831		
D. Total Speech Therapy Treatments	2,767	2,767		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	5,323	5,323		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	2,343	2,343		
2. Restorative Treatments				
C. Other	4,608	4,608		
D. Total Occupational Therapy Treatments	12,274	12,274		

Report of Expenditures - Salaries & Wages

Name of Facility Paradigm Healthcare Center of New Haven, LLC	License No. 2351	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)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	109,452	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	124,433	5,145				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	468,965	24,271				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	322,557	20,329				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	104,099	5,132				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	132,686	7,701				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	169,917	4,160				
b. RN						
1. Direct Care	616,145	15,982				
2. Administrative**	292,094	10,415				
c. LPN						
1. Direct Care	1,681,048	47,823				
2. Administrative**						
d. Aides and Attendants	2,147,493	115,355				
e. Physical Therapists	124,794	4,280				
f. Speech Therapists	68,144	1,695				
g. Occupational Therapists	184,128	4,415				
h. Recreation Workers	92,948	5,363				
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	120,915	3,798				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	99,269	3,800				
<i>A-13. Total Salary Expenditures</i>	6,859,087	281,744				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Admissions	\$ 64,473	2,080				
Medical Records	\$ 34,796	1,720				
Total	\$ 99,269	3,800	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Audiology Contracted Services	\$ 1,200	32				
Medical Records Consultant	\$ 212	5				
Total	\$ 1,412	37	\$ -	-	\$ -	-

**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	
Paradigm Healthcare Center of New Haven, LLC				2351	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										
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	
Paradigm Healthcare Center of New Haven, LLC				2351	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***										
Jenner Michael Rose (10/1/2014 - 12/31/2014)	32,441			Non Discrim	Administrator	600	A2			
David Bouchard (1/1/2015 - 1/17/2016)	77,011			Non Discrim	Administrator	1,480	A2			
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		
Paradigm Healthcare Center of New Haven, LLC	2351	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	8,100	196				
3. Pharmacist	11,918	222				
4. Podiatrist	2,500					
5. Physical Therapy						
a. Resident Care	107,622	1,912				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	144				
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	3,155	63				
b. Other						
10. Occupational Therapist						
a. Resident Care	6,527	131				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	1,412	37				
B-13 Total Fees Paid in Lieu of Salaries	177,234	2,705				

* 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 Paradigm Healthcare Center of New Haven, LLC		License No. 2351	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
United Dental Resources, LLC; 411 Highland Ave., Ste 1-N Waterbury, CT 06708	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
LTC Dental LLP	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Accuscript Consulting Servies LLC; 276 CEDARBRIDGE AVE.:LAKEWOOD NJ 08701	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
LifeMed Pharmacy LLC.; 15951 SW 41ST Street, #200; Davie FL 33064	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
National Staffing Solutions, Inc., P.O. Box 9319; Winter Haven, FL 33883	Physcial Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Stern Therapy Consultants LLC; 50 Lyncrest Drive; Monsey, NY 10952	Physcial Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Access Therapies, Inc. 5980 W 71st St. St 102 Indianapolis, IN 46278	Physcial Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Grandison Management;1413 38th Street; Brooklyn, NY 11218	Physcial Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Synergy Therapy Services, Inc.; 44 Bluff Point Road; South Glastonbury, CT 06073	Physical, Occupational and Speech Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Wife of Scott Ziskin	
United Dental Resources, LLC; 411 Highland Ave., Ste 1-N Waterbury, CT 06708	Audiology	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Anuruddha Walaliyadda MD; 11 New England Dr., Wallingford, CT 06492	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A	
Omnicare of CT, 525 Knotter Dr, Cheshire, CT 06410	Medical Records	<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"/>		

* 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
Paradigm Healthcare Center of New Haven, LLC	2351	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 484,988	484,988			
2. Disability Insurance	\$ 22,576	22,576			
3. Unemployment Insurance	\$ 138,290	138,290			
4. Social Security (F.I.C.A.)	\$ 523,407	523,407			
5. Health Insurance	\$ 1,220,475	1,220,475			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,128	3,128			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 391,732	391,732			
8. Uniform Allowance	\$ 19,810	19,810			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 49,648	49,648			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 104,850	104,850			
d. Accounting and Auditing	\$ 20,100	20,100			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 29,186	29,186			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 6,537	6,537			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 36,604	36,604			
2. Cellular Phones	\$				
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	\$ 1,040,364	1,040,364			
Subtotal	\$ 4,091,695	4,091,695			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of New Haven, LLC	2351	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	4,091,695	4,091,695		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 3,357	3,357		
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 366	366		
5. Education Expenses Related to Seminars and Conventions	\$ 452	452		
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>)	\$ 2,084	2,084		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$ 2,714	2,714		
See Attached Schedule				
4. Fund-Raising***	\$			
5. Medical Records	\$ 414	414		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 1,361	1,361		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 11,022	11,022		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
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>)	\$ 77,954	77,954		
12. Administrative Management Services**	\$ 512,544	512,544		
13. Other (<i>Specify</i>)	\$ 27,029	27,029		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 4,730,992	4,730,992		

* 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)
	-		
Advertising - Promotional	\$ 2,714		
Total Other Advertising	\$ 2,714	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF	\$ 11,022		
Total Dues	\$ 11,022	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Bank Charges	\$ 23,305		
Business License Fees	\$ 1,481		
Licenses & Permits - City of New Haven Fire Marshall	\$ 150		
Licenses & Permits - Novitas Medicare Enrollment	\$ 553		
Licenses & Permits - State of CT Dept of Construction Services	\$ 160		
Licenses & Permits - Treasurer, City of New Haven	\$ 150		
Licenses & Permits - Treasurer, State of CT	\$ 1,230		
Total Other Administrative and General	\$ 27,029	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Paradigm Healthcare Center of New Haven	License No. 2351	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 #
Paradigm Management, LLC, 177 Whitewood Road, Waterbury, CT 06708	512,544	Management Services Per Contract	Pg. 16 / Line m12

*** 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 Paradigm Healthcare Center of New Haven, LLC	License No. 2351	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	\$ 261,738	261,738		
2. Non-Food Supplies	\$ 18,135	18,135		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 20,629	20,629		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 300,502	300,502		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of New Haven, LLC		2351	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. \$	15,625	15,625		
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) Laundry Supplies	\$	10,160	10,160		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	25,785	25,785		
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
Paradigm Healthcare Center of New Haven, LI		2351	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. \$	39,353	39,353		
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)		\$ 39,353	39,353		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from Pharmacy		\$ 144,833	144,833		
b.	Medicine Cabinet Drugs		\$ 44,477	44,477		
c.	Medical and Therapeutic Supplies		\$			
d.	Ambulance/Limousine***		\$ 178	178		
e.	Oxygen					
	1. For Emergency Use		\$			
	2. Other***		\$ 14,292	14,292		
f.	X-rays and Related Radiological Procedures***		\$ 2,648	2,648		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$			
h.	Laboratory***		\$ 13,889	13,889		
i.	Recreation		\$ 22,076	22,076		
j.	Other (Specify)**** See Attached Schedule		\$ 228,064	228,064		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 470,457	470,457		

* 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)
	-		
PPD Medical Supplies	\$ 157,359		
Diapers/Disposables	\$ 328		
I.V. Therapy/RT Exp	\$ 28,347		
Med Equip Rental - Exercise bike for PT	\$ 1,415		
Med Equip Rental - Mattresses	\$ 16,627		
Med Equip Rental - Wound Vac	\$ 131		
Med Equip Rental - Mattresses	\$ 1,180		
Med Equip Rental - Oxygen Rental	\$ 20,648		
Patient Expenses	\$ 981		
Patient Consolidated Billing	\$ 542		
Physical Therapy Supplies	\$ 1,048		
Occupational Therapy Supplies	\$ (542)		
Total Other Resident Care	\$ 228,064	\$ -	\$ -

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

Name of Facility Paradigm Healthcare Center of New Haven, LLC			License No. 2351	Report for Year Ended 9/30/2015	Page of 21 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
Wescom-PCC	33 S Service Rd, Jericho, NY 11753	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Point Click Care	13,864				16	m11
Unicorn	25B Hanover Road, Florham Park, NJ 07932	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	25,990				16	m11
Caretech Supplies, LLC	1123 McDonald Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Purchased Service	16,500				18	2b
MDI Achieve	Minneapolis, MN	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Software Support	13,741				16	m11
Perfect Landscaping, LLC	80 Salvatore Dr, North Haven, CT 06473	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	11,263				22	6f
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								
		<input type="radio"/>	<input type="radio"/>								

* 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
Paradigm Healthcare Center of New Haven, L	2351	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 30,079	30,079				
b. Heat	\$					
c. Light & Power	\$ 217,543	217,543				
d. Water	\$ 78,114	78,114				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 159	159				
f. Other (<i>itemize</i>)	\$ 96,481	96,481				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 422,376	422,376				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 210,000	210,000				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 82,617	82,617				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 292,617	292,617				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 40,313	40,313				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 40,313	40,313				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 354,352	354,352				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 149,652	149,652				
c. Personal property taxes	\$ 3,995	3,995				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 840,929	840,929				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Security	\$ 9,552		
Contract Svcs Maintenance	\$ 34,920		
Pest Control	\$ 1,595		
Groundskeeping/Snow Removal	\$ 15,326		
Trash Removal	\$ 35,088		
Total Other Repairs and Maintenance	\$ 96,481	\$ -	\$ -

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
9/18/2014	Pressure reducing mattress fire rated with side rails	\$ 340	10	3
4/20/2015	TV Small Room	264	5	4
4/20/2015	Nourishment Microwave	105	5	2
8/18/2015	DRE-120 Electric Hot Water Heater	11,406	10	95
7/31/2015	WIFI APS	11,900	5	198
7/31/2015	WIFI Set Up	2,750	5	46
Total additions for Movable Equipment		\$ 26,765		\$ 348 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
2/1/2015	Install two basin tops	\$ 4,573	10	\$ 38
2/28/2015	Intall outlets in kitchen, inspect electrical panels	3,126	10	26
4/1/2015	New magnetic lock system on existing double doors	3,595	10	30
10/20/2014	Door Guard, Vertical Rod Cover	102	5	2
10/20/2014	Door Locks	740	10	6
Total additions for Leasehold Improvement		\$ 12,136		\$ 102 *
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

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Paradigm Healthcare Center of New Haven, LLC			2351		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	Var	Var	Various	587,177	126,059	S/L	Var	40,211	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	Var	Var	Various	12,136		S/L	Var	102	
C-4. Subtotal									40,313
D. Total Amortization									40,313

* 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 Paradigm Healthcare Center of New H	License No. 2351	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 type="radio"/> Yes	<input checked="" 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					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	150				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
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	
Independence Senior Holdings LLC, 13 Freedom Drive, Lakewood, NJ 08707	Buildings/Contents/LHI	07/01/09	15	354,352	

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
Paradigm Healthcare Center of New		2351	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Paradigm Healthcare Center of Ne		2351		9/30/2015		27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	273,076	273,076	
Working Capital = \$176,688 / Other = \$96,388							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	273,076	273,076	
14. Insurance							
a. Insurance on Property (buildings only)				\$	12,877	12,877	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	89,831	89,831	
Insurance Non-property							
14d. Total Insurance Expenditures (14a + b + c)				\$	102,708	102,708	
15. Total All Expenditures (A-13 thru C-14)				\$	14,242,499	14,242,499	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of New Haven, LLC				2351	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 184,128	184,128		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	10	B10a	Occupational Therapy	\$ 6,527	6,527		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 104,850	104,850		
10.	15	1e	Accounting & Legal	\$ 13,647	13,647		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L2	Gifts, flowers and coffee shops	\$ 643	643		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 2,714	2,714		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 116,450	116,450		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 8,278	8,278		
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)				\$ 437,237	437,237		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Non-Allowable Bank Charges	\$ 8,278		
Total Other A&G Adjustments			\$ 8,278	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of New Haven, LLC				2351	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 437,237	437,237		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 144,833	144,833		
28.	20	5d	Ambulance/Limousine	\$ 178	178		
29.	20	5f	X-rays, etc	\$ 2,648	2,648		
30.	20	5h	Laboratory	\$ 13,889	13,889		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 14,292	14,292		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 56,953	56,953		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 97,377	97,377		
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)			\$ 767,407	767,407		

*** 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.

Paradigm Healthcare Center of New Haven, LLC
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See Attached)	\$ 6,846		
20	5j	I.V. Therapy/RT Exp	\$ 28,347		
20	5j	Med Equip Rental - Wound Vac	\$ 131		
20	5j	Med Equip Rental - Oxygen Rental	\$ 20,648		
20	5j	Patient Expenses	\$ 981		
20	5j	Patient Consolidated Billing	\$ 542		
20	5j	Occupational Therapy Supplies	\$ (542)		
Total Other Ancillary Costs			\$ 56,953	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12D	Interest - Other	\$ 96,388		
30	IV 8	Accelerated Care Plus Account Closing	\$ 813		
30	IV 8	Miscellaneous Revenue	\$ 176		
Total Other Adjustments			\$ 97,377	\$ -	\$ -

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
Paradigm Healthcare Center of New Have	2351	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>)	\$ 15,510,144	15,510,144			
b. Medicaid Room and Board Contractual Allowance **	\$ (3,351,179)	(3,351,179)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 846,481	846,481			
b. Medicare Room and Board Contractual Allowance **	\$ 495,279	495,279			
4. a. Private-Pay Residents and Other	\$ 73,806	73,806			
b. Private-Pay Room and Board Contractual Allowance **	\$ 3,797	3,797			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 129,004	129,004			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 19,388	19,388			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 310,850	310,850			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 102,336	102,336			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 171,373	171,373			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 59,922	59,922			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 377,521	377,521			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 96,702	96,702			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (596,738)	(596,738)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (269,500)	(269,500)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,979,186	13,979,186			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ (207)	(207)			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 6,166	6,166			
V. Total Other Revenue (1 thru 8)	\$ 5,959	5,959			
VI. Total All Revenue (III +V)	\$ 13,985,145	13,985,145			

* 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	Lab - MA	\$ 13,251		
30 II 6a	IV Therapy - MA	\$ 9,510		
30 II 6a	Oxygen - MA	\$ 697		
30 II 6a	X-Ray - MA	\$ 2,578		
30 II 6a	Contractual Allowance (Ancillaries) - MA	\$ (569,290)		
30 II 6a	Contractual Allowance (BC/BS Disc) - MA	\$ (4,076)		
30 II 6a	IV Therapy - M MA	\$ 1,881		
30 II 6a	Contractual Allowance (Ancillaries) - M MA	\$ (1,978)		
30 II 6a	Contractual Allowance (Ancillaries) - Medicare B	\$ (49,311)		
Total Other Resident Revenue - Medicare		\$ (596,738)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	IV Therapy - MD	\$ 1,631		
30 II 6b	Oxygen - MD	\$ 9,920		
30 II 6b	Contractual Allowance (Ancillaries) - MD	\$ (268,756)		
30 II 6b	Lab - Managed Care	\$ 365		
30 II 6b	X-Ray - Managed Care	\$ 140		
30 II 6b	Contractual Allowance (Anc.) - Managed Care	\$ (12,800)		
Total Other Resident Revenue		\$ (269,500)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Income	N/A	\$ (207)		
Total Interest Income			\$ (207)	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Accelerated Care Plus Account Closing	\$ 813		
30 IV 8	Miscellaneous Revenue	\$ 176		
30 IV 8	Prior Period Adjustment to Reserve (No Expense Reported)	\$ 5,177		
Total Other Revenue		\$ 6,166	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of New Ha	2351	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	35,558
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,495,970
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	38,770
5. Prepaid Expenses			\$	94,155
a. Prepaid Expenses	94,155			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	1,341
8. Other Current Assets (<i>itemize</i>)			\$	1,256,614
Due From Seller	1,558			
Due From Seller Receiver	1,465			
Due From Paradigm Management / Devlopment	1,120,155			
Due From Pros, SW, Torr, Wtby, WH	133,436			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,922,408
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>599,313</u>		\$	432,941
	Accum. Depreciation <u>166,372</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(218,188)
Construction in Progress	581			
F/S vs C/R NBV	(218,769)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	214,753

* 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 Paradigm Healthcare Center of New Ha	License No. 2351	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,137,161	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	5,250,000		
	Accum. Depreciation	1,312,932	Net	\$ 3,937,068
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	531,342		
	Accum. Depreciation	430,253	Net	\$ 101,089
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				
C-8 Total Leasehold or Like Properties (C1 thru 7)				
				\$ 4,038,157
D. Investment and Other Assets				
1. Deferred Deposits				
2. Escrow Deposits				
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)				
5. Investments Related to Resident Care (<i>itemize</i>)				

6. Loans to Owners or Related Parties (<i>itemize</i>)				
Name and Address		Amount	Loan Date	
_____		_____	_____	
7. Other Assets (<i>itemize</i>)				

D-8. Total Investments and Other Assets (Lines D1 thru 7)				
				\$
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
				\$ 7,175,318

* 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 Paradigm Healthcare Center of New Haven, L		License No. 2351	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,624,857
2. Notes Payable (<i>itemize</i>)				\$	705,038
Note Payable Power Point Energy				60,564	
Note Payable HCSG				355,114	
Note Pay - Medline				1,595	
Note Pay - 1199 Pension/Training				287,765	
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>)				\$	153,842
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	11,364
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	448,594
Accrued Provider Tax		255,708	Patient Funds Liability	28,750	
Union Dues Withholding		4,493	Medicaid Medicare Rese:	20,823	
Rent Accrual		30,531	Amts Due To Indep Sr H	211,652	
Patient Refund		(103,363)			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,943,695

* 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 Paradigm Healthcare Center of New Haven	License No. 2351	Report for Year Ended 9/30/2015	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,943,695	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
		782,403	782,403	
Line of Credit				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 782,403
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,726,098

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

Name of Facility	License No.	Report for Year Ended	Page	of
Paradigm Healthcare Center of New H	2351	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>)			\$	101,089
4. Reserve for leasehold real properties on which fair rental value is based			\$	3,937,068
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	4,038,157
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(644,440)
6. Gain or Loss for Period			\$	55,503
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(588,937)
C. Total Reserves and Net Worth			\$	3,449,220
D. Total Liabilities, Reserves, and Net Worth			\$	7,175,318

H. Changes in Total Net Worth

Name of Facility Paradigm Healthcare Center of New Haven	License No. 2351	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(572,884)
B. Total Revenue (From Statement of Revenue Page 30)			\$	13,985,145
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	13,929,642
D. Net Income or Deficit			\$	55,503
E. Balance			\$	(517,381)
F. Additions				
1. Additional Capital Contributed (itemize)				
Total Expenses Per Pg. 27 \$14,242,499				
F/S vs C/R Depreciation (312,857)				
Total Expenses Per F/S \$13,929,642				
2. Other (itemize)				
Prior Period Adjustment			(71,556)	
F-3. Total Additions			\$	(71,556)
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)			\$	
Name and Address (No., City, State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(588,937)

I. Preparer's/Reviewer's Certification

Name of Facility Paradigm Healthcare Center of New	License No. 2351	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	