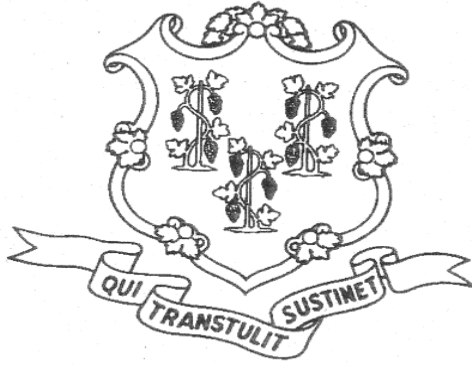


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Pendleton Health and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 44 Maritime Dr. , Mystic, CT 06355	
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 2069-C	RHNS	(Specify)	Medicare Provider 07-5341
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Medicaid Provider Numbers:	CCNH 2069-C	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) Pendleton Health and Rehabilitation Center	License No. 2069-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 Pendleton Health and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner) Chris S. Stenger	
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 Pendleton Health and Rehabilitation Center	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 44 Maritime Dr. , Mystic, CT 06355				
Report Prepared By Margaret Philen	Phone Number 832-467-6225	Date 2/12/2015		
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 860-572-1700		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Pendleton Health and Rehabilitation Center			Address (No. & Street, City, State, Zip) 44 Maritime Dr. , Mystic, CT 06355		
License Numbers:	CCNH 2069-C	RHNS	(Specify)	Medicare Provider No. 07-5341	
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 Susan Peglow			Nursing Home Administrator's License No.:	001290	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

**General Information and Questionnaire
Related Parties***

Name of Facility Pendleton Health and Rehabilitation Center	License No. 2069-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	%**				
SSC Equity Holdings, LLC	5300 W. Sam Houston Pkwy North, Ste 100, Houston, TX 77041	<input type="radio"/>	<input checked="" type="radio"/>		BackOffice Services	page 16/ C1.m.12		
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Pendleton Health and Rehabilitation Center	License No. 2069-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 (See listing page 13)
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.

- In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.
- Explain the allocation of related company expenses and attach copy of appropriate supporting data.
- 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 Pendleton Health and Rehabilitation Center			License No. 2069-C		Report for Year Ended 9/30/2015		Page of 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						
	<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 ***			

* 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 Pendleton Health and Rehabilitation	License No. 2069-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	
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1	
2	
3	
4	
5	

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

1

2

3

4

5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Schedule of Resident Statistics (Cont'd)

Name of Facility Pendleton Health and Rehabilitation Center	License No. 2069-C	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	23	73		18				
Per Diem Rate								
a. One bed rm.	PPS	246.00		427.00				
b. Two bed rms.	PPS	246.00		373.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	3,199	3,199		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	3,100	3,100		
C. Other	27,324	27,324		
D. Total Physical Therapy Treatments	33,623	33,623		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	952	952		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	244	244		
C. Other	5,563	5,563		
D. Total Speech Therapy Treatments	6,759	6,759		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	2,979	2,979		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments	2,841	2,841		
C. Other	26,728	26,728		
D. Total Occupational Therapy Treatments	32,548	32,548		

Report of Expenditures - Salaries & Wages

Name of Facility Pendleton Health and Rehabilitation Center	License No. 2069-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input 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)	124,775	2,088				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	317,243	15,740				
5. Dietary Service						
a. Head Dietitian	59,976	2,086				
b. Food Service Supervisor	55,414	2,216				
c. Dietary Workers	315,579	24,642				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	62,232	2,088				
b. Other Maintenance Workers	33,332	2,169				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
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	192,546	4,167				
b. RN						
1. Direct Care	1,071,678	29,895				
2. Administrative**	299,805	8,024				
c. LPN						
1. Direct Care	1,066,843	37,480				
2. Administrative**	1,413	27				
d. Aides and Attendants	1,153,566	80,934				
e. Physical Therapists	551,952	15,513				
f. Speech Therapists	97,045	2,312				
g. Occupational Therapists	343,261	10,090				
h. Recreation Workers	147,664	6,622				
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	98,572	4,203				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	72,974	2,905				
<i>A-13. Total Salary Expenditures</i>	6,065,870	253,200				

* 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
Respiratory Therapist	\$ 42,065	994				
Medical Records - Non Supervisor	\$ 30,908	1,911				
Total	\$ 72,974	2,905	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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	
Pendleton Health and Rehabilitation Center				2069-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										
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
Pendleton Health and Rehabilitation Center				2069-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***										
Susan Peglow	124,775			Standard Package	Administrative responsibility over day to day operations	2,088	A.2	N/A		
Section IV - Assistant Administrators										

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Pendleton Health and Rehabilitation Center	2069-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	2,520					
3. Pharmacist	10,030					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	96,950					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	63,411					
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	650					
b. Other						
10. Occupational Therapist						
a. Resident Care	20,822	307				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	7,380					
2. Administrative***	6,854					
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	208,617	307				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Pendleton Health and Rehabilitation Center	2069-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 111,857	111,857			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 139,948	139,948			
4. Social Security (F.I.C.A.)	\$ 446,021	446,021			
5. Health Insurance	\$ 187,600	187,600			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,735	4,735			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 3,294	3,294			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,787	4,787			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 196,833	196,833			
d. Accounting and Auditing	\$ 350	350			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 37,161	37,161			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 36,270	36,270			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 34,422	34,422			
2. Cellular Phones	\$ 668	668			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ (350)	(350)			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$ 2,365	2,365			
3. Resident Day User Fee	\$ 661,583	661,583			
Subtotal	\$ 1,867,544	1,867,544			

* 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
Pendleton Health and Rehabilitation Center	2069-C	9/30/2015	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	1,867,544	1,867,544		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 20,388	20,388		
4. Employee Travel	\$ 7,862	7,862		
5. Education Expenses Related to Seminars and Conventions	\$ 11,090	11,090		
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>)	\$ 6,825	6,825		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)***	\$ 29,760	29,760		
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)***	\$ 33	33		
7. Postage	\$ 3,638	3,638		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>)	\$ 11,175	11,175		
See Attached Schedule				
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 772	772		
9. Subscriptions	\$ 1,200	1,200		
10. Contributions***	\$ 250	250		
See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 17,016	17,016		
12. Administrative Management Services**	\$ 666,178	666,178		
13. Other (<i>Specify</i>)	\$ (38,683)	(38,683)		
See Attached Schedule				
C-14 Total Administrative & General Expenditures	\$ 2,605,462	2,605,462		

* 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 Advertising and Supplies	\$ 29,760		
Total Other Advertising	\$ 29,760	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Healthcare Facilities	\$ 8,871		
Avalere Health LLC	\$ 63		
Activity Connection	\$ 106		
Curaspan	\$ 2,135		
Total Dues	\$ 11,175	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Donations (disallowed)	\$ 250		
Total Contributions	\$ 250	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Director and Trustee Fees	\$ 525		
Staff Meetings	\$ 173		
Employee Background Screening	\$ 5,631		
License Administrative	\$ 2,034		
Bank Charges	\$ 3,679		
Cash Over/Short	\$ (21)		
Surety Bond	\$ 912		
Lost Resident Property	\$ 985		
Extraordinary Gain/Loss Administrative	\$ (52,601)		
Total Other Administrative and General	\$ (38,683)	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Pendleton Health and Rehabilitation Cent	License No. 2069-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 #

*** 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) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility Pendleton Health and Rehabilitation Center		License No. 2069-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	3,422	3,422		
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. \$	10,239	10,239		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	191,871	191,871		
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	205,531	205,531	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input 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 type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input 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
Pendleton Health and Rehabilitation Center		2069-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. \$	10,023	10,023		
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. \$	303,091	303,091		
c.	Management Services*		\$			
d.	Other (<i>Specify</i>)		\$			
4E.	Total Housekeeping Expenditures (4a + b + c + d)		\$ 313,114	313,114		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	399,967	399,967		
b.	Medicine Cabinet Drugs	\$	35,492	35,492		
c.	Medical and Therapeutic Supplies	\$	253,630	253,630		
d.	Ambulance/Limousine***	\$	18,416	18,416		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	43,889	43,889		
f.	X-rays and Related Radiological Procedures***	\$	29,408	29,408		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	55,275	55,275		
i.	Recreation	\$	8,909	8,909		
j.	Other (Specify)**** See Attached Schedule	\$	212,638	212,638		
5K.	Total Resident Care Expenditures (5a - 5j)		\$ 1,057,624	1,057,624		

* 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 Pendleton Health and Rehabilitation Center				License No. 2069-C	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
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<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
Pendleton Health and Rehabilitation Center	2069-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 180,142	180,142				
b. Heat	\$ 65,316	65,316				
c. Light & Power	\$ 158,522	158,522				
d. Water	\$ 51,610	51,610				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,360	8,360				
f. Other (<i>itemize</i>)	\$ 116,006	116,006				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 579,955	579,955				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 440,840	440,840				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 73,858	73,858				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 514,698	514,698				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 2,935	2,935				
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 2,935	2,935				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,815,329	1,815,329				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 179,225	179,225				
b. Real estate taxes paid by lessor	\$ 6,450	6,450				
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,518,636	2,518,636				

* 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)
Maintenance Supplies	\$ 3,861		
Infectious Waste Disposal	\$ 1,921		
Garbage Services	\$ 20,255		
Contract Services - Periodic Maintenance	\$ 36,161		
Equipment Lease Expense - Physical Plant	\$ 541		
Lease Expense - Offsite Storage	\$ 4,964		
Minor Equipment Purchase - Physical Plant	\$ 7,769		
TV Cable/ Dish	\$ 11,577		
Network - WAN	\$ 3,102		
Gain/Loss Realty Capitall Expenditures	\$ 25,856		
Total Other Repairs and Maintenance	\$ 116,006	\$ -	\$ -

Pendleton Health and Rehabilitation Center
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
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:				
9/22/2014	Commercial Disposal	\$ 3,083	5	\$ 617
10/29/2014	CMBS Water Storage Tank	\$ 51,712	12	\$ 4,063
10/29/2014	Strobe Fire Alarm Device	\$ 1,600	10	\$ 147
10/29/2014	CMBS Asphalt pavement	\$ 11,485	8	\$ 1,316
10/29/2014	CMBS Repl Attic Sprinkler Pipe	\$ 34,410	12	\$ 2,704
10/29/2014	CMBS Parking Signage	\$ 625	2	\$ 286
3/6/2015	HVAC Ceiling Unit Heat Pump	\$ 2,696	10	\$ 1,887
6/3/2015	Hot Water Storage Tank	\$ 1,078	11	\$ 33
5/6/2015	A/C Compressor	\$ 1,190	11	\$ 45
9/9/2015	Upfront Deposit for Conduit	\$ 10,300	11	\$ 80
Total additions for Building Improvements		\$ 118,178		\$ 11,176 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total 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:				
10/29/2014	Wood Dumpster Enclosure	\$ 4,999	10	\$ 458
10/29/2014	Commercial Laundry Dryer	\$ 7,150	10	\$ 655
2/10/2015	Lift Actuator	\$ 1,752	10	\$ 117
4/1/2015	Galaxy Tab 4	\$ 432	3	\$ 72
4/30/2015	Ice Machine	\$ 2,311	10	\$ 96
7/17/2015	Chair for Patient	\$ 1,108	10	\$ 18
7/20/2015	Knife Slicer	\$ 2,110	10	\$ 422
7/29/2015	Washer	\$ 13,180	10	\$ 201
Total additions for Movable Equipment		\$ 33,042		\$ 2,040 *
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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Pendleton Health and Rehabilitation Center			2069-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. Leasehold Rights			10	31,722	31,722				
2. Leasehold Rights			10	29,919	23,560			2,935	
3.									
A-4. Subtotal									2,935
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									2,935

* 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 Pendleton Health and Rehabilitation C	License No. 2069-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 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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	120			
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

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
Pendleton Health and Rehabilitation		2069-C	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 Pendleton Health and Rehabilitat		License No. 2069-C		Report for Year Ended 9/30/2015		Page of 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) \$							
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$							
14. Insurance							
a. Insurance on Property (buildings only) \$				14,393	14,393		
b. Insurance on Automobiles \$							
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage) \$							
2. Fire and Extended Coverage \$							
3. Other (Specify) \$				139,475	139,475		
Gen & Prof Liab \$138,891 Crime/Kidnap \$584							
14d. Total Insurance Expenditures (14a + b + c) \$				153,868	153,868		
15. Total All Expenditures (A-13 thru C-14) \$				14,001,018	14,001,018		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Pendleton Health and Rehabilitation Center			2069-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	\$ 343,261	343,261		
4.			Other - See attached Schedule	\$ 39,029	39,029		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 63,411	63,411		
6.			Occupational Therapy	\$ 20,822	20,822		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 196,833	196,833		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or 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.			Unallowable Advertising *	\$ 29,760	29,760		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ (162,740)	(162,740)		
22.			Barber and Beauty	\$ 33	33		
23.			Other - See attached Schedule	\$ (189,526)	(189,526)		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 996	996		
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)				\$ 341,879	341,879		

* 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	A.12.o	Respiratory Therapist	\$ 39,029		
Total Other Salaries Adjustment			\$ 39,029	\$ -	\$ -

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)
15	C.1.a.1	Remove Workmen's Compensation Reserve Expense	\$ 85,800		
15	C.1.a.1	Include Workmen's Compensation Paid Claims	\$ (225,536)		
15	C.1.j	Franchise Taxes in Excess of \$250	\$ (600)		
16	C.1.m.8a.	civic dues	\$ 772		
16	C.1.m.10.	Donations/Contributions	\$ 250		
16	C.1.m.13.	Cash Over/Short	\$ (21)		
16	C.1.m.13.	Lost Resident Property	\$ 818		
16	C.1.m.13.	Miscellaneous Receipts	\$ 831		
16	C.1.m.13.	Director and Trustee fees	\$ 525		
16	C.1.m.13.	Extraordinary Gain/Loss	\$ (52,601)		
16	C.1.m.13.	Interest Income	\$ 236		
Total Other A&G Adjustments			\$ (189,526)	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Pendleton Health and Rehabilitation Center			2069-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 341,879	341,879		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 399,967	399,967		
28.			Ambulance/Limousine	\$ 18,416	18,416		
29.			X-rays, etc	\$ 29,408	29,408		
30.			Laboratory	\$ 55,275	55,275		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 43,889	43,889		
33.			Occupational Therapy	\$ 1,833	1,833		
34.			Other - See Attached Schedule	\$ 175,739	175,739		
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	\$ 124,443	124,443		
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$ 158	158		
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	\$			
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)			\$ 1,191,008	1,191,008		

*** 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.

Pendleton Health and Rehabilitation Center
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	C.5.c	Ancillary cost of Goods Sold - PEN Therapy	\$ 7,082		
20	C.5.c.	Respiratory Therapy	\$ 9,298		
20	C.5.c.	Ancillary Cost of Goods Sold - IV Therapy	\$ 40,220		
20	C.5.c.	Ancillary Cost of Goods Sold - Equipment Rental	\$ 2,832		
20	C.5.c.	Oxygen Concentrators	\$ 20,593		
20	C.5.i.	Miscellaneous Receipts - Activities (from p. 30, line IV.8.)	\$ 1,235		
20	C.5.c.	Adjust Medical Supplies to Proper Cost-to-Charge Ratio	\$ 94,479		
Total Other Ancillary Costs			\$ 175,739	\$ -	\$ -

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)
Total Other Adjustments			\$ -	\$ -	\$ -

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
Pendleton Health and Rehabilitation Cent 2069-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>)	\$ 6,401,361	6,401,361			
b. Medicaid Room and Board Contractual Allowance **	\$ (286,601)	(286,601)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 4,646,899	4,646,899			
b. Medicare Room and Board Contractual Allowance **	\$ (4,423)	(4,423)			
4. a. Private-Pay Residents and Other	\$ 2,324,864	2,324,864			
b. Private-Pay Room and Board Contractual Allowance **	\$ (15,680)	(15,680)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 521,005	521,005			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (516,234)	(516,234)			
c. Prescription Drugs - Non-Medicare	\$ 232,693	232,693			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (204,912)	(204,912)			
2. a. Medical Supplies - Medicare	\$ 21,241	21,241			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (21,119)	(21,119)			
c. Medical Supplies - Non-Medicare	\$ 144,732	144,732			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (138,484)	(138,484)			
3. a. Physical Therapy - Medicare	\$ 819,029	819,029			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (723,131)	(723,131)			
c. Physical Therapy - Non-Medicare	\$ 357,768	357,768			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (333,546)	(333,546)			
4. a. Speech Therapy - Medicare	\$ 267,168	267,168			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (230,725)	(230,725)			
c. Speech Therapy - Non-Medicare	\$ 37,019	37,019			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (33,628)	(33,628)			
5. a. Occupational Therapy - Medicare	\$ 828,877	828,877			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (739,172)	(739,172)			
c. Occupational Therapy - Non-Medicare	\$ 310,323	310,323			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (289,014)	(289,014)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 2,585	2,585			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 3,338	3,338			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,382,234	13,382,234			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 996	996			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 236	236			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 225	225			
8. Other (<i>Specify</i>)	\$ 2,224	2,224			
V. Total Other Revenue (1 thru 8)	\$ 3,681	3,681			
VI. Total All Revenue (III +V)	\$ 13,385,915	13,385,915			

* 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)
		\$ 2,585		
Total Other Resident Revenue - Medicare		\$ 2,585	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ 3,338		
Total Other Resident Revenue		\$ 3,338	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			\$ 236		
Total Interest Income			\$ 236	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		\$ 2,224		
Total Other Revenue		\$ 2,224	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Pendleton Health and Rehabilitation Ce	2069-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	59,283
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	647,646
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	43,486
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	750,415
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 11,609,198		\$	3,079,130
	Accum. Depreciation 8,530,067	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 1,889,780		\$	(270,003)
	Accum. Depreciation 2,159,783	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(2,447)
	(2,447)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,806,680

* 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
Pendleton Health and Rehabilitation Ce	2069-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	3,557,095
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	61,641		
	Accum. Depreciation	58,217	Net	\$ 3,424
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>)				
378,311			\$	378,311
D-8. Total Investments and Other Assets (Lines D1 thru 7)				
\$ 381,736				
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				
\$ 3,938,831				

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Pendleton Health and Rehabilitation Center	2069-C	9/30/2015	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	504,165
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>)			\$	420,699
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	90,818
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*			\$	412
12. Other Current Liabilities (<i>itemize</i>)			\$	406,237
406,237				

A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,422,331

* 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 Pendleton Health and Rehabilitation Center		License No. 2069-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,422,331	
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>)				\$ (7,323,124)	
Name and Address of Lender	Amount	Loan Date			
	(7,323,124)				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 1,982,438	
1,982,438					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (5,340,686)	
C. Total All Liabilities (Lines A-13 + B-5)				\$ (3,918,355)	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Pendleton Health and Rehabilitation C	2069-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	2,705,595
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			\$	2,705,595
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,766,693
6. Gain or Loss for Period			\$	(615,103)
10/1/2014 thru 9/30/2015				
7. Total Net Worth			\$	5,151,591
C. Total Reserves and Net Worth			\$	7,857,186
D. Total Liabilities, Reserves, and Net Worth			\$	3,938,831

H. Changes in Total Net Worth

Name of Facility Pendleton Health and Rehabilitation Cen	License No. 2069-C	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			\$	
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	
D. Net Income or Deficit			\$	
E. Balance			\$	
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	
09/30/15				

I. Preparer's/Reviewer's Certification

Name of Facility Pendleton Health and Rehabilitation	License No. 2069-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				
Address Address		Phone Number		