State of Connecticut



15-74

Annual Report of Long-Term Care Facility

Cost Year 2015 RECEIVED Name of Facility (as licensed) THER 1.7 7016 Sharon SNF CT LLC, d/b/a Sharon Health Care Center Address (No. & Street, City, State, Zip Code) DEFT. OF SOCIAL SERVICES OFFICE OF CON AND RATE SETTINGS 27 Hospital Hill Road Sharon, CT 06069 Type of Facility Chronic and Convalescent
Nursing Home only (CCNH) Rest Home with Nursing ☐ (Specify) Supervision only (RHNS) Report for Year Beginning Report for Year Ending 9/30/2015 10/1/2014 (Specify) Medicare Provider License Numbers: **CCNH RHNS** No. 075379 2382 **CCNH ICF-MR** Medicaid Provider Numbers: RHNS 2382 For Department Use Only Sequence Number Sequence Number Signed and Date Signed and Notarized Date Received Assigned Notarized Received Assigned



December 11, 2013

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

Subject:

Alternative Annual Report Approval

Dear Mr. Mosier:

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

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

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

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Glaudette B. Pickens, CPA

CC: Chris Lavigne

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CSP-1 Rev.9/2002	General I	nformation		
Name of Facility (as licensed) Sharon SNF CT LLC, d/b/a Sharon Health	License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382	9/30/2015	. 1	37
Add MISREPRESENTATION OR THIS COST REPORT MAY E UNDER STATE OR FEDERA	FALSIFICATIO BE PUNISHABI	Owner's Certification ON OF ANY INFORMATION LE BY FINE AND/OR IMPR	I CONTAINEI ISONMENT	O IN
I HEREBY CERTIFY that I had accompanying Cost Report and Sharon SNF CT LLC, d/b/a Sharon Health Conter October 01, 2014 my knowledge and belief, it is and records of the provider(s). I hereby certify that I have directly Questionnaires, Schedule of Revenues and the related Barequirements of the State of Contents of my knowledge under pexpenses presented in this Report and hereby certify that I have read this Report and hereby certify that I have directly of Revenues and the related Barequirements of the State of Contents of the State assisted residents of the State assisted residents of the State assisted residents of the supporting records for the expand will be made available to	d supporting sch Care [facility] and ending a true, correct, a in accordance we ected the preparatesident Statistic alance Sheet of Connecticut for the reby certify that benalities of perjuly cort as a basis for were incurred to benses recorded	edules prepared for name for the cost report period september 30, 2015, and complete statement preparith applicable instructions. The attached General I is, Statements of Reported Exthis Facility in accordance with the year ended as specified about the information provided is the ury. I also certify that all salar or securing reimbursement for provide resident care in this I have been retained as required	od beginning and that to the borned from the borned from the borned from the borned from the Reporting ove. Tue and correct by and non-salar Title XIX and Facility. All	l tements g to the ry for
	Date	Signed (Owner)	Date	
Signed (Administrator)	Date			
Printed Name (Administrator) Part Messier John HOHSMAN		Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn State of to before me:	Date 2/10/16	Signed (Motary Public) Aug Chus	as 03 1	Expires 31 2
Address of Notary Public		76 Christine	J- CT 864	F9

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

State of Connecticut Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustm	ient		Page	of
			1A	37
Name of Facility	Period Cover	ed:	From	То
Sharon SNF CT LLC, d/b/a Sharon Health Care Center			10/1/2014	9/30/2015
Address of Facility				
27 Hospital Hill Road Sharon, CT 06069				
Report Prepared By	Phone Numb	er	Date	
Athena Health Care Associates, Inc	(860) 751-39	00	2/12/	/2016
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid\$				
2. Laundry wages paid\$				
3. Housekeeping wages paid\$				
4. Nursing wages paid\$				
5. All other wages paid\$				
6. Total Wages Paid\$				
7. Total salaries paid\$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				144

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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

General Information and Questionnaire Type of Facility - Organization Structure

		Phone No. of Facility 860-364-100		Report for Year Er 09/30/1		Page 2	of 37
Name of Facility (as shown on license)		Address (No	o. & Si	treet, City, State	= -		
Sharon SNF CT LLC, d/b/a Sharon Health Ca	re Center			d Sharon, CT 0	5069		
	CCNH	RHNS		(Specify)		Medicare Pr	
License Numbers:	2382		<u> </u>			075	579
Type of Facility (Check appropriate box(es))						
Chronic and Convalescent		Rest Home with			(Specify)	
Nursing Home only (CCNH)		Supervision only	(KHr	NS)			
Type of Ownership (Check appropriate b	ox)				_		
PROPRIETORSHIP LLC	PARTNERSHIP	PROFIT CORP.		NON-PROFIT CORP.		GOVERNMENT	☐ TRUST
			Date	Opened	Date Clo	sed	
If this facility opened or closed during re	port year prov	ride:					
Has there been any change in ownership		□ Yes	v	No If"Y	es " exnl	ain fully.	
or operation during this report year?		1 cs	[4]	110 11 1	СЗ, САР	ani iuii).	
					<u>.</u>		
						AUG TO THE TOTAL TOTAL TO THE THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTA	
,		•					
Administrator							
Name of Administrator				Nursi	ng Home		
Paul Messier				1	nistrator's		67
		-	:		ense No.:		
Other Operators/Owners who are assista	nt administrat	ors (full or part tin	ne) of	this facility.			
Name				Lic	ense No.:		
	,						
Not Applicable						-	
Tion Tel Establish							
	•						
,						<u> </u>	

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Sharon SNF CT LLC, d/b/a Sharo	n Health Care Center	2382	9/3	30/2015	3 37
Legal Name of Parti		Business A 27 Hospital Hill Sharon, CT		Which	I/or Town(s) in Registered CT
Name of Partners/Members	Business A	Address		Title	% Owned
Lawrence G Santilli	135 South Road, I 0603		M	anager	42.0000%
,					
-					

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health Care	License No.	Report for Year	Ended	Page	of
	2382	9/	30/2015	3A	37
Center If this facility is owned or operated as a corp				1 212	
Legal Name of Corporation	Rucii	ness Address	State(s) in W	hich Incorn	orated
Legal Name of Corporation	Dust	iless / Radioss			
Name of Directors, Officers	Busi	ness Address	Title	No. Sł Held by	
Not Applicable					
Names of Stockholders Owning at Least 10% of Shares					
	·				

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility		License No.	Report for Year Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Healt	th Care Center	2382	9/30/2015	3В	37
If this facility is owned or operated a	s an individual p	roprietorship, prov	vide the following information	1:	
Own	ner(s) of Facility				
Not Applicable					•
				i	
				-	
		•			
					·
·					
		•			
				·	
				- 10 - E 1 - 10 - 10 - 10 - 10 - 10 - 10	

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

General Information and Questionnaire Related Parties*

Name of Facility		License 1	No.		Report for Year Ended		Page	Jo
Sharon SNF CT LLC. d/b/a	Sharon SNE CT I.J.C. dh/a Sharon Health Care Center	2382			9/30/2015		4	37
					And the state of t			
Are any individuals recei	Are any individuals receiving compensation from the facility related through	cility rela	ted thro	ngh		If "Yes," provide the Name/Address and	e Name/Add	ress and
marriage, ability to contr	marriage, ability to control, ownership, family or business association?	ss associ	ation?		☐ Yes ☑No	complete the information on Page 11 of the report.	ation on Pag	e 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or servic	es,					
including the rental of pr	including the rental of property or the loaning of funds to this facility,	to this fac	ility,					
related through family as	related through family association, common ownership, control, or dusiness	control, of this fa	or ousin cility?	CSS C	✓ Yes □ No	If "Yes," provide the following information:	e following i	nformation:
משיאלות וחסושמים מיים	Omitors, operators, or original							
		Also	Also Provides	Sa		Indicate Where		
-		Good	Goods/Services to	s to		Costs are Included		Actual Cost to the
Name of Related	Business	Non-R	Non-Related Parties	arties	Description of Goods/Services	in Annual Report	Cost	Related
Individual or Company	Address	Yes	No No	**%	Provided	Page # / Line #	Reported	Party
	135 South Road, Farmington, CT				The state of the s	Pg 22, 19 and 10b; pg		1 1 4 4 4
Sharon Landlord CT LLC 06032	06032		<u></u>	-	Lease of Real Property	27, In 14a	\$354,474	\$354,474
Athone Health Cave	135 South Road, Farmington, CT	5	<u>X</u>	%86<	Workman's Compensation Insurance	Pg15, 1A1	\$237,908	\$237,908
	135 South Road, Farmington, CT				Facility participates in common 401 (K)			
Athena 401K Plan	06032	2	^ <u> </u>	>38%	plan			
Athona Hoalth Care	135 South Road, Farmington, CT	5	<u>⊼</u> □	%86<	Health/Dental Insurance		\$737,928	\$737,928
	135 South Road, Farmington, CT				Lobbying Fees, Payroll Processing Fees,	Pg 16 m12, m13;Pg	070	£ 6
Athena Health Care	06032	2	λ 	%86<	Data Processing Fees; Software Upgrade	32, C5;BS, p31, B6	\$13,240	047,010
	135 South Road, Farmington, CT	[[Gift Cards, Repairs & Maintenance,	Pg 16 l2, I5 & m3, Pg	603 603	673 633
Athena Health Care	06032	>]	λ·	%86<	Education, Business Promotion	22 6a	\$25,633	CC0,C76
	135 South Road, Farmington, CT	[5		/000	MDS Nurse Consultant, Social Service,	Pg 13 11a2, Pg 13 Rf: Pa 15, 1e 1a	\$165.419	\$165,419
Athena Health Care	00032	3		20 /0	Legal, Office Supplies	a (a - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
,	135 Tripps Lane, E. Providence,			,600	Certain loans of (\$250,000) not included	Pa 33 47		
Orchard View Manor	KI	2]]	278%	ın expense	15 00 CF		
				%86<				

^{*} Use additional sheets if necessary.

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No	٠,	Report for Year Ended	Page	of					
Sharon SNF CT LLC, d/b/a Sharon Health Care	2202		9/30/2015	5	37					
Center	2382	VD 0		<u> </u>	<u> </u>					
If the facility is licensed as CDH and/or RCH o	or provides A	AIDS or TB.	i services with special Medical	a rates,	COSIS					
must be allocated to CCNH and RHNS as follo	ws:				· · · · · · · · · · · · · · · · · · ·					
Item	· · · · · · · · · · · · · · · · · · ·		Method of Allocation							
Dietary			meals served to residents							
Laundry			pounds processed							
Housekeeping			square feet serviced							
			hours of routine care provided	•						
Nursing			classification, i.e., Director (or							
			Nurses, Licensed Practical Nu	rses, Ai	ides and					
		Attendants								
Direct Resident Care Consultants			hours of resident care provide	d by EA	ACH					
			(See listing page 13)							
Maintenance and operation of plant		Square fee								
Property costs (depreciation)		Square fee	t							
Employee health and welfare										
Management services										
All other General Administrative expenses										
The preparer of this report must answer the fol	lowing ques	tions applic	able to the cost information pr	ovided.						
1. In the preparation of this Report, were all		□ No	If "No," explain fully why suc	ch alloc	ation was					
costs allocated as required?	✓ Yes	NO	not made.							
Not Applicable			•							
2. Explain the allocation of related company e	expenses and	attach cop	y of appropriate supporting dat	a.						
Not Applicable	<u> </u>									
Hot ripplicable										
3. Did the Facility appropriately allocate and	self-disallov	direct and	indirect costs to non-nursing h	ome co	st centers?					
(e.g., Assisted Living, Home Health, Outpa	tient Service	es. Adult Da	ay Care Services, etc.)							
(c.g., rissisted Living, Home House, Output			If "No," explain fully why su	ch alloc	eation was					
	☐ Yes	□ No		cii aiioc	atton was					
			not made.							
	4.04									
Not Applicable: No Non-Nursing Home Cos	t Centers									
				=						

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

General Information and Questionnaire Leases (Excluding Real Property)

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

σţ

37

\$7,849 \$7,290 \$2,254 Amount Claimed Page 9 87,290 \$7,849 \$2,254 \$563 Amount of Lease Annual 9/30/2015 Report for Year Ended Term of 41 months 60 months 48 months 51 months Lease Lease** Date of 08/27/13 04/08/10 11/19/12 05/10/12 Description of Items Leased 2382 PCC Equipment License No. Postage Meter Copier Copier Related * to ž Operators, Officers 5 [>] Owners, \Box > Yes Sharon SNF CT LLC, d/b/a Sharon Health Care Center Leaf Capital Funding, LLC 1720A Crete St, Moberly, Leaf Capital Funding, LLC 1720A Crete St, Moberly, should not be included in these amounts. Pitney Bowes PO Box 371887, Pittsburgh, PA 15250 Name and Address of Lessor Hewlett Packard, PO Box 402582, Atlanta, GA Name of Facility MO 65270 MO 65270

\$563

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

\$17,956

Total ***

ž

** Attach copies of newly acquired leases.

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382	9/30/2015		7	37
		were maintained on the following basis:	<u></u>	- 1	
The records of this facility for the p	eriou covered by this report	were manualled on the tenowing success		•	
☑ Accrual ☐ Cash ☐	Modified Cash				
Is the accounting basis for this	_	3			
r ·	Yes	No If "No," explain.			
previous period?			ww.		
		AL AND AL			
	·				
					··.
Independent Accounting Firm	1187.		5747	10000	
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP		185 Asylum Street, Hartford, CT 0610.	3		
2 Marcum LLP		185 Asylum Street, Hartford, CT 06103	3		
3 "					
4 "		<u></u>			
Services Provided by This Firm (de	escribe fully)				
1 2015 Audit fees, Year End Financi	ials & Tax Return		\$	15,415	
2 2014 Medicare Cost report-disallo	wed		\$	2,650	
3 2013 & 2014 - affiliate tax returns			\$	4,398	
4			\$	-	
			Charge for Se	rvices Pro	ivided
				\$22,463	
Are These Charges Reflected in the Exper	nditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.			
☑ Yes ☐ No	Pg 15, Line1d		•		
Legal Services Information	1 6 10, Ditto				1.1.50
Name of Legal Firm or Independen	nt Attorney		Telephone Nu	ımber	
1 Murtha, Cullina, LLP			860-240-6000)	
2 Goldman, Gruder, & Woods	S	•	203-899-8900		
3 Donald W Light			860-567-0451	L	
4 Treasurer, State of CT					
5					
Address (No. & Street, City, State,					
1 City Place, 185 Asylum St., 1					
2 200 Connecticut Ave, Norwa 3 204 Goodhouse Road, Litch					
10.0					
49 Levenworth St. Canaan,	C1 00010	•			
Services Provided by This Firm (a	lescribe fully)				
1 Audit letter, \$1430 (allowed) State	e of CT filing \$270(allowed); LL	C issues \$628 disallowed	\$	2,328	
2 A/R Collections (disallowed)			\$	38,154	
3 Statutory fees-Probate -(disallow	ed)		\$	350	
4 Probate Hearings-disallowed			\$	458	
5			\$		
-			Charge for Se	ervices Pro	ovided
				\$41,290	
Are These Charges Reflected in the Expe	enditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.			
✓ Yes □ No	Pg 15, Line 1e				
1 × × × × × × × × × × × × × × × × × × ×	1 g 13, Line 1c				

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

Schedule of Resident Statistics

Name of Facility			License No.	No.			Report	Report for Year Ended	Ended		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center				2382				09/30/15	15		8	37
					Per	Period 10/1	1 Thru 6/30	96/30	Pe	Period 7/1	Thru 9/30	/30
	Total All	Total	Total	Total								
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH 1	RHINS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	88	88			88	88			88	88		
B. On last day of THIS report period	88	88			88	88			88	88		
2. Number of Residents									1			
A. As of midnight of PREVIOUS report period	83	83			98	80			83	8		
B. As of midnight of THIS report period	75	75			75	75			75	75		
3. Total Number of Days Care Provided During Period						-				•		
A. Medicare	4,299	4,299			3,220	3,220			1,079	1,079		
B. Medicaid (Conn.)	16,313	16,313			12,341	12,341			3,972	3,972		
C. Medicaid (other states)	3,862	3,862			2,950	2,950			912	912		
1	3,216	3,216			2,256	2,256			096	096		-
E. State SSI for RCH.												
F. Other (Specify) Managed Care	476	476			441	441			35	35		
G. Total Care Days During Period (3A thru F)	28,166	28,166			21,208	21,208			6,958	6,958		
4. Total Number of Days Not Included in Figures in 3G												•
for Which Revenue Was Received for Reserved												
A. Medicaid Bed Reserve Days		•		i								
	24	24			6	6			15	15		
5. Total Resident Days (3G + 4A + 4B)	28,190	28,190			21,217	21,217			6,973	6,973		
			-									

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility License No. Report for Year Ended									Page	of				
Sharon SNF			a Sharon		2202						9/30/	2015	9	37
Health Care	Center	· · · · · · · · · · · · · · · · · · ·			2382						9/30/	2015	9	31
l .	•	-	in the certified b		pacity du	ring tl	ne repor	t year	?			YES V	NO	. •
II YES	, provid		llowing informat	ion.		honas	in Bed	0			anacity A	fter Change		
	-	Place o	f Change		•••	nange	1		1		apacity A	itter Change		
			(Specify)	-	Lost	_		Gaine	a					
Date of	CCNH	RHNS												
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change
1,														
						L								
						41		(d in itom	a d abarra) prayida the num	her of	
						tne r	eport ye	ar (as	reporte	a m nen	n 4 above) provide the num	net of	
RESID)	ENT D.	AYS for	90 days followi	ng the	change.								Γ	
													(0	10.3
1			Change in R	eside	nt Days					C	CNH	RHNS	(Spe	cify)
1st chan	ge									ļ			<u> </u>	
	· ·									ļ				
										<u> </u>				
4th char	4th change									l				
6. Number	of Res	idents ar		mber	Medi	ost Ye	ar	T			Self-Pay		Other Sta	te Assisted
			Medicare	 		T				1		(0 :0)		ľ
Item CCNH No. of Residents			CCNH RHNS		HNS_		CCNH RHNS		(Specify)	R.C.H.	ICF-MR			
	_	ts	10		55	5			9	0		1		
Per Die														
a. One	bed rm.		582,23	ļ	242,31	-		4	70.00			450,79		
b. Two	bed rm	s.	582,23		242.31			4	55,60	ļ		450.79		
c. Thre	e or mo	re				1								
	rms.					Ь_		<u> </u>						(C
			cal Therapy Treat	ments	3					TC)TAL	CCNH	RHNS	(Specify)
A	. Medic	care - Pa	rt B		···						5,534	5,534		-
В			clusive of Part B)								172		
ļ			ce Treatments							 	172	172		
<u> </u>	2. Re		e Treatments							+	12,261	12,261		
			l Therapy Treat	ments							17,967	17,967		
			h Therapy Treati											
		care - Pa									749	749		
			clusive of Part B)										
			ce Treatments								53	53	<u> </u>	<u> </u>
			e Treatments											
	. Other										892	892		
			Therapy Treatm								1,694	1,694		
			pational Therapy	Treat	ments							4 500		
A. A.	. Mcdi	care - Pa	art B	\							2,788	2,788		
1 E			clusive of Part B	,							214	214	1	
			e Treatments							 	514	214	†	
1	2. Ri		C ATCAINTCIRS							-	11,763	11,763		
			itional Therapy	Treati	ments				,		14,765			

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	238	2	9/30/20	015	10	37
Are time records maintained by all individuals receiving com-		√ Yes	□ No			
	-		Total Cost an	id 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)	136,032	2,040				
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)		1	Note that the same of the same			
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	201,687	9,514		***		
5. Dietary Service	201,007	7,521				
a. Head Dietitian	108	3				
b. Food Service Supervisor	61,308	2,115				
c. Dietary Workers	314,720	21,246				
6. Housekeeping Service	32.,.20	,- 1				
a. Head Housekeeper	48,578	2,193				
b. Other Housekeeping Workers	158,084	11,763				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	56,998	2,204				
b. Other Maintenance Workers	30,483	1,730				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	67,031	5,465	i			
Barber and Beautician Services						
10. Protective Services	1				` .	
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	109,429	1,957	7		l	
b. RN						
1. Direct Care	383,791	10,705	5			
2. Administrative**	317,707					
c. LPN						
1. Direct Care	619,489	21,000	5			
2. Administrative**						
d. Aides and Attendants	987,864					
e. Physical Therapists	372,089					
f. Speech Therapists	84,814					
g. Occupational Therapists	252,055					
h. Recreation Workers	146,297	7,55	1			
i. Physicians						
Medical Director	·		<u> </u>			
Utilization Review						
3. Resident Care***						
4. Other (Specify)		_				
j. Dentists				<u> </u>		
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	121,339	4,98	7	ļ		
n. Marketing						
o. Other (Specify)						
A-13. Total Salary Expenditures	4,469,903	3 197,92	al .		T	

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

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

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

Schedule of Other Salaries and Wages (Page 10)						
	\$	Hours	\$	Hours		Hours
Position	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					22442
		Establish Separation	100 100 100 100 100 100 100 100 100 100			
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	And the second s					***************************************
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	And Control of the Control	Translation of the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	The state of the s			The state of the s		1,207,107,000 100,0000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000
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		AND THE RESERVE OF THE PROPERTY OF THE PROPERT			A STATE OF THE PARTY OF THE PAR	27.000
	100000000000000000000000000000000000000		111000000000000000000000000000000000000		The state of the s	Carron Carron Carron
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			Maria de la companio			
			Contraction of the Contraction			
				2		441.000.000.000.000.000.000.000.000.000.
Total	\$.		3		\$	OT THE PARTY OF

Schedule of Physician: Other Fees (Page 13)	\$ 00NH	Hours	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Service	CCNH	CCNII		KIIINO	Company and the control of the contr	HAMORICO NE
And the second s	**************************************					
	Andrew Committee					
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	Name of the second of the seco					
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	A CANADA				The second second second	
The state of the s	547544(GEO)			27 14 17 17 17 17 17 17 17 17 17 17 17 17 17	A	
AND A SAN AND AND AND AND AND AND AND AND AND A						
	The state of the s					
		7.00.,			C. C	
Total .	\$ =		\$ -		\$ -	

Schedule of Other Fees (Page 13)	\$	Hours	\$	Hours	\$	Hours
Service	CCNH	CCNH	RHNS	RHNS	(Specify)	(Specify
						F-12000 EEC 100
						Caracalar sarray
					- Company of the control of the cont	Englishin
A STATE OF THE PROPERTY OF THE		Paris 2002 A				30.55.00.00
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		210000000000000000000000000000000000000				
	The part of the particle of th			N. V. C.		
				V 2000000000000000000000000000000000000		
	The state of the s			The second secon	1710g-12-0	220000000000000000000000000000000000000
Total	\$		3-1-1-1-1			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility			C.	License No.	License No. Report for Year Ended	Report for	Report for Year Ended		Page	Jo	
Sharon SNE CT LLC d/h/a Sharon Health Care Center	iaron Hea	Ith Care C	enter		2382		9/3	9/30/2015	11	37	
		Salary Paid									
				Fringe Benefits and/or Other		Total	Line Where		Total		
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received	
Section I - Operators/Owners											
Not Applicable											
							·				
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).	·				v						
Not Applicable								,			
							ŕ				
										,	
			. ;; ;	F F - F	(,

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Administrators and Other Related Parties*

					the result of th		Voter Product		Dage	of
Name of Facility (as licensed)				License No.		Keport 10r	Report 10f 1 ear Eilueu			5
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	ron Health	Care Cent	er		2382		9/30	9/30/2015	12	37
		Salary Paid								
				Fringe Benefits						
				and/or Other		Total	Line Where	-	Total	
Name				Payments	Full Description of	Hours	Claimed on	Name and Address of All	Hours	Compensation
	CCNH	RHINS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
				Health & life	Day to day operations					
John Hortsman (02/28/15-				insurances,	of the nursing home					
(09/30/15)	71,048			Payroll Taxes	facility.	1,137	A2			
				Health & life	Day to day operations					
Peter Showstead (10/25/15 -				insurances,	of the nursing home					
(02/27/15)	60,232			Payroll Taxes	facility.	804	A2			
				Health & life	Day to day operations			41.1.44 Tomoso 44 Abbot		
				insurances,	of the nursing home			Account errace 44 Account		
Paul Messier (10/01/14-10/24/14)	4,752			Payroll Taxes	facility.	65	A2	Terrace waterbury, C1		
Section IV - Assistant			<u>-</u>					-		
Administrators										
		•		;						
		115121								
* No allamana for anomine until to considered unless full information is provided. Use additional sheets if required.	he consider	n Inless fi	II informati	on is provided 11s	e additional sheets if re	ouired.				

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of Ex	License No.		Report for Yo		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	238	2	9/30/2	015	13	37
Sharon Style C. P. Elec, driving Sharon Pleasan Survey States			Total Cost ar			
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	383	32			·	
3. Pharmacist	5,049	96				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	192,176	3,339				
b. Other						
6. Social Worker	654	. 8				·
7. Recreation Worker						
8. Physicians			4.6			
a. Medical Director (entire facility)	47,500	97		-		
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	10,303	106				
d. Administrative Services facility						
 Infection Control Committee 						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee						
(Once annually)						
e. Other (Specify)			3.00		100000000000000000000000000000000000000	
C. Giller (opening)		-		•	***************************************	
9. Speech Therapist					2012	
a. Resident Care						
b. Other						
10. Occupational Therapist						100
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	271,217	2,842				
2. Administrative***	996	16				
b. LPN						
1. Direct Care	251,006	4,805				
2. Administrative***						1
c. Aides	138,500	5,410				
d. Other		-,		1		
12. Other (Specify)					1	
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	917,784	16,751	1			

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

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

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

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

Name of Facility		License No.		Report for Year Ended		ear Ended Page of		
Sharon SNF CT LLC, d/b/a Sharon Health Care	Center	2382		9/30/	2015	14	37	
. Name & Address of Individual		nnation of Service	i	to Owners, s, Officers	Expla	nation of R	telationship	
Thomas Knee, PHD, 11 Haynes Road, Avon, CT 06001	P	sychiatrist		Ø				
Douglas Finch, PO Box 1009, Kent, CT 06757	Med	lical Director		V				
N M Orthopedic Associates, 131 Kent Rd, New Milford, CT 06776		Physician		Ø			-	
New England Orthopedic Center, LLC, 18 Terrace Drive, Avon, CT 06001		Physician		7	•		*****	
Omnicare of Connecticut, 525 Knotter Drive, Cheshire, CT 06410	1	Pharmacist		V				
Healthdrive, 85 Barnes Rd, Wallingford, CT 06492	Podiatrist, Opl	hthalmologist, & Dental		Ø			una	
AVC Hearing Aid Center, 22 Mulberry St, Middletown, NY 10940		Physician		4			- 49700	
Sharon Optical, 26 Hospital Hill Rd, Sharon, CT 06069		Optician		7				
Mid Hudson Medical Group, 600 Westage Business Center Dr, Fishkill, NY 12524		Physician		V			W/F10-1	
Access Therapies, Inc., P.O. Box 823461, Philadelphia, PA 19182	Phys	sical Therapist		7				
Associated Northwest Urology, 17 Hospital Hill Road, Sharon, CT 06069		Physician		Į.			-	
Consulting Opthamologist, 499 Farmington Ave, Farmington, CT 06032		Physician		V				
Sharon Dental Associates, 57 Main Street, Sharon, CT 06069		Dentist		7				
Onward Healthcare, P.O. Box 27421, New York, NY 10087	Phy	vsical Therapy		v				
Mark Marshall, DO, 32 Burton Road, Salisbury, CT 06068	Assistar	t Medical Director		Ø				
Athena Health Care, 135 South Road, Farmington, CT 06032	MDS N	urse/Social Worker	V		Common Ow	ners		
Geronnursing Northwest, PO Box 552, New Milford, CT 06776		Nurse Pool		V		**********		
Medical Staffing Network, PO Box 202996, Dallas, TX 75320		Nurse Pool		v			1.00	
Ready Nurse Staffing Services, PO Box 200528, Houston, TX 77216		Nurse Pool		Ø				
Procare Professional Healthcare, P.O. Box 823461, Philadelphia, PA 19182		Nurse Pool		Ø				
KSY Home, LLC, 340 Broad Street, Suite 305, Windsor, CT 06095		Nurse Pool		V				
Nurse Network, 653 Main Street, Plantsville, CT 06479		Nurse Pool		v			1905	

^{*} Use additional sheets if necessary.

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

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

Name of Facility		License No.	 Report for Y	ear Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care	Center	2382	 9/30/	2015	14A	37
Name & Address of Individual	35.	anation of Service	to Owners, rs, Officers	Expla	nation of R	elationship
Evan Rashkoff, MD, 269 Indian Mountain Road, Lakeville, CT 06039	Ме	dical Director		-117		,
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						A. MARK

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						AMBA-A-

^{*} Use additional sheets if necessary.

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

Annual Report of Long-Term Care Facility CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility L	icense No.	Report for Ye	ear Ended	Page	of I
Sharon SNF CT LLC, d/b/a Sharon Health Care Center 23	382	9/30/2	2015	15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					2 6 5 5 5 6
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	257,908	257,908		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	107,636	107,636		
4. Social Security (F.I.C.A.)	· \$	334,761	334,761		
5. Health Insurance	\$	678,827	678,827		·
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$	9,236	9,236		
(not-owners and not-operators)					
8. Uniform Allowance	\$	514	514		
9. Other (<i>Specify</i> -)	\$				
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
Operators (Discriminatory)					
c. Bad Debts*	\$	57,074	57,074		
d. Accounting and Auditing	\$		22,463		
e. Legal (Services should be fully described on P			41,290		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*	4				
0.00 0 . 11	\$	53,467	53,467		
g. Office Suppliesh. Telephone and Cellular Phones	<u></u>	,	,		
1. Telephone & Pagers	\$	11,303	11,303		
2. Cellular Phones	\$		730		
i. Appraisal (Specify purpose and	\$				
attach copy)*	~				
unden copy)					
j. Corporation Business Taxes (franchise tax).	\$				
k. Other Taxes (Not related to property - See Pa					
	ge <i>22)</i> \$	450	450		
1. Income*	9				
2. Otner (<i>Specify</i>) See Attached Schedule	4				
	•	502,190	502,190		
3. Resident Day User Fee	<u>_</u>		2,077,849	*	
Subtotal		2,011,049		ı otals forward	<u> </u>

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

(Carry Subtotals forward to next page)

Sharon SNF CT LLC, d/b/a Sharon Health Care Center 9/30/2015

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
			And Annual Control of the Control of

		Control of the Contro	The second secon
	Control of the Contro		The second secon
		Part of the second seco	
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		And the second s	Physical Company (1997)
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	Committee of the commit	Company of the compan	And the second s
		The state of the s	
Total	S -	\$ -	\$ -
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Schedule of Other Taxes			
Description	CCNH	RHNS	(Specify)
		20 17 17 17 17 17 17 17 17 17 17 17 17 17	Particular of manufactures and analysis of the second

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	* ***		
	Control of the contro		
	the state of the s		
		And the second s	
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		Commercial	
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		The second secon	
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${f Pota}$			A.V. M. Workship and Co. St. C
Total			

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382		9/30/2015		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtota	ls Brought Forwar	d:	2,077,849	2,077,849		
Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$	2,660	2,660		
3. Gifts to Staff and Residents	******	\$	14,013	14,013		
4. Employee Travel		\$	5,160	5,160		
5. Education Expenses Related to Seminars an	nd Conventions	\$	4,441	4,441		
6. Automobile Expense (not purchase or depr	eciation)	\$	4,272	4,272		
7. Other (<i>Specify</i>)		\$	6			
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expense		\$	13,475	13,475		
2. Advertising Telephone Directory (all such		\$	1,172	1,172		
3. Advertising Other (Specify)***		\$	24,110	24,110		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service		\$				
directly and not by contract or fee for servi	ce)***					
7. Postage		\$	7,224	7,224		
* 8. Dues and Membership Fees to Professiona	l	\$	6,365	6,365		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-	Allowable Org.***	\$				
9. Subscriptions		\$		53		
10. Contributions***		\$	(150)	(150)		
See Attached Schedule						
11. Services Provided by Contract (Specify and	d Complete	\$				
Schedule C-2, Page 21 for each firm or inc						
12. Administrative Management Services**	****	\$		5,402		
13. Other (Specify)		\$	164,918	164,918		
See Attached Schedule						
C-14 Total Administrative & General Expenditures	5	\$	2,330,964	2,330,964	<u> </u>	

^{*} 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)

			10000 NA 100
			AND COMMENTS OF
	CARACTA SALAMATA		The state of the s
Total Other Travel and Entertainment		11 C	\$

Schedule of Other Advertising			(0 10)
Description	CCNH	RHNS	(Specify)
Promotional	1 0 41,110	2-05-1-1-7-7-7-7-7-10 (0-M3-516-	
			50 - 44 (FED)
AND			.: 000000000000000000000000000000000000
Total Other Advertising		\$ 300000	\$

Schedule of Dues Description	CCNH	RHNS	(Specify)
CAHCF/ACHCA DUES	\$ 6,365		
	AND THE PROPERTY OF THE PROPER		SEASTING COMME
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			Participation of the second second
		The second section of the second section is a second section of the second section is a second section of the second section of the second section is a second section of the se	
The state of the s		Colored and Advanced and Colored and Color	Programme of the Control of the Cont
			Proceedings of the second
Total Dues	\$ 6,365	\$10000000000000000000000000000000000000	ALC 4 10000 CO. SALE CO.

Description (CCNH	RHNS	(Specify)
discellaneous	(13V)	-2-500000000000000000000000000000000000	
		Control of the Contro	Company of the control of the contro
		20 10 10 10 10 10 10 10 10 10 10 10 10 10	
	**************************************	Attended pourse of the part of the state of	
		The state of the s	Control of the contro
otal Contributions		The Committee of the Co	The state of the s

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 2,947	The second secon	Part V and P / A Court of the property of the
Data Processing Fees	\$ 14,947	Service of the servic	Control of the Contro
Bank Charges	762		
Payroll Processing Fees	e 12 270		
	\$ 22,802		395 (AS 5) (AS 5) (AS 5)
Control of the contro	\$ 65,566		
Staffing services			
Licenses	\$ 986		A STATE OF THE STA
			Section 1 to 1
		Consumption of the consumption o	
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	\$ 164,918	\$	\$

State of Connecticut Annual Report of Long-Term Care Facility CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc		,	
135 South Road		Full Management Services	
Farmington, CT 06032			See Below
Amounts added back on Page 28		Admin/Gen 66%	Pg 16, Line 12
		Indirect 16%	Pg 18, Line 2C
		Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc			
135 South Road	\$5,402	Admin/Gen-Other Expense	Pg 16, Line 12
Farmington, CT 06032			
			·

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

Annual Report of Long-Term Care Facility

CSP-18 Rev. 9/2002

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

(See Note on Page 5)

Name of Facility License No. Report for Year Ended Page of								
	•			_		10 1 27		
Share	on SNF CT LLC, d/b/a Sharon Health Care Center		2382	9/30/ CCNH		18 37		
	Item		Total		RHNS	(Specify)		
2.	Dietary							
·	a. In-House Preparation & Service							
	1. Raw Food	\$	177,977	177,977				
	2. Non-Food Supplies		17,934	17,934				
	3. Other (Specify)	. \$	594	594				
	Dishes = \$594							
	b. Purchased Services (by contract other	\$						
	than through Management Services)			Shall de la company				
(Complete Schedule C-2 att. Page 21)				3.50				
	c. Management Services**\$							
d. Other (Specify)\$								
2E.	Total Dietary Expenditures $(2a+b+c+d)$	\$	196,505	196,505				
2F.	Dietary Questionnaire		Total	CCNH	RHNS	(Specify)		
G.	Resident Meals: Total no. of meals served pe	r day:*	232	232	<u> </u>			
H.	Is cost of employee meals included in 2E?		✓ Yes	☐ No				
I.	Did you receive revenue from employees?		☐ Yes	☑ No	y amount.			
J.	Where is the revenue received reported in the	Cost R	eport? (Page/I	Line Item)		111111111111111111111111111111111111111		
	Is cost of meals provided to persons other that	ın						
K.	employees or residents (i.e., Board Members		✓ Yes	┌ No	If yes, speci	fy cost. $=$ \$2546		
	Guests) included in 2E?							
L.	Is any revenue collected from these people?					fy amount. = \$2174		
M.	is the day for the control of the co							
	Is cost of food (other than meals, e.g., snacks					·		
N.	monthly staff meetings, board meetings) pro-		_ Yes	□ No	If yes, speci	fy cost.		
111	employees included in 2E?		Ц	☑ 110				
	Is any revenue collected from employees?		☐ Yes	☑ No	If yes, speci	fy amount.		
O. P.	Where is the revenue received reported in the	e Cost R			J = - y = P = -			
Г.	where is the revenue received reported in the	CODUIN						

^{*} 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)

Sharon SNF CT LLC, d/b/a Sharon Health Care Center 2382 9/30/2015 19 3 3 3 1 2 3 4 2 3 3 4 3 3 4 3 4 3 4 4	f
Item Item Total CCNH RHNS (Specify 3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** Lbs. Amt. \$ Lbs. Amt. \$ Lbs. Amt. \$ Lbs. Amt. \$ Conducted Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) Supplies = \$5,452 3E. Total Laundry Expenditures (3a + b + c + d) \$ 16,078 Ant. \$ 16,078 16,078	,
a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) Supplies = \$5,452 3E. Total Laundry Expenditures (3a + b + c + d) \$ this. Amt. \$ Lbs. Amt. \$ 10,626 10,626 5,452 5,452 5,452)
gowns and other resident care items washed, ironed, and/or processed.*** 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** Amt. \$ Lbs. 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services**	
gowns, etc. washed, ironed and/or processed.*** 3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) Supplies = \$5,452 3E. Total Laundry Expenditures (3a + b + c + d) Amt. \$ Lbs. Amt. \$ 10,626 10,626 5,452 5,452 5,452	
3. Personal clothing of residents washed, ironed, and/or processed.*** 4. Repair and/or purchase of linens.*** 4. Repair and/or purchase of linens.*** Lbs. Amt. \$ Lbs. Amt. \$ 10,626 10,626 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** d. Other (Specify) Supplies = \$5,452 3E. Total Laundry Expenditures (3a + b + c + d) \$ 16,078	
washed, ironed, and/or processed.*** Amt. \$ 4. Repair and/or purchase of linens.*** Lbs. Amt. \$ 10,626 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) \$ c. Management Services**	
4. Repair and/or purchase of linens.*** Lbs. Amt. \$ 10,626	
Amt. \$ 10,626 10,626 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services**	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services**	
than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services**	
(Complete Schedule C-2 att. Page 21) c. Management Services**	
c. Management Services**	-
d. Other (Specify) Supplies = \$5,452 3E. Total Laundry Expenditures (3a + b + c + d) \$ 16,078	
Supplies = \$5,452 3E. Total Laundry Expenditures (3a + b + c + d) \$ 16,078	
3E. <i>Total Laundry Expenditures</i> (3a + b + c + d) \$ 16,078 16,078	
51. 2000 2000	
3F Laundry Questionnaire	
G. Is cost of employee laundry included in 3E?	
H. Did you receive revenue from employees?	
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?	
K. Did you receive revenue from these people?	
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)

		License No.	Repo	rt for Year Er	nded	Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center		2382	9/30/2015		20	37	
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced		40,000	40,000		
٠.	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (<i>Mops</i> ,	Amt	\$	25,724	25,724		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced		40,000	40,000		
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)						
_	c. Management Services*		. \$				
	d. Other (Specify)		\$				
	(1 0,7)					1	
				1.124			
4E.	Total Housekeeping Expenditures (4a -	b + c + d)	. \$	25,724	25,724		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy						
	2. Purchased from		\$	226,074	226,074		
	Omni Care					200	
	b. Medicine Cabinet Drugs		. \$	4,898	4,898		
	c. Medical and Therapeutic Supplies		. \$	200,704	200,704		
	d. Ambulance/Limousine***		. \$	2,848	2,848		
	e. Oxygen				Constitution of the second		
	1. For Emergency Use	· · · · · · · · · · · · · · · · · · ·	. \$				
	2. Other***		\$	31,451	31,451		
	f. X-rays and Related Radiological		\$	21,680	21,680		
	Procedures***						
	g. Dental (Not dentists who should be in	cluded under	· \$				
	salaries or fees)						
	h. Laboratory***			20,722	20,722		
	i. Recreation		\$	33,162	33,162		
	j. Other (Specify)****		\$	79,156	79,156		
	See Attached Schedule	. <u></u>					
5K	. Total Resident Care Expenditures (5a -	5j)	\$	620,695	620,695		1

^{*} 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.

Sharon SNF CT LLC, d/b/a Sharon Health Care Center 9/30/2015

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Physical Therapy Supplies	\$ 33,393		
Medical Equipment Rental-Medicaid	\$ 5,272 \$ 18,605		
Cable TV Services Oxygen Equipment Rental	\$ 1,443	A STATE OF THE STA	The state of the s
Medical Equipment Rental-Other	\$ 20,443		
		A CONTROL OF THE STATE OF THE S	20 120 120 120 120 120 120 120 120 120 1
			A straight of the straight of
		COMPANIES PROGRAM	
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		Control of the Contro	2 (0.02200222222000
		And the second s	And the second s
		TO THE RESERVE OF THE STREET	
		A Section of the Control of the Cont	
Total Other Resident Care	\$ 79,156	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended				Page	Jo
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	on Health Care Center			2382	9/30/2015	2015			21	37
	2000	Related ** to	d ** to							
		Owners, Operators, Officers	ers, Operators, Officers			ζ.	Fotal Cost/	Total Cost/Page Ref.***	*	
Name of Individual or	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	(Specify)	Pg	Line
ADP	100 Corporate Drive, Windsor, CT 06095		>		Payroll Processing	16,372			16	m13
Ct Waste Processing	PO Box 99, Plainville, CT 06062		5		Rubbish Removal	28,043			22	ef.
Harmony Healthcare	430 Boston Street, Suite 104, Topsfield, MA 01983		5		Compliance Consulting	33,031			16	m13
Pinnacle Consultants	3 Brandon Road, Brewster, NY 10509		ত		Administrator Placement Fee	12,000				
							-			
							,			·
	11 000	1 100	3: 070							

^{*} 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 Ye	ear Ended		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382		9/30/2015		22	37
Item		Total	CCNH	RHNS	(Spe	ecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	60,092	60,092			
b. Heat		80,809	80,809			
c. Light & Power		93,596	93,596			
d. Water	\$	55,803	55,803			
e. Equipment Lease (Provide detail on p		17,956	17,956			
f. Other (itemize)	\$	96,429	96,429			
See Attached Schedule	<u>.</u>	and the second				
6g. Total Maint. & Operating Expense (6a	- 6f)\$	404,685	404,685			
7. Depreciation (complete schedule page 2.			•			
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	16,623	16,623			
d. Movable Equipment			48,142			
*7e. Total Depreciation Costs (7a+b+c+	d)\$	64,765	64,765			
8. Amortization (Complete att. Schedule Pe						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements		43,011	43,011			-
d. Other (Specify)	<u>\$</u>					
*8e. Total Amortization Costs (8a + b + c +	d)\$	43,011	43,011			
9. Rental payments on leased real property						
real estate taxes included in item 10b	<u></u> \$	354,474	354,474			
10. Property Taxes	•					
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	49,524	49,524			
c. Personal property taxes	\$	2,260	2,260			······································
11. Total Property Expenses (7e + 8e + 9 +	- 10)\$	514,034	514,034			

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

Sharon SNF CT LLC, d/b/a Sharon Health Care Center 9/30/2015

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 14,687		
Rubbish Removal	\$ 28,043	TO SERVICE AND ADMINISTRATION OF THE PROPERTY	
Snow Removal	\$ 17,669		
Supplies	\$ 34,760		
Security	\$ 1,270	Control of the Contro	
		Secretary of the second	
			who are the second of the seco
Total Other Repairs and Maintenance	\$ 96,429	\$	\$ = 4 =

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

		Depr	eciation	Depreciation Schedule					
Name of Facility		License No.	No.		Report for Year Ended	Suded		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	ıter		2382	.2	16	9/30/2015		23	37
		Historical Cost Exclusive of		<u> </u>			Useful	Depreciation	e e e e e e e e e e e e e e e e e e e
Property Item A. Land Improvements	The state of the s	Land	Value	ue Depreciated	ed Year's Operations	Depreciation	TIIIC	TOL LIES L'CAL	Lotais
1. Acquired prior to this report period									
Jisposals (attach schedule) Amaised during this report period (attach schedule)	schedule)			,					
- 1									
B. Building and Building Improvements						•			
 Acquired prior to this report period 			-						
2. Disposals (attach schedule)				-					
3. Acquired during this report period (attach schedule)	schedule)								
C. Non-Movable Equipment								t t	
1. Acquired prior to this report period		19:	195,781	195,781	81 34,034			15,/45	
,						2		010	
 Acquired during this report period (attach schedule) 	schedule)	in i	12,827	12,827	(27	SL	Various	0/0	
C-4. Subtotal									16,623
	Is a mileage logbook Date of maintained? Acquisition	of Historical	***	Less	Accumulated Depreciation to	Method of			
	┸	T.		Salvage Cost to Be		Computing	Useful	Depreciation	
	Yes No Month	Year Land	- 8		Ϋ́		Life	for This Year	Totals
D. Movable Equipment									
I. Motor Vehicles (Specify name, model									
and year of each ventore)	x 4	2013 1	10,000	10,	10,000 6,401		10	2,000	
b. Bus Graphics	6	2014	4,668	4,	4,668	ST	2	934	
ď.									
2. Movable Equipment							;	00400	
a. Acquired prior to this report period	6	2013 24	243,040	243,040	340 81,936	S/L	var	40,403	
c. Acquired during this report period			01,500		81 600	1/5	Var	4.739	
(attach schedule)		4107	1,039	01,	222	7/2			48 142
D-3. Subtotal.									64.765
E. Total Depreciation									,,,,,,

Schedule of Land Improvements Acquired during this report period

	eduited during mis report period		Useful	
Acquisition Date	Description of Item	Cost	Life_	Depreciation
Additions:				
			100 100 100 100 100 100 100 100 100 100	
				CONTRACTOR STATE
ragori erron soveredine er				
		A DATE OF THE PROPERTY OF THE		
mentera (1935) (1935) (1936) (1936) (1936) (1936)		The state of the s	17414	
Fotal additions for Land Improve	ments	\$	TOTAL STATE OF THE	\$
Deletions:				
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Control of Constitution (Constitution		
				73374333
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250 0000 (1.52)	A 14 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			T. I. CHITCHES
Total deletions for Land Improve		\$ -		\$

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Acquistion Date Additions:	Description of Rent			
Auditions.				
100 (100 (100 (100 (100 (100 (100 (100		NAME OF TAXABLE PARTY O		Mary Control of the C
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		Name of the second		vices by a college of
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			100	
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Total additions for Building	THINGS CHELLIS MONEY		27 32 32 32 32 32 32 32 32 32 32 32 32 32	**************************************
Deletions:				range and
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				Park Control of the C
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	The second secon			
English and San				
		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Total deletions for Ruilding				8 -

Total deletions for Building Improvements
*Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

O + 11 + 11 + 11 + 11 + 11 + 11 + 11 +	sie Equipment Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Oct-14	OVEN MOTOR & TUMBLER FOR DRYER	\$ 1,789	5	\$ 179
Nov-14	NURSE CALL SYSTEM CONSOLE	\$ 1,340	5	\$ 134
Jan-15	RETURN FAN MOTOR	\$ 1,407	10	\$ 70
Mar-15	E-STOP BUTTON FOR DAMPER	\$ 1,623	10	\$ 81
Jun-15	DISH MACHINE MOTOR	\$ 1,610	5	\$ 161
Aug-15	VIDEO INTERCOM SYSTEM	\$ 5,059	\$ 10	\$ 253
	-Movable Equipment	\$ 12,827	00000000000000000000000000000000000000	\$ 878
Deletions:				
The second secon		See Land Control Contr		
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Control Contro		CINICAL APPLICATION OF THE		771197001 A TO A T
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		Beiles Res	No. 121 Co. 121	
Total deletions for Non	-Moyable Conforment	Section :	The second secon	\$

^{*}Ties to Page 23, Line C3

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

^{**}Ties to Page 23, Line B2

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

**Ties to Page 23, Line D2b

Schedule of Movable Equipment Acquired during this report period

	Paris Paris 674		Cost	Useful Life	Done	eciatio
cquisition Date	Description of Item	1	CUST	Lite	DCD	cciatio.
dditions:	AND TO LOCALIZATION INVESTIGATION	\$	574	3	\$	96
ot-14	LVO E545 LAPTOP - DIETICIAN		1,291	3	\$	215
ots14	LVO E 545 LAPTOPS (2) -NURSING	\$				99
Dec-14	ULTRA CARE BED	\$	1,977	10	\$	A DESCRIPTION TO A STATE OF THE PARTY OF THE
an-15	HOYER SLING, FULL BACK SLINGS (6)	\$	1,127	10		56
an-15	QUICK MOVE TRANSFER AIDS (2)	\$	3,541	10		177
eb-15	HOY PRESCENSE KITS W MONITOR/SLI	¥ \$	42,754		\$	2,138
eb-15	VITACON SCANNER	\$	6,731	7	\$	481
/ar-15	HP SB 350 LAPTOPS (2)	\$	1,003	3	\$	167
pr-15	OVERBED TABLES (10)	\$	1,472		\$	49
un-15	UPGREADE GREAT PLAINS SOFTWARE	\$	1,954	3	\$	326
ul-15	COMMERCIAL BLENDER/MIXER	\$	1.510	10	\$	76
	ULTRA CARE BEDS (2) PANELS/RAILS	\$	4,052	01444	\$	203
ul-15	PORTABLE FOLDING SCALE	\$	2,065	10		=103
vug-15	UPGREADE GREAT PLAINS SOFTWARE		1,245	3	70000	208
ep-15	UPGREADE GREAT PLAINS SUFTWARE	D d		15	C No. o November 1	347
lep-15	CHAIRS (23) ISABELLA PATTERN/CHER	K D	10,403	r.	1.007 (1.01)	347
		\$ 12.700			0.000	
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	And the second of the second s		200000000000000000000000000000000000000			
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			and the state of the state of	The state of the s	ev Contact	
					56.5	7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
				22020204	and the	
		57 GAG				
Total additions for Mov	vable Rauinment	1 8	81,699		\$	4,739
			- Mariana Andreas			Lum
Deletions:					e Tana	
The second secon				The Carlotte and		or Professional Control
TANKAN				Charles Comme		
TANK MANAGEMENT AND ASSOCIATION OF THE PROPERTY OF THE PROPERT						
		200		Same return		
			avance.			vocaveni.
Total deletions for Mov	WALKER AND THE CONTRACTOR OF THE PROPERTY OF T	- s		237374-0	\$	

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	Description of Item			T : 1
Auditions.				
Jun-15	UPGRADE ROOD -REPAIRS	\$ 2,600	5	\$ 260
		150 A 100 A	N	
The second of th			08-0-02-03	
The state of the s		VINE VALUE CANAL TO THE RESERVE OF THE		. New Provensi
		ANT PARTY COMMENTS OF THE PARTY		
750 V. S.				
		AND THE STREET STREET, STREET STREET,		2 110

		A CONTRACTOR OF THE PROPERTY O		0 April 27 20 14 20 1
Total additions for Lease	bold Improvements	\$ 2,600		\$ 260
Deletions:				
DCCCIONO.			2	e nevasticaciónsis.
ALL CASE OF THE PROPERTY OF TH		overstand has been recognized to		
The state of the s				n dikanggan
Total deletions for Lease	hold Improvements	\$		\$

^{*}Ties to Page 24, Line C3

**Ties to Page 24, Line C2

SHARON HEALTH CARE Capital Budget FYE September 30, 2015 Budget for Year \$152,000

Additions	Vendor	Description	Amount
			,
10/31/2014	Proline	Blower Motor -Oven	\$ 879.09
•,	Daniels Equipment Company	Tumbler-Laundry	909.90
	CDW Government	LVO TS TP E545 Laptop - Dietician	573.65
	CDW Government	LVO TS TP E545 Laptops (2) + accessories- Nursing	1,290.79
1/30/2014	Raintech	Nurse Call System Console	1,340.01
2/31/2014	Joerns Healthcare	Ultra Care Bed	1,977.63
/31/2015	Joerns Healthcare	Hoyer Sling (1), Full Back Slings (6)	1,126.63
	Handicare	Quick Move Transfer Aids (2)	3,541.27
	Modern Mechanical Services, Inc.	Return Fan Motor AHU #2	. 1,406.80
2/28/2015	Joerns Healthcare	Hoy Prescense Kits w' monitor and various slings	42,754.60
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	McKesson	Vitacon Scanner	6,730.89
/31/2015	Weld Power Generator Service	E-Stop Button for Damper	1,622.67
70172010	CDW Government	HP SB 350 Laptops (2)	1,002.76
1/30/2015	Joerns Healthcare	Overbed Tables (10)	1,471.71
5/31/2015	No asset purchases	•	-
3/30/2015	CAL Business Solutions	Upgrade Great Plains to Binary Stream	1,954.18
	D.J. Hall Roofing, LLC	Repair roof	2,600.00
	Proline	Dish Machine Motor Install	1,609.88
7/31/2015	Kittredge Foodservice Equipment	Commerical Blender/Mixer	1,509.82
-	Joerns Healthcare	Ultra Care Beds (2) Panels, Rails, Bumpers, Pendants	4,051.83
3/31/2015	McKesson	Portable Folding Scale	2,064.98
o, •• .	Raintech	Video Intercom System	5,059.07
9/30/2015	CAL Business Solutions	Upgrade Great Plains to Binary Stream	1,245.04
	AKIN	Chairs (23) Isabella pattern/cherry finish	10,403.15
	Total Additions FYE 9/30/15, thru	9/30/2015	97,126.35
	Budget FYE 9/30/15, thru 9/30/201	5	152,000.00
	Over(Under) budget FYE 9/30/15	•	(54,873.65

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

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	enter	2382	82		9/30/2015		2,4	37
				Accumulated				
	Date of Acquisition			Amort. to Beginning of	Basis for			
	hory	Length of	Cost to Be	Year's	Computing		Amortization	Ē
Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Iotais
A. Organization Expense								
-								
2.			-					
3.								
A-4. Subtotal.			· 医电子 · 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基					
B. Mortgage Expense								
1. Finance Fees								
2.								
3.			-					
B-4. Subtotal								
C. Leasehold Improvements and								
Other (Specify)							i C	
1. Acquired prior to this report period			349,611	45,902	SL		42,/31	
2. Disposals (attach schedule)								
3. Acquired during this report period							1	
(attach schedule)	9 2015	Various	2,600		ST	Var	260	110 01
C-4. Subtotal								43,011
D. Total Amortization								43,011
* Straight-line method must be used	;		-					

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

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

State of Connecticut Annual Report of Long-Term Care Facility

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility		License No.		Report for Year Ended	r Ended		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center		2382	82		9/30/2015		24A	37
C. Leasehold Improvements								
(Specify)			349,611	45,902 SL	SI		42,751	
2. Disposals (attach schedule)								
3. Acquired during this report period	9 2015	5 YEARS	2,600		SL	0	260	
C-4. Subtotal.								43,011
C. Other (Specify)						-		
1. Goodwill								
2.							-	
C-4. Subtotal								
Total Acquired prior to this report period			349,611	45,902 SL	$S\Gamma$		42,751	
Total Disposals								
Total Acquired during this report period	9 2015	Various	2,600		SL	Var	260	

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

Nan	ne of Facility	License No.		Report for Year End	ed		Page	10
	n SNF CT LLC, d/b/a Sharon Health Care	2382			9/30/2015		25	37
Cente	<u>r</u>	1 2382	~		>,000 A0 20			
11.	Property Questionnaire							****
	Part A			•			If "Yes," complete	e Part B.
	Is the property either owned by t	ha Facility or	lanced fro	om a Related Party*?	☑ Yes	1 1 1 1 1 1 1	If "No," complete	
	*If any owner or operator of this fa	ne racinty of	u family n	nn a Relateu i arty : Jarriace ownershin abilit	v to control or		,	
	business association to any person	or organization f	rom whom	buildings are leased, then	it is considered			
	a related party transaction.	8						
	Description			Total				
	Date Land Purchased							
	2. Date Structure Completed							
	3. If NOT Original Owner, Dat	te of Purchase		04/10/12				
	4. Date of Initial Licensure			04/10/12				
	Total Licensed Bed Capacity	У		88				
	6. Square Footage			40,000				
	7. Acquisition Cost							
	a. Land			430,400				
L.	b. Building			6,024,600			44.16.4	
	Part B - Owner and Related P	arties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortga	age
	1. Financing							
	a. Type of Financing (e.g.,		e)	Fixed				
<u> </u>	 b. Date Mortgage Obtained 			04/10/12				•
<u> </u>	c. Interest Rate for the Cos			5.05%				
<u></u>	d. Term of Mortgage (num			5 100 000				
<u></u>	e. Amount of Principal Bor		10/0015	5,100,000				
_	f. Principal balance outstar		30/2015	4,712,886				
	Complete if Mortgage was							
	During Current Cost Y							
	g. Type of Financing (e.g.,	fixed, variable	e)					
<u> </u>	h. Date of Refinancing						-	****
<u> </u>	i. New Interest Rate	han africana)	w _m .					
	j. Term of Mortgage (num							
<u> </u> _	k. Amount of Principal Bo		ff					***
<u></u>				Improvements Only	<u> </u>	<u> </u>		
	Part C - Arms-Length Lea	ases for Real	roperty	Turbi overnence Our			-	
	Name and Address of	Lessor	Pı	operty Leased	Date of Lease	Term of Lease	Annual Amount	of Lease
								····
								 .
	-					1		
				·	<u> </u>	<u> </u>		

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 Y	ear Ended		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382	•		9/30/2015		26	-37
Health Care Center			Total	CCNH	RHNS	(Spe	cify)
12. Interest A. Building, Land Impro Equipment	vement & Non-Movable	\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage.		\$					
Name of Lender		Rate				10.00	
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage.		\$					
Name of Lender		Rate				10 (Cont.) 40 (God)	
Address of Lender						\$155.00 \$155.00 \$155.00	
B. CHEFA Loan Inform	ation						
1. Original Loan An	nount	5	3				
2. Loan Origination	Date					100	
3. Interest Rate %		**			100000		
5. CHEFA Interest I	Expense	•••					
12 B7. Total Building Interest I			S	rry Subtotals			

(Carry Subtotals forward to next page)

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

Name of Facility	License No.			Repo	rt for Yea	ar Ended		Page	of
Sharon SNF CT LLC, d/b/a Sharon									.
Health Care Center	23	382				9/30/2015		27	37
Item				Т	otal	CCNH	RHNS	(Spec	ify)
	Subtotals Bro	ught	Forward:	<u> </u>			-		
12. C. Movable Equipment			ф						
1. Automotive Equipme				Annual Control of the					
A. Item	R	ate	Amount						
Lender			<u>l</u>						
Lender									
Address of Lender	-								
2. Other (Specify)				3					
A. Item	R	late	Amount	t					
				-					
Lender	•								
Address of Lender									
Address of Delicer									
B. Item	F	Rate	Amoun	t					
								3.645.6	
Lender									
Address of Lender				-					
Address of Lender									
12. C. 3. Total Movable Equ	ipment Interest								
Expense (C1 + 2)				\$					
12. D. Other Interest Expense	(Specify)			\$	55,827	55,827			
Vender Interest = \$4,748; Interest Se	ller Note = \$51,07	79							
The state of the s	.(10D7 ± 10C2	± 12]	2 (C)		55,827	55,827			
13. Total All Interest Expense	(12D/ + 12C3	1 14	<i>υ</i> _J Φ	+	JJ,041	JJ,047			
14. Insurance a. Insurance on Property	(buildings only)		\$	63,357	63,357			
b. Insurance on Automob	oiles			\$	1,491	1,491			
c. Insurance other than P	roperty (as spec	cified	above)						
1. Umbrella (Blanket	Coverage)			\$					
2. Fire and Extended	Coverage			\$					
3. Other (Specify)		•••••	••	\$					
									,
14d. Total Insurance Expendit	tures (14a + b +	⊦ c)		\$	64,848	64,848		,	
15. Total All Expenditures (A	-13 thru C-14).	• • • • • •		\$ 9	,617,047	9,617,047			

D. Adjustments to Statement of Expenditures

Vame	of Fa	cility		Lic	ense No.	Report for Yea	r Ended	Page		of
Sharon	SNF	CT LL	C, d/b/a Sharon Health Care Center		2382	9/30/	2015	28		37
- T	I				Total					,,
[tem	Page	Line			Amount of					
	No.		Item Description		Decrease	CCNH	RHNS	(S	peci	fy)
			s and Wages							
1.	10-5		Outpatient Service Costs	\$						
2.			Salaries not related to Resident Care	\$						
3.	10		Occupational Therapy	\$	252,055	252,055				
			Other - See attached Schedule	\$	2,841	2,841				
4.	Var				2,011					
		rojess	sional Fees Resident Care Physicians **	\$	10,303	10,303				
5.	13			Φ	10,505	10,500				
6.			Occupational Therapy	_ _ \$		<u> </u>				
7.			Other - See attached Schedule	φ						
	15 &		Administrative and General	ø						
8.		-	Discriminatory Benefits	<u>\$</u> \$		57,074				
9.	15		Bad Debts			46,638				
10.	15	1d&e	Accounting & Legal	\$		40,036				
11.			Telephone	\$		270				
12.	15	1h2	Cellular Telephone	\$	370	370			7- 6	
13.			Life insurance premiums on the life							
			of Owners, Partners, Operators	\$						
14.	16	13	Gifts, flowers and coffee shops	\$	14,013	14,013				
15.			Education expenditures to colleges or							
			universities for tuition and related costs							
	16	15	for owners and employees	\$	460	460				
16.			Travel for purposes of attending							
			conferences or seminars outside the							
			continental U.S. Other out-of-state							
			travel in excess of one representative	. \$	3		1			
17.			Automobile Expense (e.g. personal use)). \$	<u> </u>					
18.	16	m2&3	Unallowable Advertising *	. \$	25,282	25,282				
		1j&k1			450	450				
19.	15	&2	Income Tax / Corporate Business Tax							
20.			Fund Raising / Contributions		(150 (102,322			1		
21.	1	1	Unallowable Management Fees	. 4	.					
	18	2c		9		1				
·	20	5j		- 5	(27,906	(27,900)	/	-		
22.	16	+	Barber and Beauty		07.076	07.076				
23.		Var		. :	97,276	97,276				
	•		ry Expenditures							
24.	18	2a1	Meals to employees, guests and others	٠	5	270				-
	<u> </u>	<u> </u>	who are not residents	. :	372	372				
			dry Expenditures			-				
25.	. 19	3d	Laundry services to employees, guests							
			and others who are not residents	!	5					
Page	20 -	House	ekeeping Expenditures							
26	. 20	4d	Housekeeping services to employees							
			and others who are not residents					<u> </u>		
			Subtotal (Items 1 - 26		\$ 351,951	351,951	1	1		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
COLUMN NO SE					
10	12m	Marketing Salaries & Benefits	2,841	7/10/10/10/10/10	
Appendiction of the second			14670 0024 0000000		
	Maria Maria				
	73777771		20-00-05-05		
			721.277.0557.4105		
	Nigoral III (1882)			**	
			120000000000000000000000000000000000000		
			Torrest and Allert Halland		
	771771				- 1985 AND HERE
			775.75		
22.25.75.022				[7775BCCC2]	2 ()
		A STATE OF THE PROPERTY OF THE			
		All Computer and the Computer and Computer a			
	2107 - 100 -	A Annual to the control of the contr			
Fotal Othe	r Salaries	Adjustment	\$ 2,841	5 -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Form Advantages					
		A Control of the Cont			755.7123.2120.2120.2120.21
11111111111111111111111111111111111111	Andreas and the second				Additional Section Control of the Co
Value Cold Cold Cold Cold Cold Cold Cold Cold			Carried and the Control of the Contr		
		11 1 2 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			7 A. S. P. C. S.
		Constitution of the Consti			
77.5					
Total Othe	r Fees Adj	CAALLY CONTRACTOR OF THE CONTR	\$	\$	\$

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					The state of the s
16	M13	Bank Charges	11,763		The state of the s
16		Lobbying Rees	2,947		ATTICATION OF THE PARTY OF THE
16		Compliance Consulting	53,031	Control Contro	
16		Cost Segregation Study	12,535		
16		Administrator placement fee	12,000	A Company of the Comp	Carlot Ca
16		Staffing Placement Fee	5,000		
			THE RESERVE AND ADDRESS OF THE PERSON OF THE		
				The state of the s	THE PARTY OF THE P
NIPPE CONTRACTOR					
13: 4: 22: 22: 24: 25: 25: 25: 25: 25: 25: 25: 25: 25: 25					Control of the second
				A CONTROL OF THE PARTY OF THE P	Control of the Contro
Total Othe	r A&G Ad	iustments	\$ 97,276	\$	\$

State of Connecticut

Annual Report of Long-Term Care Facility

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

Name of Facility D. Adjustments to Statement of Expenditures (Contra) License No. Report for Year Ended								Page		of
		•			•	•		_		0.5
Sharo	n SNF	CT LL	C, d/b/a Sharon Health Care Center		2382	9/30/	2015	29		37
		·			Total					
	Page	- 1			Amount of	COM	DIDIG	(0.	: c	
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(2)	pecify	/)
			Subtotals Brought Forward	\$	351,951	351,951				
Page	20 - K		nt Care Supplies***							
27.	20		Prescription Drugs	\$	226,074	226,074				
28.	20	5d	Ambulance/Limousine	\$	2,848	2,848				
29.	20		X-rays, etc	\$	21,680	21,680				
30.	20		Laboratory	\$	20,722	20,722				
31.	20		Medical Supplies	\$	11,176	11,176				
32.	20	5e2	Oxygen (non emergency)	\$	31,451	31,451				
33.			Occupational Therapy	\$						
34.	Var		Other - See Attached Schedule	\$	20,443	20,443				
Page	22 - N	Mainte	enance and Property		医眼腺 医毛虫		8 (10)			
35.			Excess Movable Equipment Depreciatio	n						
	Var	Var	See Attached Schedule	\$	4,221	4,221				
36.			Depreciation on Unallowable							
	22	7d	Motor Vehicles	_\$	2,934	2,934				
37.			Unallowable Property and Real							
			Estate Taxes							
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$						
Page	27 - 1	nsura	nce							
40.			Mortgage Insurance							
41.			Property Insurance	\$						***
Othe	r - Mi	scella	neous							
42.			Research or Experimental Activities							
43.	20	5j	Radio and Television Revenue			15,005			···	
44.			Vending Machine Revenue	\$						
45.			Purchase Discounts and Allowances	. \$						
46.			Duplications of functions or services	. \$						
47.			Expenditures made for the protection,		10000000					
			enhancement or promotion of the							
			providers interest							
48.	30	IV5	Interest Income on Accounts Rec	\$	294	294				
49.			Other (include personnel and other							
			costs unrelated to resident care) - See		70.0					
			Attached Schedule	. \$						
Not	For P	rofit I	Providers Only							
50.		Var	Building/Non Movable Eq. Depreciatio	n						
			Unallowable Building Interest -							
			See Attached Schedule	. \$				ļ		
51	Tota	l Amo	unt of Decrease (Items 1 - 50)	\$	708,799	708,799		<u> </u>		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH_	RHNS	(Specify)
			20,443	21.712.717.717.717.717.717.717.717.717.7	
					100000000000000000000000000000000000000
				Pomárolistorio del	
Na Liberary					
					7777-034304
Fotal Othe			\$ 20,443	\$	\$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH_	RHNS	(Specify)
72		Excluded Moyable Equipment (See Attached)	4,221		7,000,02000
			Vol. 2 Company of the state of		
4221-1277-12424					
			Territoria del constitución de la constitución de l	220,000,000,000	
			100 Maria (100 Maria (
	Continues of the contin				
		The state of the s		100	
(c. (c. (d) c.			AND THE STATE OF	100 - A 100 -	A STATE OF THE STA
			COOL		
Total Exce	ss Movabl	Equipment Depreciation	4,221		PARTICULAR PROPERTY OF THE PARTY OF THE PART

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	Visiting (1000
	ancesta.			KINGONY FEBR	and the second second
2201102705		The second secon			
	7554.3-7-3-5.				
			Acres de la constitución de la c	Contract Con	
	(501)5000000				A Assert A Value And Addition
	The second secon		A service of the serv		
de Historiania	A STATE OF THE PARTY OF THE PAR	Control of the Contro	77 77 NO. 10 10 10 10 10 10 10 10 10 10 10 10 10	And A Company of the State of t	
73. 44.00	A			75.V. Abana Angelia An	7 - Valori Valori Valori 7 - Valori Valori Valori
			Commence of the second	200000000000000000000000000000000000000	The second secon

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
				CTT DESCRIPTION OF THE PROPERTY OF THE PROPERT	
			And the second process of the second process		
S202-75		Complete Section (1995) and the section of the sect			
				The state of the same of the s	Action (Proteins
		AND CALL DESCRIPTION OF THE PROPERTY OF THE PR		The second secon	
		Control of the Contro			Charles Control of the way
	Market Company		The state of the s		
10-1-1			**************************************		
	Sala sasyona (Press Services	With the state of			
C. L. C.	A CONTRACTOR OF THE PARTY OF TH	ents	\$	\$ -	\$ -

Sharon Moveal Cost Year	ole Equipment C	arryforward Sc	hedule Amount		A	mount			-	Total
		C	xcess on change in whership			"s 2013 st report				
	Cost Term	\$	19,023 5.00	(1)	\$	2,080 5.00				
2012	Deprec	\$	1,902					;	\$	1,902
2012	Book Value	\$	17,121	-					\$	17,121
2013	Deprec	\$	3,805		\$	208			\$	4,013_
2013	Book Value	\$	13,316		\$	1,872		-	\$	15,188
2014	Deprec	. \$	3,805		\$	416			\$	4,221
2014	Book Value	\$	9,511		\$	1,456		-	\$	10,967
2015	Deprec	\$	3,805		\$	416			\$	4,221
	Book Value	\$	5,706		\$	1,040		_	\$	6,746
2015		\$	3,805		\$	416			\$	4,221
2016	Deprec Book Value	\$	1,901		\$	624		_	\$	2,525
2016		ψ ©	1,901		\$	416			\$	2,317
2017	Deprec	<u>Ψ</u>	1,501		\$	208		_	\$	208
2017	Book Value	Φ	_		\$	208			\$	208
2018	Deprec			-	<u>Ψ</u>	- 200			\$	
2018	Book Value				Φ	-			Ψ	

(1) Calculation of	Excess	
Cost	Additions Prior to 2011	\$ 1,021,759
Acc'd Deprec	Additions Prior to 2011	\$ (1,021,759)
Cost	2011 Additions	\$ 30,397
Acc'd Deprec	2011 Additions	\$ (2,210)
Prior Owner Book	\$ 28,187	
Additional Depre	\$ (2,210)	
Carryforward Boo	ok Value	\$ 25,977
Amount Booked		\$ 45,000
Excess Amou		\$ 19,023

Sharon SNF CT LLC, d/b/a Sharon Health Care Center 9/30/2015

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			36 v () - 1		
-250 G21-550					
				Tarrest backuring	
	44.00 (D. 194.00)				
Tracal Hand	owoble Ri	illding Interest	\$ -	\$ -	\$

F. Statement of Revenue

Name of Facility	License No.		Report for Ye	ar Ended		Page	of
Sharon SNF CT LLC, d/b/a Sharon Health	Literise 110.					20	2.77
Care Center	2382			9/30/2015		30	37
I	tem		Total	CCNH	RHNS	(Spe	city)
I. Resident Room, Board & Routine							
1. a. Medicaid Residents (CT only)	\$	7,533,845	7,533,845			
b. Medicaid Room and Board C	ontractual Allowance **	\$	(3,596,116)	(3,596,116)			
2. a. Medicaid (All other states)		\$	1,743,400	1,743,400			
b. Other States Room and Board	d Contractual Allowance **	\$	(830,359)	(830,359)			
3. a. Medicare Residents (all inclu	sive)	\$	1,807,733	1,807,733	-		
b. Medicare Room and Board C	Contractual Allowance **	\$	571,451	571,451			•
4. a. Private-Pay Residents and Ot	her	\$		1,670,675			
b. Private-Pay Room and Board	Contractual Allowance **	\$	63,105	63,105			
II. Other Resident Revenue							
1 a Prescription Drugs - Medicar	e	\$	218,556	218,556			
h Prescription Drugs - Medicar	e Contractual Allowance **	\$	(218,556)	(218,556)			
c Prescription Drugs - Non-Me	edicare	\$	50,066	50,066			
d Prescription Drugs - Non-Me	edicare Contractual Allowance **	\$	(50,067)	(50,067)			
2 a Medical Supplies - Medicare		\$	2,376	2,376			
h Medical Supplies - Medicare	Contractual Allowance **	\$	(955)	(955)			
c Medical Supplies - Non-Med	licare	\$	235	235			
d Medical Supplies - Non-Med	licare Contractual Allowance **	\$	(235)	(235)			
2 a Physical Therapy - Medicare		\$	732,705	732,705			
b Dhysical Therapy - Medicare	Contractual Allowance **	. \$		(598,658)			
a Physical Therapy - Won-Med	licare	. \$		59,166			
d Physical Therapy - Non-Med	licare Contractual Allowance **			(57,685)			
4 a Speech Thorany Medicare		. \$	152,695	152,695	**		
h Speech Therapy - Medicare	Contractual Allowance **			(113,522)			
	care			11,910			
d. Speech Therapy - Non-Med	care Contractual Allowance **		<u> </u>	(11,910)			
6. Speech Therapy - Hon-Med	licare			610,290			
5. a. Occupational Therapy Med	licare Contractual Allowance **		-	(548,076)			
6. Occupational Therapy - Mon	-Medicare			64,208			
c. Occupational Therapy - Nor	-Medicare Contractual Allowance **			(62,346)			
(a. Occupational Therapy - Not		. \$	+				
	are			11.217			
	I.thru Section II.)		9,215,148	9,215,148			
IV. Other Revenue*	i.mu Section 11.7		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,			
	s & others	\$					
	ts	_					
		-					
4. Pontal of Talaxisian and Cable	Services						
	SCI VICES.			324		<u> </u>	
	ft shops			-			
			2,936	2,936			
8. Other (Specify)						 	
			9,218,408	<u> </u>			
VI. Total All Kevenue (III + V)			7,210,400	7,210,700			

^{*} 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)
			77.
	-2-73 (2-2-74) (3-2-7		100000000000000000000000000000000000000
			The same of the sa

Schedule of Other Non-Medicare Resident Revenue

Related Exp Page Ref Description	~~~	DIBIG	(C
Page Ref Description	CCNH	RHNS	(Specify)
	\$ 11,217		PARTERIAL SECTION
			75
		THE STATE OF	
			TREES SEARCH PARTY.
Total Other Resident Revenue	\$ 11,217	\$	

Interest Income

		Accoun€			
Page Ref	Account	Balance	CCNH	RHNS	(Specify)
		N/A	CANCEL STREET,		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Committee of the commit			
	Interest on A/R	A second	\$ 324	A Country of the Coun	
pg 31, LA2					
				White the second second second	
			Total Control of the		COLLUNION CONTRACT
	Experience of the Control of the Con				
		CCC (400) 1427/2007/2007/2007	e 324	an and the same	•
Total Inte	rest Income	Crawn and an arrange of the street of the st	Φ	Φ	9 -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		A Commence of the Commence of		
				TOTAL COLUMN TOTAL
In which programmed to the programme of	Tax refund	\$ 200		The second secon
		\$ 2,736	A Control of the Cont	CONTRACTOR OF THE PROPERTY OF
	Bad Debt Recoveries	D 2,730	A many and a second program of the second pr	Application of the second seco
No.				
				4-2-2-2
ACTOR AND DESCRIPTION OF THE PERSON OF THE P		A STATE OF THE PROPERTY OF T	And the second of the second o	
100		The second secon	The second secon	
Total Oth	er Revenue	\$ 2,936	3 ===	\$

G. Balance Sheet

		Facility TOTAL C. 47/2 Shower Health	License No.	Report for Year Ended	Pa	ige	of
Snaro		F CT LLC, d/b/a Sharon Health er	2382	9/30/2015	3	1	37
,			Account			Amount	
Asset	ts						
A.	Cui	rent Assets		•			
	1.	Cash (on hand and in banks)			. \$		38,485_
	2.	Resident Accounts Receivab	le (Less Allowance fo	or Bad Debts)	\$	1,0	17,165
	3.	Other Accounts Receivable (Excluding Owners or	Related Parties)	. \$		
	4	Inventories			\$		16,965
	5.	Prepaid Expenses			. \$	1	23,601
		a. Prepaid Insurance					
		b. Prepaid Expenses-Other		4,406			
		с.					
		d.					
		Interest Receivable					
		Medicare Final Settlement R					
	8.	Other Current Assets (itemize	e)		\$	1	36,892
		Related Party		136,892			
A-9.	To	tal Current Assets (Lines Al	thru 8)		\$	1,4	33,108
B.	Fix	ted Assets					
	1.	Land			. \$		
	2.	Land Improvements	*Historical Cost		\$		
			Accum. Depreciation	on Net			
	3.	Buildings	*Historical Cost		\$		
		<u>-</u>	Accum. Depreciation	on Net			
	4.	Leasehold Improvements	*Historical Cost	352,212	\$	2	263,299
		·- '	Accum. Depreciation	on (88,913) Net			
	5.	Non-Movable Equipment	*Historical Cost	208,608	\$. 1	57,951
İ			Accum. Depreciati	on (50,657) Net			
	6.	Movable Equipment	*Historical Cost	309,724	\$	1	82,580
			Accum. Depreciati	on (127,144) Net			
	7.	Motor Vehicles	*Historical Cost	14,668	\$		5,334
			Accum. Depreciati	on (9,334) Net			
	8.	Minor Equipment-Not Depre	eciable		\$		
	9.	Other Fixed Assets (itemize))		\$		15,014
	~ •	Excluded Movable Equip		6,746			
		Excluded Vehicles		8,268			
B-10	<u> </u>	Total Fixed Assets (Lines B	31 thru 9)		. \$	(524,178

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

Sharon Moveable	Equipment	Carryforward	Schedule
Oligion Moveanie	Luuibineili	Valiation mail	4 Collegaic

aron Movea Cost Year	able Equipment Carry		edule mount	P	ımount		Total
		Ch	cess on ange in nership		/'s 2013 st report		
	Cost	\$	19,023 (1)	\$	2,080		
	Term		5.00		5.00		
2012	Deprec	\$	1,902				\$ 1,902
2012	Book Value	\$	17,121				\$ 17,121
2013	Deprec	\$	3,805	\$	208		<u>\$ 4,013</u>
2013	Book Value	\$	13,316	\$	1,872		\$ 15,188
2014	Deprec	\$	3,805_	\$	416		<u>\$ 4,221</u>
2014	Book Value	\$	9,511	\$	1,456		\$ 10,967
2015	Deprec	\$	3,805	_\$	416_		\$ 4,221
2015	Book Value	\$	5,706	\$	1,040		\$ 6,746
2016	Deprec	\$	3,805	_\$	416	•	\$ 4,221
2016	Book Value	\$	1,901	\$	624		\$ 2,525
2017	Deprec	\$ \$	1,901	\$	416		\$ 2,317
2017	Book Value	\$	-	\$	208		\$ 208
2018	Deprec			\$	208		\$ 208
2018	Book Value			\$	-		\$ -

(1)	Calculation	of Excess
-----	-------------	-----------

.

(1) Calculation of	LAUGSS		
Cost	Additions Prior to 2011	\$	1,021,759
Acc'd Deprec	Additions Prior to 2011	\$	(1,021,759)
Cost	2011 Additions	\$	30,397
Acc'd Deprec	2011 Additions	\$	(2,210)
Prior Owner Book	Value 9/2010	\$	28,187
Additional Depred	for 10/2011-3/2012	\$	(2,210)
Carryforward Boo	k Value	\$	25,977
Amount Booked I	by Buyer	_\$_	45,000
Excess Amour	nt	\$	19,023

G. Balance Sheet (cont'd)

Name of Facility Sharon SNF CT LLC, d/b/a Sharon Health			License No.	Report for Year Ended		Page		of
Care Center			2382	9/30/2015		32	1	37
	:		Account		<u></u>	An	nount	
·				Total Brought Forward:	\$		2,05	7,286
C.	Lea	asehold or like property record						
	1.	Land	\$.					
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	5.	Movable Equipment	*Historical Cost	•				
			Accum. Depreciatio	n Net	\$			
	6.	Motor Vehicles	*Historical Cost	•				
			Accum. Depreciatio	n Net	\$			
	7.	Minor Equipment-Not Depre	ciable		\$			
C-8	To	tal Leasehold or Like Propert	ies (C1 thru 7)		\$			
D.	Inv	vestment and Other Assets						
	1.	Deferred Deposits			\$			
		Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciatio	\$				
	4.	Goodwill (Purchased Only)			\$		2,72	24,133
	5.	Investments Related to Reside	ent Care (itemize)		\$			

	6.	Loans to Owners or Related I	Parties (itemize)		\$			
		Name and Address	Amount	Loan Date				
			,					
		•	·					
	7.	Other Assets (itemize)	*****************		\$		-	32,353
		,						
		Project Development	,	32,353	1			
	,		,		1			
D-8	To	otal Investments and Other Ass	sets (Lines D1 thru 7)	· · · · · · · · · · · · · · · · · · ·	\$		2,7	56,486
		otal All Assets (Lines A9 + B1			\$			13,772

^{*} 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 End		Ended	Page		of		
Sharon SNF CT LLC, d/b/a Sharon Health Care Center		2382 9/30/2015		15	33	1	37		
			Account				nount		
Liabilities			TOCOGITE			-			
A.	Cu	rrent Liabilities							
1	1.	Trade Accounts Payable					1,111,6	38	
	2.	Notes Payable (itemize)					845,0		
	_,	Loans - Related Parties		845,000	2000				
	3.	Loans Payable for Equipm	ent (Current portion	n) (itemize)	\$				
		Name of Lender	Purpose	Amount	Date Due				
	*****		-						
				•					
		·							
	4.	Accrued Payroll (Exclusiv	Accrued Payroll (Exclusive of Owners and/or Stockholders only)						
	5.	Accrued Payroll (Owners	and/or Stockholder:	s only)	\$	1	-		
	6.	Accrued Payroll Taxes Pa				,	4,8	34	
	7.	Medicare Final Settlemen							
	8.	Medicare Current Financi	ng Payable		\$				
	9.	Mortgage Payable (Curren	nt Portion)		\$				
		. Interest Payable (Exclusive				;			
		. Accrued Income Taxes*							
		. Other Current Liabilities (205,1	45	
	14	· Outer Carrette Discourses (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,		
		Acc'd Operating Expenses		81,23	2				
		Acc'd Expense - CT Sales & Use T	'ax	2					
		Provider Taxes Due		123,89					
		TTO HART THINGS DATE							
				:					
A-13	3. Ta	otal Current Liabilities (Lir	nes A1 thru 12)			}	2,313,9	04	
1111						*			

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

⁽Carry Total forward to next page)

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

Sharon Healthcare Center Affiliate Loans-Acct 2308 September 30, 2015

(250,000)
(325,000)
(270,000)
(845,000)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	r Ended	Page	of					
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382	9/30/20)15	34	37					
1	Account			Am	ount					
	Total Brought Forward:									
Liabilities (cont'd)										
B. Long-Term Liabilities	B. Long-Term Liabilities 1. Loans Payable-Equipment (itemize)									
1. Loans Payable-Equipment										
Name of Lender	Purpose	Amount	Date Due							
,										
2. Mortgages Payable			\$							
3. Loans from Owners or Rel										
Name and Address of Lender	Amount	Loan I	2000							
			, r							
	•									
4. Other Long-Term Liabiliti	es (itemize)		\$		2,870,504					
N/P United Methodist		1,798,803	name in the second		_,=,=,=,==					
N/P Related Landlord		1,071,701	(2.000)							
191 Related Danisoro		-, -, -, -,								
B-5. Total Long-Term Liabilities (Lines B1 thru 4)		\$		2,870,504					
C. Total All Liabilities (Lines A-					5,184,408					

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

	ne of Facility	License No.	Report for Y	ear Ended	Page		of
	on SNF CT LLC, d/b/a Sharon Health Center	2382	9/3	30/2015	35		37
			An	nount			
A.	Reserves						
	1. Reserve for value of leased la	and		\$			
	2. Reserve for depreciation valu	e of leased build	lings and appurte	nances			
	to be amortized	****************		\$			
	3. Reserve for depreciation valu	ne of leased person	onal property (Eq	uity) \$			
	4. Reserve for leasehold real pr	operties on whicl	h fair rental value	is based\$			
	5. Reserve for funds set aside a	s donor restricted	1	\$			
	6. Total Reserves		•••••	\$			
В.	Net Worth						
	1. Owner's Capital			<u></u> \$		· · · · · · · · · · · · · · · · · · ·	
	2. Capital Stock			\$			·
	3. Paid-in Surplus	······	• • • • • • • • • • • • • • • • • • • •	\$			
	4. Treasury Stock			\$			
	5. Cumulated Earnings		1	\$		2	8,003
	6. Gain or Loss for Period	10/1/2	014 thru	9/30/2015 \$		(39	8,639)
	7. Total Net Worth			\$	•	(37)	0,636)
C.	Total Reserves and Net Worth .			\$		(37	0,636)
D.	Total Liabilities, Reserves, and	Net Worth		\$		4,81	3,772

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of		
Sharon SNF CT LLC, d/b/a Sharon Health Care Center	2382	9/30/2015		36	37		
	Account			Ar	nount		
A. Balance at End of Prior Period as s	\$		28,192				
· · · · · · · · · · · · · · · · · · ·							
C. Total Expenditures (From Stateme					9,617,047		
D. Net Income or Deficit					(398,639)		
E. Balance			\$		(370,447)		
2. Other (itemize)							
F-3. Total Additions		******************	<u></u> \$	•	(189)		
G. Deductions							
1. Drawings of Owners/Operator			. 1480				
Name and Address (No., City	, State, Zip)	Title	Amount				
2. Other Withdrawings (Specify)			<u></u> \$	}			
Purpose		Amour	nt				
3. Total Deductions			\$	5			
H. Balance at End of Period	09/30/1	5	\$	5	(370,636)		

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

I. Preparer's/Reviewer's Certification

Name of Facility Sharon SNF CT LLC, d/b/a Sharon	License No.	Report for Year Ended	Page	of I
Health Care Center	2382	9/30/2015	37	37
Check appropriate category				
CCNH	RHNS	Other (Specify)		
· •				
Preparer/Reviewer Certification 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 appplicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				-
Athena Health Care Associates, Inc		Di Nīb on		
Address		Phone Number		
135 South Road				
Farmington, CT 06032		(860) 751-3900		

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