Craig J. Lubitski Consulting LLC & CJLC LLC

CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS

Mr. Chris LaVigne **CON & Reimbursement Department of Social Services** 55 Farmington Avenue Hartford, CT 06105

Mr. LaVigne:

This enclosed 2015 Medicaid Cost Report intentionally omits the following disallowances:

- a. Administrator and Related Party salaries
- b. Dues and Membership Fees to Professional Associations
- c. Physical or Speech Therapy salaries or fees
- d. Depreciation and/or interest expense related to capitalized items previously deemed unallowable by the Department

It is our understanding that the software utilized by the Department in the rate setting process computes the necessary disallowances for these areas and our intention is to eliminate the potential for a duplicate disallowance.

If you have any questions, please contact me at 860-610-9009.

Respectfully,

Craig J. Lubitski, CPA

Partner

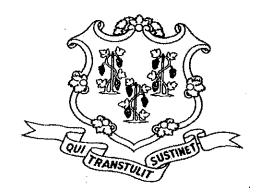


225 Pitkin Street East Hartford Connecticut 06108

860.610.9009 (t) 860.610.9030 (f)

cilc.com

State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2015

name of Facility (as needsed)						
Subacte Center of Bristol d/b/a Villa	age Green of B	ristol				
Address (No. & Street, City, State, 2	Zip Code)					
23 Fair Street, Forestville, CT 0601	0					
Type of Facility						
Chronic and Convalescent		Rest Home with	Nursing			
✓ Nursing Home only		Supervision only	/	\square	SLTC	
(CCNH)		(RHNS)				
Report for Year Beginning		Report for Year	Ending			
10/1/2014		9/30/2015				
License Numbers:	CCNH	RHNS		SLTC	M	edicare Provider
	2224-C			2224-C		07-5198
	<u> </u>	<u> </u>			_	
Medicaid Provider Numbers:	CC	CNH	RH	NS		SLTC
	220164					520165
For Department Use Only						
Sequence Number Signed and	Date	Sequence Nu		Signed a	nd Notarized	Date Received
Assigned Notarized	Received	Assigne	d	2.5.104 4	1.0.000	

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General Information

	MAX 444 MAXA OF F			
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Subacte Center of Bristol d/b/a Village Green of Bristo	2224-C	9/30/2015	1	37

Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)	Date 2/24/2016
Printed Name (Administrator)		Printed Name (Owner) Carole Scillia for Revera Health	Systems Management
James Dahl			Carole Schilla for revera recater	Dystenis ividitagement
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:			Diesturno	2 128 1201
Address of Notary Public				
129 Birchwa	ood Drivi	e, Mic	ddletown cr o	6457

(Notary Seal)

State of Connecticut **Department of Social Services**

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
Subacte Center of Bristol d/b/a Village Green of Bristol				10/1/2014	9/30/2015
Address of Facility					
23 Fair Street, Forestville, CT 06010				_	
Report Prepared By		Phone Nun		Date	
Craig J. Lubitski Consulting LLC		860-610-90	009	2/15/2016	
Item		Total	CCNH	RHNS	SLTC
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut

Annual Report of Long-Term Care Facility

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General Information and Questionnaire Type of Facility - Organization Structure

		one No. of Fac 0-589-2923	cility	Report for Ye	ar Ended	Page 2		of 37
CD 112 (1 12)	800		. 0 0	Street, City, Sta	rto Zin)	<u>L</u>		31
Name of Facility (as shown on license) Subacte Center of Bristol d/b/a Village Green of Bristol		•		orestville, CT (
Subacte Center of Bristol d/b/a v mage chech of Bristol CCNH	Τ	RHNS	1	SLTC	0010	Medicare F	rovio	ler No.
License Numbers: 2224-C		Killito	2224			07-5198	10110	
Type of Facility (Check appropriate box(es))	<u>'</u>		·			<u> </u>	***	
Chronic and Convalescent Nursing Home only (CCNH)		st Home with pervision only			SLTC			
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partnership	0	Profit Corp.	0	Non-Profit Co		Government	0	Trust
If this facility opened or closed during report year provide	de:		Date	Opened	Date Clo	sed		
Has there been any change in ownership								
or operation during this report year?	0	Yes	<u> </u>	No	If "Yes,"	explain fully	у	
Administrator								
Name of Administrator				Nursing He				
James Dahl				Administra		001840		
	(0.1		C.1	License	No.:]			-
Other Operators/Owners who are assistant administrator	's (fu	or part time) 01 11	License	No .			
Name				LACCHSC	140			
								<u>.</u> .

General Information and Questionnaire Partners/Members

Name of Facility Subacte Center of Bristol d/b/s		License No.	Report for Y 9/30/2015	Year Ended	Page of 3 37
Legal Name of Part Connecticut Subacute LLC		Business 23 Fair Street, I CT 06010	Address		or Town(s) in Registered
Name of Partners/Members	Business Ac	ldress	,	Title	% Owned
Connecticut Subacute LLC	538 Preston Avenue, S Meriden, CT 06450	uite 270,			100

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Er	nded	Page of
Subacte Center of Bristol d/b/a Village Gree		9/30/2015	,*	3A 37
If this facility is owned or operated as a corp				
Legal Name of Corporation	Busines	ss Address	State(s) in Whi	ch Incorporated
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
Names of Stockholders Owning at Least 10% of Shares				
Connecticut Subacute LLC	538 Preston Aver Meriden, CT 064			

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
Subacte Center of Bristol d/b/a Village Green of B	2224-C	9/30/2015	3B	37
If this facility is owned or operated as an individua	l proprietorship, p	rovide the following informat	ion:	-
Owi	ner(s) of Facility			
N/A				
		THE RESERVE THE PARTY OF THE PA		
100				•
			<u> </u>	
and an analysis of the second		The state of the s		
				j

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

General Information and Questionnaire Related Parties*

			-	N 1 1 1 1			4
Name of Facility Subacte Center of Bristo	Name of Facility Subacte Center of Bristol d/b/a Village Green of Bristo	License No. 222	2224-C	Report for x ear Ended 9/30/2015		rage 4	9I 37
	The state of the s						
Are any individuals rece	Are any individuals receiving compensation from the facility related through	cility rela	ted through		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 associa	tion? O	Yes O No	complete the information on Page 11 of the report.	nation on Pag	ge 11 of the report.
Are any individuals or co	Are any individuals or companies which provide goods or services,	or service	S,				
including the rental of pr	including the rental of property or the loaning of funds to this facility,	o this fac	llity,				
related through family as association to any of the	related through ramily association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?	control, of this fac	or ousmess ility?		If "Yes," provide the following information:	e following i	nformation:
		Also	Also Provides		Indicate Where		
		Goods/	Goods/Services to		Costs are Included		
Name of Related	Business	Non-Re	Non-Related Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %**	Provided	Page # / Line #	Reported	Related Party
Revera Health Systems, LLC	538 Preston Avenue, Suite 270, Meriden, CT 06450	0	•	Administrative Management Services	Pg 16/m12	521,050	521,050
Revera Health Systems, LLC	538 Preston Avenue, Suite 270, Meriden, CT 06450	0	•	Pension	Pg 15/1a7	22,614	22,614
Cap Pharmacy, LLC	80 Clark Drive #B, East Berlin, CT 06023	0	•	Pharmacy	Pg 20/5a1	437,175	437,175
Premier Therapy	201 South Main St., Building A, Loft, Lambertville, NJ 08530	0	o e	10%[PT/ST/OT	Pg 13/B5, B9, B10	693,081	693,081
Revera Health Systems,	538 Preston Avenue, Suite 270, Meriden CT 06450	0	•	Shared Health Insurance	Pg 15/1a5	529.843	529.843
Revera Health Systems,	538 Preston Avenue, Suite 270,	0	0	Sharad Dantal Incurrence	Pr 15/195	29.092	29 092
Revera Health Systems,	538 Preston Avenue, Suite 270,	0	•	Showed I fe Innomme	Pr 15/106	6 543	6 543
Revera Health Systems,	538 Preston Avenue, Suite 270,	C	•		231/24 B 4		2
LLC	Meriden, CT 06450))	Loaned Funds	34/B3	19,774,298	
Revera Health Systems, LLC	538 Preston Avenue, Suite 270, Meriden, CT 06450	0	0	Shared Workers Comp Insurance	15/1a1	267,307	

* Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No),	Report for Year Ended	Page	of
Subacte Center of Bristol d/b/a Village Green o	2224-C	,	9/30/2015	5	37
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TB	I services with special Medicaio	d rates, cos	sts
must be allocated to CCNH and RHNS as follow			<u>-</u>		
<u>Item</u>			Method of Allocation		
Dietary			meals served to residents		
Laundry			pounds processed		
Housekeeping		Number of	square feet serviced		
			hours of routine care provided		
Nursing			lassification, i.e., Director (or 0		
		_	Nurses, Licensed Practical Nur	ses, Aides	and
		Attendants			
Direct Resident Care Consultants			hours of resident care provided	by EACH	I
			See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar			
Management services			e cost center involved		
All other General Administrative expenses			rect and Allocated Costs		
The preparer of this report must answer the following	owing quest				
1. In the preparation of this Report, were all	O Yes	⊙ No	If "No," explain fully why such	ı allocatioi	n was
costs allocated as required?			not made.		
All costs were allocated as required except laune	dry costs we	ere allocated	d based on resident days and di	rectly allo	cable
costs were directly allocated.					
		-			
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data.		
					ļ
2 Didd B 19	10 11 11	1			
3. Did the Facility appropriately allocate and se	lt-disallow	direct and in	idirect costs to non-nursing hor	ne cost ce	nters?
(e.g., Assisted Living, Home Health, Outpatie	ent Services	, Adult Day	Care Services, etc.)		
	• Yes	O ING	If "No," explain fully why such not made.	allocation	1 was

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General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Subacte Center of Bristol d/b/a Village Green of Bristol	n of Bris	tol	2224-C	9/30/2015			6 37
	Related * to	d * to	The second secon				
	Owners,	ers,					
	Operators,	tors,				Annual	
	Officers	ers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Pitney Bowes, 225 American Drive, Neenah, WI 54956	0	•	Mailing System		Ongoing	262	595
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
s a Wileage I og Book Maintained for All Leased Vehicles	V basea	shicles	O Yes		O No	Total ***	\$65

Is a Mileage Log Book Maintained for All Leased Vehicles?

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

595

Total ***

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

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

General Information and Questionnaire Accounting Basis

N. CD 49.	D (6.31 D.1.1		ъ	
Name of Facility License No. Subacte Center of Bristol d/b/a Vill 2224-C	Report for Year Ended 9/30/2015		Page 7	of 37
The records of this facility for the period covered by this report			/	31
	were manuamed on the following basis.			
Accrual O Cash O Modified Cash				
Is the accounting basis for this				
period the same as for the OYes	If "No," explain.			
previous period? O No				
Independent Accounting Firm	A 11 O. 1 . 0. Ct . Ct . Ct			
Name of Accounting Firm 1 Deloitte & Touche LLP	Address (No. & Street, City, State, Zip Code)			
	220 W. Main St. Louisville, KY 40202			
2 3				
4				
Services Provided by This Firm (describe fully)				
1 Year-End Audit		\$	9,538	
2	····	\$		
3		\$		
4		\$		
		Charge for S	ervices Prov	vided
		\$	9,538	
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.			
O Yes O No Pg 15, line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephone N		
1 Probate Court		860-584-623	U	
2 3				
4				
5				
Address (No. & Street, City, State, Zip Code)				
1 111 No. Main Street, Bristol, CT 06010				
2				
3				
4				
5				
Services Provided by This Firm (describe fully)				
1 Conservator Appointments		\$	510	
2	·	\$		
3		\$		
4		\$		
5		\$		
5		Charge for Se	arricon Dros	uidad
		CHARGE FOR SO	OF VICES PLOY	YIUCU
			e.a	
Are These Charges Deflected in the Everyditure Parties of This Decree	Jan Canaifi Evanua Classification and Line No.	\$	510	
Are These Charges Reflected in the Expenditure Portion of This Report? If You Yes O No Pg 15, line 1e	Yes, Specify Expense Classification and Line No.	\$	510	

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

Schedule of Resident Statistics

Name of Facility			License No.	o.			Report to	Keport tor Year Ended	3		rage	ō
Subacte Center of Bristol d/b/a Village Green of Bristol	lc		222	2224-C			9/30/2015				8	37
					F	eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All	Total	Total	Totai								
	Levels	Level	Level	SLTC	Total	CCNH	RHNS	SLTC	Total	CCNH	RHNS	SLTC
1. Certified Bed Capacity												
 A. On last day of PREVIOUS report period 	120	104		16	120	104		16	120	104		16
B. On last day of THIS report period	120	104	·	16	120	104		16	120	104		16
2. Number of Residents												
A. As of midnight of PREVIOUS report period	91	80		11	91	80		11	93	80		13
B. As of midnight of THIS report period	94	81		13	93	80		13	94	81		13
3. Total Number of Days Care Provided During Period												
A. Medicare	4,813	4,348		, 465	3,493	3,143		350	1,320	1,205		115
B. Medicaid (Conn.)	22,245	18,354		3,891	16,437	13,591		2,846	5,808	4,763		1,045
C. Medicaid (other states)												
D. Private Pay	1,698	1,693		5	1,207	1,207			491	486		٠.
E. State SSI for RCH												
F. Other (Specify) Hospice/VA/Ins	3,785	3,782		3	2,974	2,971		c.	811	811		
G. Total Care Days During Period (3A thru F)	32,541	28,177		4,364	24,111	20,912		3,199	8,430	7,265		1,165
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved												
Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	65	8		57	32	7		25	33	1		32
5. Total Resident Days (3G + 4A + 4B)	32,606	28,185		4,421	24,143	20,919		3,224	8,463	7,266		1,197

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

Schedule of Resident Statistics (Cont'd)

Name of Faci	•										Ended		Page	of
Subacte Cent	er of Br	istol d/b	o/a Village Green	2	224 - C					9/30/201	5		9	37
					4, 1		.1				37.		- ·	
			in the certified lollowing informa		арасну ат	aring	ine rep	ort yea	ar?	U	Yes	•	No	
11 1100			f Change	tion;			in Dad			Co		CV	·	
Data of		RHNS				lange	in Bed		1	Ca	расну Ап	ter Change	-	
Date of	CUNH	KHNS	SLTC		Lost	T		Gaine	d .					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	SLTC	Rescon f	or Change
	(1)	(2)	(3)	(1)	(2)	(5)	(1)	(2)	(3)	CCIVII	KIII(I)	BLIC	Reason	or Change
												1		
	l					<u> </u>								
5. If there v	was anv	change	in certified bed	canac	ity during	the r	enort v	ear (a	s repor	ted in iter	n 4 above) provide the m	mber of	
			90 days followir			,	-1	(·p			, provide the he		
			2 0 000,0 10110,111	5	viiiiige:							<u> </u>		
			Change in Re	esider	ıt Davs					CC	CNH	RHNS	SI	TC
1st chang	ge													
2nd chan														
3rd chan												·		
4th chan		14	1D		20 00							<u> </u>		
6. Number	of Resid	ients an	d Rates on Septe Medicare	mber	30 of Co Medi		ar			- Co	lf-Pay		Othor Sto	te Assisted
			Wiculcare		Medi	Jaiu				36	л-гау		Office Sta	le Assisted
	Item		CCNH	C	CNH	RI	INS	CC	CNH	RE	INS	SLTC	R.C.H.	ICF-IID
No. of Re	No. of Residents CCNH - 13, SLTC - 1				51		SLTC - 12		17	IXI.	ш ч о	3L1C	K,C.11.	ICI-IID
Per Dien	n Rate					7.4								
a. One b			RUGS											
b. Two l														
c. Three		e												
bed r	ms.													
7. Total Nu	mber of	Physics	al Therapy Treat	ments						TO	ΓAL	CCNH	RHNS	SLTC
	Medica				•					10	1,318	1,159	MILIO	159
			lusive of Part B)							1,510				
			e Treatments											
	2. Rest	torative	Treatments								846	596		250
	Other	Dhusiaal	Therapy Treatn	. arsta							3,518	3,241		277
			Therapy Treatm								5,682	4,996		686
	Medica			icins							422	328		94
			lusive of Part B)								(22	320		71
			e Treatments										**************************************	
		orative	Treatments								365	213		152
	Other		T. 07 /								1,074	905		169
			Therapy Treatmentional Therapy 1		a a m t a						1,861	1,446		415
	Medica			ream	nents					100	947	636		211
В.	Medica	id (Excl	usive of Part B)								247	036		311
		•	e Treatments											
	2. Rest		Treatments								921	618		303
	Other										5,958	2,979		2,979
D	Total O	<i>Counati</i>	onal Therapy T	ronim	onte						7 826	A 233		3 503

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CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Sului	Report for Yea		Page	of
Subacte Center of Bristol d/b/a Village Green of Bristol	2224-C		9/30/2015	Linded	10	37
			Yes		No	
Are time records maintained by all individuals receiving co	mpensation?				140	
		<u></u>	Total Cost a	nd Hours	1	
Item	CCNH	Hours	RHNS	Hours	SLTC	Hours
A. Salaries and Wages*	CCIVI	Hous	16.7.10			
Operators/Owners (Complete also Sec. I						
of Schedule A1)		II Dog of State of St			2 20 20 20 20 20 20 20 20 20 20 20 20 20	Manual San
2. Administrator(s) (Complete also Sec. III	06.565	1.700			15 147	20
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	96,567	1,789			15,147	29
of Schedule A1)						
Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	162,255	6,417			25,451	1,06
5. Dietary Service						
a. Head Dietitian	 			 	.	
b. Food Service Supervisor c. Dietary Workers	219,678	17,076		 	34,458	2,83
6. Housekeeping Service	2,2,576	17,070				-,50
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance	59,849	1,882			13,344	42
b. Other Maintenance Workers	21,151	1,572			4,716	35
8. Laundry Service		7				
a. Supervisor						
b. Other Laundry Workers	42,551	3,625			6,674	60
Barber and Beautician Services Protective Services		! 			1	
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	ninguage with the control of the con			i biringa man into sali		
12. Professional Care of Residents	120 002	2.500			28,060	59
a. Directors and Assistant Director of Nurses b. RN	178,887	3,598			26,000	39
N. L. Direct Care	429,272	12,351		MANAGER PROPERTY.	211,929	6,24
2. Administrative**	140,760				22,079	62
c. LPN						
I. Direct Care	887,368	31,140	<u> </u>		244,624	8,29
Administrative** d. Aides and Attendants	1,121,829	71,918			330,776	21,82
e. Physical Therapists	1,121,022	,1,510				
f. Speech Therapists						
g. Occupational Therapists	20.450	1 0 10			14.025	770
h. Recreation Workers	89,478	4,343			14,035	72
Physicians Medical Director						
Utilization Review	j					
3. Resident Care***		Signal Laboratory (AMA)		an market militaris		
4. Other (Specify)						
j. Dentists			_			
k. Pharmacists						
Podiatrists					<u> </u>	
m. Social Workers/Case Management	107,100	4,529	 		16,799	75
n. Marketing o. Other (Specify)						
See Attached Schedule	42,591	2,596			377,143	12,02
A-13, Total Salary Expenditures	3,599,337				1,345,236	56,65

^{*} 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)

	CC	NH	RI	HINS	SLI	C
Position	\$	Hours	\$	Hours	S	Hours
Guest Attendant	22,567	1,623	20,000,000,000,000	100000000000000000000000000000000000000	\$ 3,540	269
Medical Records	20,024	973			\$ 3,141	162
Respritory Therapy					\$ 370,463	11,592
				7	1.60	
			00, 00, 00, 00, 00, 00,			
		100 cm (6 6 0 0				
		0.0000000000000000000000000000000000000	62.607.565.635.636			
		01523-0112-5721-511-60	na como constituido de la como constituido del como constituido de la como constituido de l	5 (1905) (1905) (1905)		
		3300000		5 05 05		
		5.0903-021-020-030-030	NGCCCCOOK SERVICE		9 9 9 9 9	2011/2011/2011/2011
		anderson	No. (arcego est est			de de la composition
			Arguman Alaman (alaman ang ar			
		1 33 33 33 33			55 000 000 000	55 (50 (80 (80 (80 A4)
		0.000,000,000,000,000	10.00.0000	1 (3) (5) (5) (5)	0.0000000000000000000000000000000000000	ia 0.900 Serveto istori
Total	\$ 42,591	2,596	\$ -	_ 200 € 5	\$ 377,143	12,023

Schedule of Other Fees (Page 13)

	CC	NH	RH	NS	SL	тс
Service	\$	Hours	\$	Hours	\$	Hours
	0.0000000000000000000000000000000000000	1000 000 000 000 000			10 SO 50 00 00 00 00	ASSOCIATION OF STREET
	46 V. 166 (61 US)	38 (2.45, 2.25)	5 3 5 6 6 6	000 000 000 000	N 61 (0 - 10 - 61 (0	61.65 (2.65)
	Harold Silver					
	120 (2012) 125 (201	3 000 000 000 000 000	150 150 100 100 100 100 100 100	460 (00 00 00 00)	200000000000000000000000000000000000000	(034)2233 063 183 (03)
	\$50 Financia	A SECURE OF SECURE				Goral Garaga
	art of the life of		95 95 80 95 85 B			6.00
	6.30(6.40)		2000		19 12 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	(Maria) (Sayon (Ba
	16.00.00.00.00.00.00.00.00.00.00.00.00.00	10.050.023.023.023.02		100	40000 50000	153 (453 (458) 149)
		E 100 100 100 100 100				S. 6. 51 S. S.
	660000000000000000000000000000000000000	W/66 (65) 659 (45) 04		25,000,000,000,000	\$150 CH (\$100 G)	2-9, (2.000,000,000)
	60 (CO. 10) (CO. 10)	0.000 0.000 0.000 0.00		200 Sept. 100 Per 100 Sept. 100 Sept	geratic od vice over th	niero talkur (ni-Arrido esko)
				5515415518534		
	60 (61 (60 (61)			60 80 80 80 80	E 19150 E 19	185-253 (23-70)
		762 (0.3813)				69 - March 15 - March
	200 100 100 100 100	7 330 000 000 000	600 100 1000 1000 1000 10	4150 650 600 650	50.000 P265 UC 105 W	2017/05/07/55 (2015/07/07
Total	\$ -		\$ -		\$ -	20 di 10 di

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*

A CONTRACTOR OF THE PARTY OF TH			Assistan	t Administra	Assistant Administrators and Other Related Parties*	. Kelate	d Parties	_	,	
Name of Facility	÷			License No.		Report for	Report for Year Ended		Page	jo
Subacte Center of Bristol d/b/a Village Green of Bristol	llage Green	of Bristol		2224-C		9/30/2015			11	37
		Salary Paid	d							
				Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	SLTC	Payments (describe fully)	Full Description of Services Rendered	Hours	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
	·									
Section II - Other related										-
parties of Operators/Owners employed in and paid by										
facility (EXCEPT those who may be the Administrator or										
Assistant Administrators who are identified on Page 12).										

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

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

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*

es*	ed Page of	12 37		here Total	Name and Address of All Other Employment**						
Kelated Fa	Report for Year Ended	9/30/2015		Total Line Where			2,086 A2				
Assistant Administrators and Uther Related Parties*	×	6			Full Description of Services Rendered		Full responsibility for facility operations				
Administra	License No.	2224-C		Fringe Benefits and/or Other	Payments (describe fully)		Full responsibility 5,147 Standard Benefits facility operations				
Assistant			id		SLTC		15,147				
4		of Bristol			RHINS						
		lage Green			CCNH		96,567				 -
	Name of Facility (as licensed)	Subacte Center of Bristol d/b/a Village Green of Bristol			Name	Section III - Administrators***	James Dahl	a de caración de c	Section IV - Assistant Administrators		

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	05 1102	Report for Y		Page	of
Subacte Center of Bristol d/b/a Village Green of Bri		1-C	9/30/2015	cut Braca	13	37
Subacte Center of Bristor d/b/a viriage Green of Bri	L.L.L		Total Cost	and Houre		<u> </u>
			Total Cost	I I I I I I I I I I I I I I I I I I I		
Item	CCNH	Hours	RHNS	Hours	SLTC	Hours
*B. Direct care consultants paid on a fee	CCIVII	Hours	KIIIAB	110413	5510	HOME
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist		****				
4. Podiatrist		***************************************		<u> </u>		
5. Physical Therapy						
a. Resident Care	282,016	4,578	(1)		38,724	629
b. Other						
6. Social Worker					******	
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	22,042	65		100,000	24,458	195
b. Utilization Review						
(Title 18 and 19 only) monthly meeting					and the second	
c. Resident Care**		-				
d. Administrative Services facility						
1. Infection Control Committee	113212213130.2022223333333333333333					
(Quarterly meetings)				<u> </u>		
Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)			0.00			
Other Physician / Phychiatrist	2,361	Disallowed			370	Disallowed
9. Speech Therapist						
a. Resident Care	75,393	1,104			21,638	317
b. Other						
10. Occupational Therapist						
a. Resident Care	230,269	4,221			45,042	826
b. Other					\$110,000 pop 2,000 pop 100 pop	*******************************
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***					Accordance and the second seco	
b. LPN						
1. Direct Care				ļ		
2. Administrative***						
c. Aides						
d. Other		V				
12. Other (Specify)						
See Attached Schedule				<u> </u>		
B-13 Total Fees Paid in Lieu of Salaries	612,082	9,969			130,231	1,966

^{*} 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 Subacte Center of Bristol d/b/a Village Gro	License No. 2224-C		Report for 3 9/30/2015	Year Ended	Page of 14 37	
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers	Expla	nation of Relationshi	р
Premier Therapy, 201 South Main St., Building A, Loft, Lambertville, NJ 08530	PT/ST/OT	0	0	Revera owns 1	00%	· · · · · · · · · · · · · · · · · · ·
Gary Miller MD, 61 Bradley Street, Bristol, CT 06010	Medical Director / Physician Services	0	0		- 1 100° Hz	
Stephen, Caminiti, 25 Newell Road Suite D28, Bristol, CT 06010	SLTC Medical Director	0	0			
IPC The Hospitalist Co, Inc. * Dr. Radhika Aduraju	Physician Services	0	•			
CAP Pharmacy, 80 Clark Drive #B, East Berlin, CT 06010	Pharmacy	0	0	Parent Co, owr	ns 51% of Pharmacy	•
		0	0			
		0	0			
		0	0			
		0	0			
		0	0		********	
		0	0			
		0	0			•
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		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

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

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.		Report for Y	ear Ended	Page	of
Subacte Center of Bristol d/b/a Village Green of 2224-C		9/30/2015		15	37
Item		Total	CCNH	RHNS	SLTC
Administrative and General					
a. Employee Health & Welfare Benefits					
Workmen's Compensation	\$	267,307	194,582		72,724
Disability Insurance	\$	402	292		109
Unemployment Insurance	\$	107,910	78,552		29,358
4. Social Security (F.I.C.A.)	\$	364,321	265,203		99,118
5. Health Insurance	\$	384,403	279,821		104,582
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$	6,543	4,763		1,780
7. Pensions (Non-Discriminatory)	\$	22,614	16,461		6,152
(not-owners and not-operators)					
8. Uniform Allowance	\$	(175)	(127)		(48)
9. Other (Specify)	\$	8,948	6,513		2,434
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$	100000000000000000000000000000000000000			
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*	\$	75,828	75,828		
d. Accounting and Auditing	\$	9,538	8,244		1,293
e. Legal (Services should be fully described on Page 7)	\$	510	441		69
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	36,692	31,717		4,975
h. Telephone and Cellular Phones					
Telephone & Pagers	\$	17,755	15,347		2,407
2. Cellular Phones	\$	4,285	3,704		581
i. Appraisal (Specify purpose and	\$				
attach copy)*					
,					
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule	·				
3. Resident Day User Fee	\$	592,178	509,023		83,155
Subtotal	\$	1,899,059	1,490,366		408,692

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

(Carry Subtotals forward to next page)

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

Name of Facility License No.		Report for Y	Year Ended	Page	of
Subacte Center of Bristol d/b/a Village Green of Brist 2224-C		9/30/2015		16	37
Item		Total	CCNH	RHNS	SLTC
Subtotals Brought Forwa	ırd:	1,899,059	1,490,366		408,692
Travel and Entertainment					
Resident Travel and Entertainment	\$	2,193	1,895		297
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	10,948	9,463		1,484
4. Employee Travel	\$	3,046	2,633		413
5. Education Expenses Related to Seminars and Conventions	\$	6,828	5,903		926
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify)	\$	164	141		22
See Attached Schedule					
m. Other Administrative and General Expenses					
 Advertising Help Wanted (all such expenses) 	\$	8,065	6,972		1,094
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$	24,200	20,919	WWW.	3,281
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	4,847	4,189		657
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***					
7. Postage	\$				
* 8. Dues and Membership Fees to Professional	\$	8,189	7,078		1,110
Associations (Specify)					
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	675	583		92
9. Subscriptions	\$	4,727	3,865		862
10. Contributions***	\$	WATER CONTROL OF THE PARTY OF T			
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$				
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$	521,050	450,402		70,648
13. Other (Specify)	\$	1,842,969	1,593,084		249,885
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	4,336,958	3,597,494		739,464

^{*} 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.

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

Subacte Center of Bristol d/b/a Village Green of Bristol 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	SLTC		
Pre-Employment Expenses	\$ 6,513		\$	2,434	
			60 m		
			10,115,110		
			10 (0)		
			600000000		
		100 (0.00)	100 St. 16		
Total	\$ 6,513	\$ -	\$	2,434	

Schedule of Other Taxes

Description	CCNH	RHNS	SLTC	
			out in the second	
	AS 15 (46 to 120 to 15 15			
Total	\$ -	\$ -	\$ -	

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	SLTC
Meals & Entertainment	\$ 141	1500 01000 0000 01000	\$ 22
	vacious vistores	98779334571455	stant skrosskess
	1000000 (800000)	esinesi oso u	
	2 (Star Star Star Star Star		committee de
		1973924325000	
		39/30/46/10/50	
		98/49/35/88/8	
Total Other Travel and Entertainment	\$ 141	\$ -	\$ 22

Schedule of Other Advertising

Description	CCNII	RHNS	SLTC
Marketing	\$ 20,919		\$ 3,281
	2.347.03.35.00	Short Second	
			2182753 (SS) (S
Total Other Advertising	\$ 20,919	\$ -	\$ 3,281

Schedule of Dues

Description	CCNH	RHNS	SLTC
CAHCF	\$ 7,078		\$ 1,110
		161 (280) (120)	STANDARD STAND
	1000 150 050 000		7000 350 350
	1 20 20 25 3		100000000000000000000000000000000000000
		1537/85/1/83/17	
	3 (60 (10 (60 A)	St. 25. (5. (5.	1462415490113
	4005000000	161 (S) (S) (S)	V. 650 (150 (150 (150 (150 (150 (150 (150 (1
		32 36 65 65	1 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2
	301025103113311331	98.000.030.000.	283 W. G. S.
Total Dues	\$ 7,078	S -	S 1,110

Schedule of Contributions

Description	CCNH	RHNS	SLTC
	100000000000000000000000000000000000000	\$6.800 S. U.S.	5 ASS (S\$ ALL (S))
	4428.68688.48	MAN (\$1,000,000)	
	0.000.000.000.00	137 (38) (18) (19)	0.000.000.000
Total Contributions	5	\$	5 -

Schedule of Other Administrative and General

Description	CCNH	RHNS	SLTC
Professional Fees	\$ 9,815	18,030,000,000	\$ 1,540
Bank Charges	\$ 2,156	\$0.000 (86.658)	\$ 338
Software Fees	\$ 29,472		\$ 4,623
IT Supplies & Fees	\$ 4,155	agoliešii ajče dati	\$ 652
Licenses	\$ 4,382	\$20,000,000	\$ 687
Gain/Loss on Disposal of Assets	\$ 23,250	Colon Street	\$ 3,647
Write Down of Carrying Value	\$ 1,515,147		\$ 237,661
Penalties .	\$ 4,707	90.000	\$ 738
Total Other Administrative and General	\$ 1,593,084	\$ -	\$ 249,885

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		
Subacte Center of Bristol d/b/a Village G	2224-C	9/30/2015	17 37		
	Cost of		Indicate Where Costs		
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual		
Company Supplying Service	Service	Provided	Report Page #/Line #		
Revera Health Systems, LLC, 538	521,050	Management Oversight	Pg 16/m12		
Preston Ave., Suite 270, Meriden, CT					
06450					
			<u> </u>		

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

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

<u>. </u>	07 IV	1			rage 5)	т			T.	
1	ne of Facility		Licen			-		ear Ended	Page	\mathbf{of}
Sub	acte Center of Bristol d/b/a Village Green of E	rist	<u>d</u>		2224-C	9/30	0/2015		18	37
				-						
	Item				Total	CC	NH	RHNS	cen ensvensessationere	SLTC
2.	Dietary									
	a. In-House Preparation & Service									
<u> </u>	1. Raw Food			\$	173,703	1:	50,151			23,552
	2. Non-Food Supplies			\$					ļ	
	3. Other (Specify)		_	\$						
				200000000000000000000000000000000000000						
<u> </u>										
	b. Purchased Services (by contract other			\$	173,564	13	31,259		***************************************	42,304
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)			_						
	c. Management Services**			\$						
	d. Other (Specify)		-	\$	35,671		30,834			4,837
	Supplies / Supplements			000000						
	T (I D) (D) (D)			_						
2E.	Total Dietary Expenditures $(2a + b + c + d)$		· · · · · · · · · · · · · · · · · · ·	\$	382,938	31	12,245		<u> </u>	70,693
				-						
2F.	Dietary Questionnaire			-	Total	CC	NH	RHNS		SLTC
G.	Resident Meals: Total no. of meals served pe	r da	y:*	Т					T	
H.	Is cost of employee meals included in 2E?		Yes		•	No				
I.	Did you receive revenue from employees?	0	Yes		•	No		If yes, specify amt.		
J.	Where is the revenue received reported in the	Co	st Repo	rt'	? (Page/Line	Item)				
	Is cost of meals provided to persons other							×0 10		
K.	than employees or residents (i.e., Board	0	Yes		•	No		If yes, specify		
	Members, Guests) included in 2E?							cost.		
_		$\overline{}$						If yes, specify		
L.	Is any revenue collected from these people?	O	Yes		•	No		amt.		
М.	Where is the revenue received reported in the	Co	st Repo	rt'	? (Page/Line	Item)				
	Is cost of food (other than meals, e.g.,		-							
N.	snacks at monthly staff meetings, board	\circ	Yes		•	No		If yes, specify		
14.	meetings) provided to employees included	0	1 68		•	140		cost.		
	in 2E?					•	· · ·			
	In any reviews called a from any 1	_	Vac		-	NI.		If yes, specify		
О.	Is any revenue collected from employees?	U	Yes		•	No		amt.		
P.	Where is the revenue received reported in the	Cos	st Repo	rť	? (Page/Line	Item)				

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

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

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

Name of Facility		No.		Year Ended	Page	of
Subacte Center of Bristol d/b/a Village Green of Bristol	2	224-C	9/30/2015	<u> </u>	19	37
Item		Total	CCNH	RHNS	S	LTC
 Laundry In-House Processing* Bed linens, cubicle curtains, draperies, 	Lbs.					
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
 Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.					
processed.***	Amt. \$					
 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.					
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs. Amt. \$			<u> </u>		
b. Purchased Services (by contract other	\$	71,096	61,450	5		9,640
than through Management Services)						
(Complete Schedule C-2 att. Page 21)						
c. Management Services**	\$					
d. Other (Specify)	\$	106,684	92,219)		14,465
Supplies						
3E. Total Laundry Expenditures (3a + b + c + d)	\$	177,780	153,675	5		24,105
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E? O	Yes	0	No	If yes, specify cost.		
H. Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost	Report?		(Page/Line	e Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.		
K. Did you receive revenue from these people? O	Yes	• • • •	No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost	Report?		(Page/Line	e 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)

Subacte Center of Bristol d/b/a Village Green o 2224	-C	9/30/2015		20	27
				20	37
Item		Total	CCNH	RHNS	SLTC
4. Housekeeping Sq. Ft. Se	rviced	42,521	34,769		7,752
a. In-House Care by Person	nnel				,
1. Supplies - Cleaning (Mops, Amt.	\$				
pails, brooms, etc.)]		i	
b. Purchased Services (by contract other Sq. Ft. Se	rviced	42,521	34,769		7,752
than through Management Services) by Perso	nnel		-		,
(Complete Schedule C-2 att. Amt.	\$	113,425	92,747		20,679
Page 21)		ŀ			•
c. Management Services*	\$				
d. Other (Specify)	\$	25,831	21,122		4,709
Supplies					
HE. Total Housekeeping Expenditures $(4a+b+c+a)$	i) \$	139,257	113,869		25,388
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	437,175	431,483		5,692
		Section 2			
b. Medicine Cabinet Drugs	\$				
 c. Medical and Therapeutic Supplies 	\$	186,166	130,136		56,029
d. Ambulance/Limousine***	\$	5,309	5,309		
e. Oxygen					0.00
1. For Emergency Use	\$				
2. Other***	\$	29,518	14,019		15,500
f. X-rays and Related Radiological	\$	21,647	21,287		360
Procedures***					
g. Dental (Not dentists who should be included un	der \$				
salaries or fees)					
h. Laboratory***	\$	22,930	22,997		(67)
i. Recreation	\$	38,518	33,295		5,223
j. Other (Specify)****	\$	272,818	168,608		104,211
See Attached Schedule					
K. Total Resident Care Expenditures (5a - 5j)	\$	1,014,081	827,134		186,947

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	SLTC
IV Therapy	\$ 28,577		\$ 5,866
Professional Fees	\$ 31,304		\$ 4,910
PT Supplies C	\$ 1,678		\$ 230
OT Supplies -	\$ 2,528		\$ 495
ST Supplies C	\$ 303		\$ 87
Supplies	\$ 21,434		\$ 35,251
Drug Supplies	\$ 24,590		\$ 6,828
Catheter & Ostomy Supplies	\$ 2,928		\$ 377
Specialty Beds —	\$ 44,230		\$ 7,845
Tube Feed Supplies -	\$ 700		\$ 349
Equipment	\$ 10,338		\$ 41,972
	Germania de Competito de la Co		
		an ann an	
Total Other Resident Care	\$ 168,608	\$ -	\$ 104,211

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

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

Name of Facility Subacte Center of Bristol d/b/a Village Green of Bristol	a Village Green of Bris	tol		License No. 2224-C	Report for Year Ended 9/30/2015	P			Page of 21 37
		Related ** to Owners,	o Owners,						II .
		Operators, Officers	Officers				Total Cost/	Total Cost/Page Ref.***	*
Name of Individual or)	,	Explanation of	Full Explanation of				
Vinadino)	PO Box 102289, Atlanta,	y es	o _N (Kelationship	Service Provided* Contracted Dietary	CCNH	RHNS	SLTC	Pg Line
IMOUTISON MANAGEMENT Specialist	GA 50368)	9		Services	131,259		42,304	18 25
Healthcare Services Group, Inc.	Suite 300, 3220 Hilmann, Dr. Bansalem, PA 19020	0	•		Contracted Housekeeping Services	92,747		20,679	20 4b
Healthcare Services Group, Inc.	Suite 300, 3220 Tilmann, Dr. Bansalem, PA 19020	0	•		Contracted Laundry Services	61,456		9,640	19 3b
		0	•						
		0	•				;	ì	
		0	0						
er divers		0	0						
		0	0						
***************************************		0	0						
		0	0						
		0	0						
		0	0						
		0	0	**************************************					
		0	0	7774					

^{*} 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 Y	ear Ended		Page	of
Subacte Center of Bristol d/b/a Village Green 2224-C	 9/30/2015			22	37
			:		
Item	Total	CCNH	RHNS	SI	TC
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 133,828	109,430		, , , , , , , , , , , , , , , , , , ,	24,398
b. Heat	\$ 41,147	33,645			7,501
c. Light & Power	\$ 111,622	91,272			20,350
d. Water	\$ 14,355	11,738			2,617
e. Equipment Lease (Provide detail on page 6)	\$ 595	515			81
f. Other (itemize)	\$ 43,032	35,187			7,845
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 344,579	281,787			62,792
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$ 36,022	29,455			6,567
b. Building & Building Improvements	\$ 203,690	166,555			37,135
c. Non-Movable Equipment	\$ 140,553	114,928			25,624
d. Movable Equipment	\$ 98,024	80,153			17,871
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 478,289	391,092			87,197
8. Amortization (Complete att. Schedule Page 24*)	 				
a. Organization Expense	\$ 				
b. Mortgage Expense	\$ 				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$ 155,047	126,781			28,267
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$ 550	450			100
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$ 633,886	518,322			115,564

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	SLTC	
Maintenance Contracts	\$ 14,901		\$ 3,0	322
Alarm Contracts	\$ 4,088		\$ 9	912
Elevator Contract	\$ 783		\$	175
Grounds Contract	\$ 15,414		\$ 3,4	437
			100 (0.00)	
		A Section 6 Birds (5)		
		0 42 00 00 00 00 00 0 42 00 00 00 00 00 00		
			100	
		e de la companya de	6.85 (6.55)	
		(1) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		
			35,000 (50.00)	
			120000000000000000000000000000000000000	
			30 OF 15 OF	
			10000	
Total Other Repairs and Maintenance	\$ 35,187	\$ -	\$ 7,8	845

State of Connecticut
Annual Report of Long-Term Care Facility
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Depreciation Schedule

			nehred	Depreciation Schedure	amai					
Name of Facility Subacte Center of Bristol d/b/a Village Green of Bristol	n of Bristol		License No. 2224-C	ပု		Report for Year Ended 9/30/2015	nded.		Page 23	of 37
			Historical			Accommendad				
			Cost	35-7		Accumulated Depreciation to	Method of			
			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
Property Item			Land	Value	Depreciated	Year's Operations	Ĭ	Life	for This Year	Totals
A. Land Improvements					:					
 Acquired prior to this report period 			189,557			123,276			36,022	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
A-4. Subtotal										36,022
B. Building and Building Improvements										
 Acquired prior to this report period 			9,819,551		9,819,551	3,656,413	SL	Various	202,654	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		39,026						1,036	
B-4. Subtotal										203,690
C. Non-Movable Equipment										
 Acquired prior to this report period 			2,238,501		2,238,501	1,804,881	SL	Various	132,105	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)		193,432						8,448	
C-4. Subtotal										140,553
	Is a mileage logbook	J. 9460	Historical			Accumulated				
	maintained?	Acquisition	Cost	Less		Depreciation to	Method of			
			Exclusive of	Salvage	Cost to Be	Beginning of			Depreciation	,
- 1	Yes No	Month Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment										
 Motor Vehicles (Specify name, model 										
and year of each vehicle)	A	007	F0F 00		PCF 62	707.62				
	××	5 4 5	2.398		2.398	2.398				
New Van	×	10 14	56,294		56,294				18,710	
d.										
2. Movable Equipment										
a. Acquired prior to this report period			1,519,279		1,519,279	861,938 SL	SI	Various	77,321	
b. Disposals (attach schedule)										
c. Acquired during this report period										
(attach schedule)			27,075						1,993	
D-3. Subtotal										98,024
E. Total Depreciation										478,289

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			10 (A) (10 (A) (A)	20 hr 00 00 00 96 str 48 00 00
82 - 250 450 470 410 451		51,050,000,010,05	50 159 200 140 150	The second plants and
and and an and		60 80 60 60 60	\$31,625,635,636,635	NOTES CONTRACTOR
53 AN 53 AN 65 AN		98 (0.45) (0.45)	10 St. 40 St. 45	an an appare
		65.00.05.05.05	\$1.45 min \$1.50	90.450.000.650.650
			6.2 6.5 6	5 6 6 6 6
Total additions for La	and Improvements	\$ -		\$ -
Deletions:				
dandakasahis yakiyasa y		200 300 927 302 32	51 (3) (5 (5) (6)	80 NR W/ 151 1511
		750 750 707 363 364	300 000 000 000	est del nese element
		166 (187 (187 (187 (187	isi ki ninan	201.0201030 (02.00)
			Carriera de la companya de la compan	
		mentalmater et sissi	6 - 55 - 742 - 650 - 550	
Total deletions for La	nd Improvements	\$	55 00 00 00 00 00	\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	Various - See Attached	\$ 39,026	Var	\$ 1,036
			等 化金属等	
			3277561056105769	5 5 5 5
364 (36 (36 (36 (36 (36 (36 (36 (36 (36 (36	at a superior and the s	157 152 160 160 160	795 155 195 195	25 (5) (25) 235 (25)
Total additions fo	r Building Improvements	\$ 39,026		\$ 1,036
Deletions:			1	
C. C. M. S. C. S.		加州 加州 海	260,020,020,020,020	60.00
de do serve de de de	Sample operation and product the compact of the com	aliana and a	31. (2) (6. (2) (6)	
				A. 20, 60, 60.
		65 16 65 45 35	18 (91)	0.45
1731-374 (0) (0) (0)				9 (E. N. 15 (E.
2010 ACM CONTROL SECTION SECTI		Judges (4)		10.000
Total deletions for	Building Improyements	\$ -	5001.0001.0001.0001.000	\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Various	Various - See Attached	\$ 193,432	Var	\$ 8,448
				and the second second
		66 65 65 65 E	St. 62 (20.55) (33	\$ 50.000.000
				700000000000000000000000000000000000000
Total additions fo	r Non-Movable Equipment	\$ 193,432	ASS 0.10 COR 0.00 1230	\$ 8,448
Deletions:				
100000000000000000000000000000000000000			7011111/153 153 153	72 531 52 531 541
		Cohe hard control brings	900000000000000000000000000000000000000	Vander (Australia) et et e
		10.6 (10.4 (1.4 (1.5 (1.6)))		
				0.000
		200 CONTRACTOR	10.000	31.032.1874.53.0050
Total deletions for	Non-Moyable Equipment	S -	50.0763.050.050.050	\$ -

^{*}Ties to Page 23, Line C3

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

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

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

Schedule of Movable Equipment Acquired during this report period

Acquisition Dat	te Description of Item	Cost	Useful Life	Depreciation
Additions:				
Various	Various - See Attached	\$ 27,075	Var	\$ 1,993
			26.08.00	
			30.00.00.00	
			West (48 100 100 100 100 100 100 100 100 100 10	Strong and stores
F8 82 (E3-05/4)2			230 OF 630 65 H	
Cotal additions	for Movable Equipment	\$ 27,075	/(245.050/H50/H50/H50/H0	\$ 1,993
Deletions:				
				60 de 25 de 20
			(50) (60) (50) (50) (61)	450 (500 (500 (500 (50
			18 No. 18 No. 18	20 / Sa / Sa / Sa / Sa
				25.000.00.000.00
Fotal deletions	for Movable Equipment	\$ -		\$ -

Schedule of Leasehold Improvements Acquired during this report period

		Useful	
Description of Item	Cost	Life	Depreciation
		253010010001000	
		160 200 200 100	10102-01-0
			1000
7000000			60.12.60.001.60
Improvement	\$ -		\$ -
		00 00 00 00 00	60.00
		20100 90 000	
		100 00 00 45 46	1900 (6) 125 (1) (1)
		000 000 000 000	7697010371031106571031
		\$100 Mar 1950 Mar 1950 Mar	201 (60) (60) (60)
Improvement	\$ -	01/5/2005/24/5/25(19/09	\$ -
	Improvement	Improvement	Description of Item Cost Life Improvement \$ -

^{*}Ties to Page 24, Line C3

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

^{**}Ties to Page 24, Line C2

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Amortization Schedule*

Name of Facility		License No.		Report for Year Ended	r Ended		Page	fo
Subacte Center of Bristol d/b/a Village Green of Bristo	reen of Bristol	2224-C	4-C	9/30/2015			24	37
				Accumulated				The state of the s
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for		•	
	·	Length of	Cost to Be	Year's	Computing	Rate /	Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense								
1.								
2.								
3.								
A-4. Subtotal								
B. Mortgage Expense								
1.								
2.						 		
3.				*****				
B-4. Subtotal								
C. Leasehold Improvements and Other	ler							
1. Acquired prior to this report period	pol							
2. Disposals (attach schedule)								
3. Acquired during this report period	P(
(attach schedule)								
C-4. Subtotal								
D. Total Amortization								
						The latest the same of the sam		

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

Name of Facility Subacte Center of Bristol d/b/a Villag	License No.	Report for Year En	nded		Page of 25 37
	q 2224-C	[J/30/2013			23 07
11. Property Questionnaire					
Part A	ho Facility				If "Yes," complete Part B.
Is the property either owned by to or leased from a Related Party?*	ne racinty	• Yes	0	NiA	If "No," complete Part C.
*If any owner or operator of this fa	cility is related by family	, marriage, ownership, ab	ility to control or		,
business association to any person	or organization from wh	om buildings are leased, th	nen it is considered		
a related party transaction. Description		Total			
Description Description Description		Total			
Date Structure Completed					
If NOT Original Owner, Dat	e of Purchase	04/01/99	-1		
4. Date of Initial Licensure		04/01/99	-		
5. Total Licensed Bed Capacity	·	38,646	+		
6. Square Footage 7. Acquisition Cost		38,040			
a. Land					
b. Building					
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing	~	* * * * * * * * * * * * * * * * * * *			
a. Type of Financing (e.g., b.b. Date Mortgage Obtained	ixed, variable)	N/A N/A			
c. Interest Rate for the Cost	Year	N/A			
d. Term of Mortgage (numb		N/A			
e. Amount of Principal Born		N/A			
f. Principal balance outstan		N/A			
Complete if Mortgage was					
During Current Cost Y					
g. Type of Financing (e.g., the base of Refinancing	ixed, variable)				
i. New Interest Rate				<u></u>	
j. Term of Mortgage (numb	er of years)				
k. Amount of Principal Bor					****
Principal Outstanding on					-77
Part C - Arms-Length Leas				Town of Longo	Annual Amount of Lease
Name and Address of Lesse	or l	Property Leased	Date of Lease	Term of Lease	Amual Amount of Lease
]		

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

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

Name of Facility License No.		Report for Ye	ar Ended		Page of
Subacte Center of Bristol d/b/a Villag 2224-C		9/30/2015			26 37
Item		Total	CCNH	RHNS	SLTC
12. Interest		Total	OCIVII	Karro	BETO
A. Building, Land Improvement & Non-Movable					
Equipment					
1. First Mortgage	\$		No. 10 Telephone Control of the Cont	for the second s	
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage					
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$	B			
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$		· · ·		<u> </u>

(Carry Subtotals forward to next page)

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

Name of Facility License Subacte Center of Bristol d/b/a Vil 22	No. 24-C		Report for Ye 9/30/2015	ear Ended		Page of 27 37
Thom			Total	CCNH	RHNS	SLTC
Item Sub-	totale Brou	ight Forward:	Total	CCIVII	KIIKO	DETO
12. C. Movable Equipment	notals Dio	igin Porward.				
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
A. Item	Rate	Zimount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
	Rate					
B. Item						
Lender		<u> </u>				
Donator						
Address of Lender						
12. C. 3. Total Movable Equipment Inte	rest		Control of the Contro			
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	2,543	2,198		345
Vendor Interest						
	0.GQ : 10D	. h	2.512	0.100		345
13. Total All Interest Expense (12B7 + 1	2C3 + 12D) \$	2,543	2,198		343
14. Insurance	an lei)	¢	22 402	20,229		3,173
a. Insurance on Property (buildings b. Insurance on Automobiles	only)	<u> </u>		20,229		3,173
T 1 1 1 1 1 1	specified s					
c. Insurance other than Property (as 1. Umbrella (<i>Blanket Coverage</i>)		\$				
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$		(4,270)		(670)
Crime, Bonds, Excess & Gene	ral Liabilit					
14d. Total Insurance Expenditures (14a -	-b+c)	\$	18,461	15,958	Company Compan	2,503
15. Total All Expenditures (A-13 thru C-		\$		10,034,100		2,703,268

D. Adjustments to Statement of Expenditures

Name	e of Fa	acility		Lic	ense No.	Report for Yea	ar Ended	Page	of
			f Bristol d/b/a Village Green of Bristol		2224-C	9/30/2015		28	37
	1				Total				
Item	Page	Line			Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	SI	тс
			es and Wages				*		
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$		1		· · · · · · ·	
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
	13.1	Profes	sional Fees	Ψ					Managara and Amagara and A
5.			Resident Care Physicians **	\$	2,732	2,361			370
6.			Occupational Therapy	\$	275,311	230,269		 	45,042
7.	13	DIVU	Other - See attached Schedule	\$	279,511	230,207			43,042
	c 15 P	16	Administrative and General	Φ					
8.	, 13 C	. 10 -	Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	75,828	75,828		+	
10.					510	441		 	<i>(</i> 0
	13	1e	Accounting & Legal	\$	310	441		 	69
11.	1.7	11.0	Telephone	\$	0.045	2440			105
12.	15	1h2	Cellular Telephone	\$	2,845	2,440			405
13.			Life insurance premiums on the life	Φ.					
4.1			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$					
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m3	Unallowable Advertising *	\$	24,200	20,919			3,281
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	1,791,102	1,548,249			242,853
Page	18 - L	Dietary	Expenditures						
24.			Meals to employees, guests and others						
			who are not residents	\$					
Page	19 - L	aund	ry Expenditures						
25.			Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - H		keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$					
			Subtotal (Items 1 - 26)	\$	2,172,528	1,880,508	· · · · · · · · · · · · · · · · · · ·		292,021
			(_,	-,,			· _ , -

^{*} 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	SLTC
	(1) 9t (3) (3			0.000	(6) (2) (4) (4) (4)
			100000000000000000000000000000000000000	9 11 151 15	866-844-000-1960-55-056
			E 00, 00 (00/10)		
(6)			3.9.20.00.0		
5 51 5 55	100 0000			2.30	
Total Othe	r Salaries 2	Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref 1	Description	CCNH	RHNS	SLTC
35130 (4.78)					
30%	(1) (0) (1) (2) (2) (1)			100000000000000000000000000000000000000	
0.000	S. 25 (D. 45 ()		e de la companya de l		Substitution of the Conference
				0.00	1265 2001 (2003)
				ing 107 100 100 100 100 1	
	0.00000000			0.00	
Total Othe	r Fees Adju	stments	\$	\$ -	\$ -

Schedule of Other A&G Adjustments

complements assessed assessed assess		Description	CCNH	RHNS	SLTC
16 m	18a	Dues to Chamber of Commerce	\$ 583		\$ 92
16 m	113	Gain/Loss on Disposal	\$ 23,250		\$ 3,647
16 m	113	Write Down of Carrying Value	\$ 1,515,147		\$ 237,661
16 m	ı13	Penalties	\$ 4,707		\$ 738
30 17	V8	Medical Records Revenue	\$ 4,562		\$ 716
		And professional Control of the Cont			
Total Other	A&G Ad	justments	\$ 1,548,249	\$ -	\$ 242,853

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

	D. Adjustments to Statement of Expenditures (cont'd)									
Name	e of Fa	acility		Lic	ense No.	Report for Y	ear Ended	Page	of	
Suba	cte Ce	nter o	f Bristol d/b/a Village Green of Bristol		2224-C	9/30/2015		29	37	
					Total					
Item	Page	Line			Amount of					
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	- SI	JTC	
			Subtotals Brought Forward	\$	2,172,528	1,880,508			292,021	
Page	20 - I	Reside	nt Care Supplies***							
27.	20	5a2	Prescription Drugs	\$	437,175	431,483			5,692	
28.	20	5d	Ambulance/Limousine	\$	5,309	5,309		V.		
29.	20	5f	X-rays, etc	\$	21,647	21,287			360	
30.	20	5h	Laboratory	\$	22,930	22,997			(67)	
31.			Medical Supplies	\$						
32.	20	5e2	Oxygen (non emergency)	\$	14,019	14,019				
33.	20	5j	Occupational Therapy	\$	3,023	2,528			495	
34.			Other - See Attached Schedule	\$	38,758	32,204			6,554	
Page	22 - N	Mainte	enance and Property							
<i>35</i> .			Excess Movable Equipment Depreciation							
			See Attached Schedule	\$						
36.			Depreciation on Unallowable							
			Motor Vehicles	\$						
37.			Unallowable Property and Real							
			Estate Taxes	\$						
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$						
Page	27 - I	nsura	nce							
40.			Mortgage Insurance	\$						
41.			Property Insurance	\$						
Other	r - Mis	scella								
42.			Research or Experimental Activities	\$						
43.			Radio and Television Revenue	\$						
44.			Vending Machine Revenue	\$						
45.	30	IV8	Purchase Discounts and Allowances	\$	580	501			79	
46.			Duplications of functions or services	\$						
47.			Expenditures made for the protection,							
			enhancement or promotion of the							
			providers interest	\$						
48.			Interest Income on Accounts Rec	\$						
49.			Other (include personnel and other							
			costs unrelated to resident care) - See							
			Attached Schedule	\$						
Not I	or Pr	ofit P	roviders Only							
50.			Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
			See Attached Schedule	\$						
51.	Total	Amoi	unt of Decrease (Items 1 - 50)	\$	2,715,969	2,410,836			305,132	

^{***} 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	SLTC
20	5j	IV Therapy	\$ 28,577		\$ 5,866
20	7-1 H 1104 17 2-17/11/11/11	Catheter/Ostomy	\$ 2,928		\$ 339
20	5j 🕾 🕾 🔅	Tube Feed Supplies	\$ 700		\$ 349
24/15/13/12/12	60 /85 /85 (U)				
(5) (2) (6)	185-192-193-103		0.0000000000000000000000000000000000000	124 42 (S. 12) (S.	
25 SA SE SE					
70 for 10 miles	130 (8) (8)				2.55 (2.56 (2.55)
65.15(25) (8)					
120000000000000000000000000000000000000			733 (1916)		
	(% 07d) +93-028 (4) (8) (8) (8)			77.11	
Total Othe	r Ancillary	Costs	\$ 32,204	\$ -	\$ 6,554

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
129 (24 829 72)				(80 (2)) 85 (6) (2)	3 7(6) 730 370 351 731
500 00 00 00 00 00 00 00 00 00 00 00 00					
816.00.00	600000000000000000000000000000000000000		60 S90 60 190 cs. i	80.60009038-88	and the man in
\$5 (30 SS A)	65 45 A 5 60				
(5) (6) (6)					
100					
	65 Sty 152 Sty			12 121 121 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10	angon (Krista) (Krista)
				(e) (2.45 km/s)	
	lim dis associa			Valuable (in the only	
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
	60.000000000000000000000000000000000000				
100 000 0000	00105977250750				
				licht abweg leis inch	
				2.00	0.0000000000000000000000000000000000000
	(1)				
	24,557,050,50			31 46 64 65	
	2 60 60 60		A 100 (00 (00 (00 (00))	(a) (a) (a) (a)	
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	SLTC
	20010000000000000000000000000000000000			200 000 gan 000 000.	435 (35 (53 (53 (53 (53
51. 55. 52. 55.	(10) (10) (10) (10)		61. 62. 68. 463.65		
			100000000000000000000000000000000000000		
100000000000000000000000000000000000000					
E0.53, 89.109	(0) ((5) ((5))			66.60.60.60.60	20.00
100 000 000 000			6 6 6 6	3 4 5 5	
			(2 St. 15 (5 9z	2011	
S. VOCALAIS	100 EN		(3) (6) (6)	100 000 000 000 000	
Total Othe	r Adjustm	ents	\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNII	RHNS	SLTC
				and the second	81 (52 (62 (62 (63 (63 (63 (63 (63 (63 (63 (63 (63 (63
W. 152 A(5) (9)			10 (00 (Br. 60 (10)	10.05.02.05.05	1/8 (11/8) (11/9)
					900 M (000 M)
430.55(180.70)				20, 16, 12, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	
	953 1623 1634 1634 (22.1.574 1/A-1.18)				6.09.06.00.00.00.00
50 25 81 32			160 (60 (6) (6) (6)	38 (8 38 39 39	1. (20. s) July p. (2)
A 60 (0) 42				ii (i) (i) (i)	0.00
331030003			10 Oct. 10 St.		
					11 (12 (13 (13 (13 (13 (13 (13 (13 (13 (13 (13
Total Unal	lowable Bu	ilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

F. Statement of Re	ven				T	
Name of Facility License No.		Report for Y	ear Ended		Page	of
Subacte Center of Bristol d/b/a Village Gr2224-C		9/30/2015			30	37
Item		Total	CCNH	RHNS	s	LTC
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	8,182,308	6,102,672			2,079,635
b. Medicaid Room and Board Contractual Allowance **	\$	(2,244,568)	(1,712,012)	•		(532,555
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	1,669,994	1,495,708			174,286
b. Medicare Room and Board Contractual Allowance **	\$	867,870	751,715			116,155
4. a. Private-Pay Residents and Other	\$	1,952,286	1,953,332			(1,046
b. Private-Pay Room and Board Contractual Allowance **	\$	(189,485)	(189,485)			
II. Other Resident Revenue						
a. Prescription Drugs - Medicare	\$	256,667	234,216	100100000000000000000000000000000000000	ii siteesiisteesiistee	22,451
b. Prescription Drugs - Medicare Contractual Allowance **	\$,		Ì	-
c. Prescription Drugs - Non-Medicare	\$		166,159			11,998
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$,			-
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			7.00		
3. a. Physical Therapy - Medicare	\$		687,792			27,350
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$		175,216			15,598
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$,			
4. a. Speech Therapy - Medicare	\$		168,425		1 "	17,219
b. Speech Therapy - Medicare Contractual Allowance **	\$			*		
c. Speech Therapy - Non-Medicare	\$		76,575			9,054
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$,			,
5, a. Occupational Therapy - Medicare	\$	644,975	615,747			29,228
b. Occupational Therapy - Medicare Contractual Allowance **	\$,			-
c. Occupational Therapy - Non-Medicare	\$	···	185,712		1	10,900
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$,		1	
6. a. Other (Specify) - Medicare	\$		(1,486,560)			(96,099)
b. Other (Specify) - Non-Medicare	\$	ř	(637,327)		Ì	(47,700)
III. Total Resident Revenue (Section I. thru Section II.)	\$		8,587,885		1	1,836,475
IV. Other Revenue*		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Meals sold to guests, employees & others	\$	(4,197)	(3,628)			(569
Rental of rooms to non-residents	\$	(1,127)	(5,020)			(505
3. Telephone	\$.	*
Rental of Television and Cable Services	\$	(2,622)	(2,266)			(355)
Neman of receysion and Cable Services Interest Income (Specify)	\$		12,200)			(303
6. Private Duty Nurses' Fees	\$				 	
7. Barber, Coffee, Beauty and Gift shops	\$				 	
8. Other (Specify)	<u> </u>		5,063		†	794
V. Total Other Revenue (1 thru 8)	\$		(831)		T	(130
		. ,			+	•
VI. Total All Revenue (III +V)	\$	10,423,399	8,587,054			1,836,345

 $[\]hbox{* \it 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	SLTC
30 - Il6a	Respiratory Therapy	\$ 2,176		1,000 HBB 1995 AGAILE
30 - IJ6a	Laboratory	\$ 14,805	0.000,000,000,000	\$ 231
30 - 116a	X-Ray	\$ 6,652	00 vizie sin 60 n	\$ 825
30 - II6a	IV Therapy	\$ 1,181	4/88/38/38/36/36	\$ 82
30 - 116a	Contractual Allowances	\$ (1,511,375)		\$ (97,237)
V				16 8 6 70
Total Othe	er Resident Revenue - Medicare	\$ (1,486,560)	\$ -	\$ (96,099)

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref		CCNH	RHNS	SLTC
30 - 116b	Respiratory Therapy	\$ 6,179		1000
30 - 116b	Laboratory	\$ 1,972	200000000000000000000000000000000000000	511595 1015941-126811.00811
30 - 116b	X-Ray	\$ 2,888	10 / 15 Wall of the 10 of	0.750.000.000
30 - Пбь	IV Therapy	\$ 7,050		
30 - II6b	Contractual Allowances	\$ (599,779)		\$ (47,700)
30 - II6b	EKG	\$ 3,367		
30 - II6b	PY Adjustment	\$ (59,004)		
10,000		10.0000.000.000.0000	ระบบสอบเปล่ากล่างเกิดเลือก	5035.4962.500.030.0
Total Oth	er Resident Revenue	\$ (637,327)	\$ 120 (200 00 - 10)	\$ (47,700)

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	SLTC
		nasaran asaran	5.,500,500,600,500	2.06 (0.00)	June State Co.
5-50 (565) (455)				5 (2) \$0 (3) (5)	10.550 (0.000 (5)
Government (See			5-91(2-15)-3).		3. VA 63. 63. 079.
		F 10 10 19 10	6 - 67 (35 (30 - 55))		8 (3) (3) (3)
Total Inter	rest Income		\$ +	\$ -	S -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	SLTC
30 - IV8	Medical Records	\$ 4,562	read the second	\$ 716
30 - IV8	Rebates	\$ 501	8,000,000,000,000	\$ 79
		(2) 181 193 TOL AV		60 610 650 650 650
				35 (N) (S) (S)
			200000000000000000000000000000000000000	
551000000		V 051 68 021 060	10.000.000.000.000	or restriction of the state
		95 00 000 000		
48.500.60			U. (3) (3) (5) (5)	10.55 (d. 2005)
Total Oth	or Revenue	\$ 5,063	₹ (58.090092.060	\$ 794

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	
Subacte Center of Bristol d/b/a		9/30/2015	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in			\$	44,509
	ceivable (Less Allowance		\$	1,240,792
	vable (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	56.60
5. Prepaid Expenses		20.050	\$	56,691
a. Prepaid Insurance		39,879	_	
b. Prepaid W/C Insur-	ance	16,437		
c. <u>Prepaid Expenses</u>		375	_	
đ.				
6. Interest Receivable			\$	
7. Medicare Final Settler			\$	
8. Other Current Assets	(itemize)		\$	
A-9. Total Current Assets (Lin	nes A1 thru 8)		\$	1,341,992
B. Fixed Assets				
1. Land			\$	1,220,000
2. Land Improvements	*Historical Cost	189,557	\$	30,259
	Accum. Depreciat	tion 159,298 Net		
3. Buildings	*Historical Cost	9,858,577	\$	5,998,474
	Accum. Depreciat	tion 3,860,103 Net		
4. Leasehold Improveme	ents *Historical Cost		\$	
	Accum. Depreciat	tion Net		
Non-Movable Equipm	nent *Historical Cost	2,431,933	\$	486,499
	Accum. Deprecia	tion 1,945,434 Net		
6. Movable Equipment	*Historical Cost	1,546,354	\$	805,102
• •	Accum, Deprecia	tion 741,252 Net		
7. Motor Vehicles	*Historical Cost	91,419	\$	37,584
	Accum. Deprecia			
8. Minor Equipment-No	t Depreciable		\$	
9. Other Fixed Assets (it	emize)		\$	(390,37
Book vs. Cost Rep	•	(390,373)		
D 10 Total Eber J America (Y	ings D1 thus O		Ø.	0 107 54
B-10. Total Fixed Assets (I	THES DI HILL A)		\$	8,187,545

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

G. Balance Sheet (cont'd)

		f Facility	License No.	Report for Year Ended		Page		of
Suba	icte	Center of Bristol d/b/a Village	2224-C	9/30/2015		32		37
\vdash			Account			Ar	nount	
<u></u>				Total Brought Forwa	ard: \$		9,529	,538
C.		asehold or like property recorde	ed for Equity Purpos	ses.				
		Land			\$			
	2.	Land Improvements	*Historical Cost					
<u> </u>			Accum. Depreciati	on Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciati	on Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
<u> </u>		25 11 29 1	Accum. Depreciation	on Net	\$			
	5.	Movable Equipment	*Historical Cost					
<u> </u>		N	Accum. Depreciation	on Net	\$			
	6.	Motor Vehicles	*Historical Cost					
		M. D. C. OLO	Accum, Depreciation	on Net	\$			
0.0		Minor Equipment-Not Deprec			\$			
C-8		tal Leasehold or Like Properti	es (CI thru 7)		\$			
D.		vestment and Other Assets						
		Deferred Deposits			\$			
		Escrow Deposits	*TT' 4 ' 1 C 4		\$			
	3.	Organization Expense	*Historical Cost	**************************************	_			
ļ	4	0 1210 1 1012	Accum. Depreciation	on Net	\$		***************************************	
<u> </u>	4.	Goodwill (Purchased Only)	-1.0 ('11)		\$			
	٥.	Investments Related to Reside	nt Care (<i>itemize</i>)		\$			
<u> </u>		I t- O D-I-t-ID			<u> </u>			
<u> </u>	0.	Loans to Owners or Related Pa		Y D-4	\$			
<u> </u>		Name and Address	Amount	Loan Date				
						0.000		
<u> </u>	7	Other Assets (itemize)		<u> </u>	\$			
	,.	Other rissets (nemize)			Ψ			
D-8	To	tal Investments and Other Asso	ets (Lines D1 thru 7	7)	\$			
		tal All Assets (Lines A9 + B10		<i>J</i>	\$		9,529,	538

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

G. Balance Sheet (cont'd)

Name of Fac	•		License No.	Report for Year E	nded	Page	of
Subacte Cer	iter of	Bristol d/b/a Village Green	2224-C	9/30/2015		33	37
		1	Account			Am	ount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		176,978
	2.	Notes Payable (itemize)			\$		
	2	Loans Payable for Equipme	nt (Current nortion	\ (itamiza)	\$		
	٥.	Name of Lender	Purpose	Amount	Date Due		
		Ivanie of Lender	1 uipose	Amount	Date Due		
	4.	Accrued Payroll (Exclusive	of Owners and/or S	tockholders only)	\$,	261,290
	5.	Accrued Payroll (Owners a	nd/or Stockholders	only)	\$		
	6.	Accrued Payroll Taxes Pay	able		\$		10,178
	7.	Medicare Final Settlement	Payable		\$		
	8.	Medicare Current Financing	g Payable		\$		
	9.	Mortgage Payable (Current	Portion)		\$		
	10.	Interest Payable (Exclusive	of Owner and/or Re	elated Parties)	\$		
	11.	Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (it	emize)		\$		439,583
		Employee Benefits Payable	159,5	552 Accrued Utilities	7,868		
		Accured User Fee	150,1	46 Accrued RE and Sales T	a 77,017		
		Accrued Professional Fees	13,9	17 Credit Balance Receivab	1 31,516		
		Accured Insurance		33)			
A-13	. To	tal Current Liabilities (Line	s A1 thru 12)		\$		888,029

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	r Ended	Page	of
Subacte Center of Bristol d/b/a Village Gre	2224-C	9/30/2015		34	37
	Account	Total Broug		An	nount
		888,029			
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment		Ţ	\$		986
Name of Lender	Purpose	Amount	Date Due		
	ļ				
Mortgages Payable	<u>I</u>		\$		
3. Loans from Owners or Rel	ated Parties (itemize)		\$		19,774,298
Name and Address of Lender	Amount	Loan E	Pate		
Revera Health Systems,					
LLC	19,774,298				
	,				
4. Other Long-Term Liabilitie	L	<u> </u>	\$		
Swith Bong 1 orini Bluotiffic	(Ψ		
					
B-5. Total Long-Term Liabilities (1	Lines B1 thru 4)		\$		19,774,298
C. Total All Liabilities (Lines A-	13 + B-5)		\$		20,662,327

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

1	ne of Facility License No. Report for Year Ended 2224-C 9/30/2015		Page 35	of 37
Sub	Account		_ 	nount
A.	Reserves			
	1. Reserve for value of leased land	\$		
	Reserve for depreciation value of leased buildings and appurtenances to be amortized	\$		
	3. Reserve for depreciation value of leased personal property (Equity)	\$		
	4. Reserve for leasehold real properties on which fair rental value is based	\$		
	5. Reserve for funds set aside as donor restricted	\$		
	6. Total Reserves	\$		
В.	Net Worth	4		
	1. Owner's Capital	\$		
	2. Capital Stock	\$		2,525,000
	3. Paid-in Surplus	\$		(3,600,344)
	4. Treasury Stock	\$		
	5. Cumulated Earnings	\$		(7,781,060)
	6. Gain or Loss for Period 10/1/2014 thru 9/30/20)15 \$		(2,313,969)
	7. Total Net Worth	\$		(11,170,373)
C.	Total Reserves and Net Worth	\$		(11,170,373)
D.	Total Liabilities, Reserves, and Net Worth	\$		9,491,954

H. Changes in Total Net Worth

Name of Facility	License No	ο.	Report for Year	Ended	Page	of	
Subacte Center of Br	istol d/b/a Village G 222	4-C	9/30/2015		36	37	
Account						Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014						(8,856,404)	
B. Total Revenue (From Statement of Revenue Page 30)						10,423,399	
C. Total Expenditures (From Statement of Expenditures Page 27)					\$	12,737,368	
D. Net Income or Deficit					<u> </u>	(2,313,969)	
	E. Balance					(11,170,373)	
 F. Additions 1. Additional Capital Contributed (<i>itemize</i>) 2. Other (<i>itemize</i>) 							
F-3. Total Additions	-3. Total Additions						
G. Deductions							
	Drawings of Owners/Operators/Partners (Specify)						
Name and	Address (No., City, State, Zip)		Title	Amount			
					100		
2. Other Witho	Irawings <i>(Specify)</i>			\$			
	Purpose		Amount				
				[\$			
3. Total Deductions							
H. Balance at End of Period 09/30/15						(11,170,373)	

I. Preparer's/Reviewer's Certification

Name of Facility		License No.	Report for Year Ended	Page of					
Subacte Center of Bristol d/b/a Village		2224-C	9/30/2015	37 37					
Check appropriate category									
Ø	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)							
	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 applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.									
Signature of Preparer		Title Parlace							
Printed Name of Preparer									
	J. Lubitski Consulting LLC								
Address			Phone Number						
225 P	itkin Street, East Hartford, CT 06108	806-610-9009	806-610-9009						