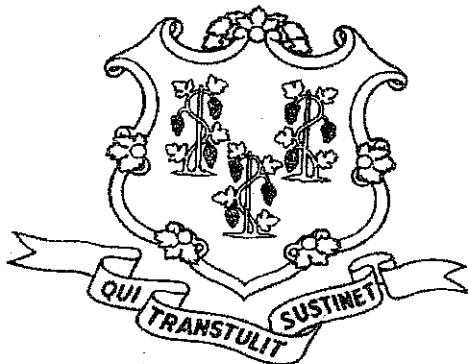


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Parcc Health Care, Inc. d/b/a Astoria Park	
Address (No. & Street, City, State, Zip Code) 725 Park Ave. Bridgeport, CT 06604	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 10736	RHNS	(Specify)	Medicare Provider 07-5104
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Medicaid Provider Numbers:	CCNH 07-5104	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Parcc Health Care, Inc. d/b/a Astoria Park	License No. 10736	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Parcc Health Care, Inc. d/b/a Astoria Park [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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 (Receiver)		Date	Signed (Receiver)		Date
Printed Name (Receiver) facility closed on 8/5/16, it no longer has an administrator.			Printed Name (Receiver) Katharine B. Sacks, Esq., Receiver		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 725 Park Ave. Bridgeport, CT 06604				
Report Prepared By Fred Dalicandro		Phone Number 860-212-8558	Date 12/26/2016	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$ 349,535	349,535		
2. Laundry wages paid	\$ 140,022	140,022		
3. Housekeeping wages paid	\$ 189,895	189,895		
4. Nursing wages paid	\$ 2,918,370	2,918,370		
5. All other wages paid	\$ 271,199	271,199		
6. Total Wages Paid	\$ 3,869,021	3,869,021		
7. Total salaries paid	\$ 526,882	526,882		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 4,395,903	4,395,903		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-366-3653		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Parcc Health Care, Inc. d/b/a Astoria Park		Address (No. & Street, City, State, Zip) 725 Park Ave. Bridgeport, CT 06604		
License Numbers:	CCNH 10736	RHNS (Specify)	Medicare Provider No. 07-5104	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed 8/4/2016	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
On 10/30/15, this Facility was placed in a state court receivership, during the 10/1/15-9/30/16 cost reporting period. This cost report was partially prepared from records created and left by the owner from 10/1/15-10/29/15. The Receiver cannot attest to the truth, accuracy or completeness of the records utilized in the preparation of this cost report for the period from 10/1/15-10/29/15. The Receiver made best efforts to identify expenses for which no back-up was found, and self-disallowed them. However, there were numerous transactions reflected on bank statements for which no explanation at all is available. Thus, the self-disallowances reported may not be comprehensive.				
Administrator				
Name of Administrator Michael Fiore, Former Administrator		Nursing Home Administrator's License No.:	000876	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name None		License No.:		

**General Information and Questionnaire
Corporate Owners**

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park	License No. 10736	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Parcc Health Care, Inc. d/b/a Astoria Park	725 Park Avenue, Bridgeport CT 06604	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Donald L. Franco, Estate of	42 Montgomery Road, Northford, CT 06472	President		
Lorraine A. Franco	38 Talmadge Ave, East Haven, CT 06512	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Donald L. Franco, Estate of	42 Montgomery Road, Northford, CT 06472	President		

General Information and Questionnaire Related Parties*

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park	License No. 10736	Report for Year Ended 9/30/2016	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No						
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No			
Talmadge Park Real Estate Associates, LLC	38 Talmadge Ave, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	Real Estate Owner/Landlord for Talmadge Park		None to Astoria Park
Talmadge Park, Inc. d/b/a/ Talmadge Park Health Care	38 Talmadge Ave, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	Skilled nursing facility also owned by Donald		None to Astoria Park
DLF Associates, LLC	38 Talmadge Ave, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	Management company owned by Donald and pg 16 M12	9,600	9,600
LSRP, LLC	38 Talmadge Ave, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	Real Estate Owner/Landlord for Parcc Health pg 22 Line 9	853,416	853,413
Lorraine A. Franco	38 Talmadge Ave, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	Secretary & Administrative for Talmadge Park		
Leonard Franco	38 Talmadge Ave, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	Recreation	4,218	4,218
Deborah Franco	38 Talmadge Ave, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	Information Technology	9,089	9,089
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Parccc Health Care, Inc. d/b/a Astoria Park	License No. 10736	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Loan Repayments to Don Franco, Receiver disclaims categorization of this as loan repayments and Talmadge Park loan repayments as she did not see any notes, and only picked this up from general ledger activity. The loan repayments were reported as a self disallowed wages in the amount of 94,397. One half of the management fee was self disallowed due to the inability for the receiver to determine the cost to Management company. The amount self disallowed was 97685. On October 20, 2015 90,000 was repaid to Talmadge Park Health Care. This was done by Lorraine Franco,

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

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

**General Information and Questionnaire
 Leases (Excluding Real Property)**

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

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park		License No. 10736		Report for Year Ended 9/30/2016		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
						Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles ? Yes No

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire
Accounting Basis

Name of Facility Parcc Health Care, Inc. d/b/a Astori	License No. 10736	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 O'Connor Davies 2 Jerry Mulh 3 Fred Dalicandro 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Rd Wethersfield CT 06109 38 Talmadge Ave, East Haven, CT 06512 74 Bidwell Street, Glastonbury, CT 06033
--	---

Services Provided by This Firm (*describe fully*)

1 Medicare Cost Report Preparation	\$ 3,718
2 General Ledger Accounting Services	\$ 4,193
3 General Ledger Accounting services, Medicaid cost report preparation, tax return preparation	\$ 25,388
4	\$
Charge for Services Provided	
\$ 33,299	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No page 15 line b

Legal Services Information

Name of Legal Firm or Independent Attorney 1 none 2 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

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

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

Schedule of Resident Statistics

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park	Total All Levels	Total CCNH Level	Total RHNS Level	License No. 10736	Report for Year Ended 9/30/2016			Page 8	of 37			
					Period 10/1 Thru 6/30					Period 7/1 Thru 9/30		
					Total CCNH	Total RHNS	Total (Specify)			Total CCNH	Total RHNS	Total (Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	135	135			135	135	135					
B. On last day of THIS report period	135	135			135	135	135					
2. Number of Residents												
A. As of midnight of PREVIOUS report period	106	106			106	106	36					
B. As of midnight of THIS report period					36	36						
3. Total Number of Days Care Provided During Period												
A. Medicare	1,071	1,071			1,071	1,071						
B. Medicaid (Conn.)	23,655	23,655			22,928	22,928	727					
C. Medicaid (other states)												
D. Private Pay	530	530			504	504	26					
E. State SSI for RCH												
F. Other (Specify) Managed Care	566	566			566	566						
G. Total Care Days During Period (3A thru F)	25,822	25,822			25,069	25,069	753					
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	25,822	25,822			25,069	25,069	753					

Schedule of Resident Statistics (Cont'd)

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park			License No. 10736			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
8/4/2016 Fac	X			135									Facility closed
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days							CCNH	RHNS	(Specify)				
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	Facility closed None												
Per Diem Rate													
a. One bed rm.													
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	(Specify)			
A. Medicare - Part B							1,186	1,186					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							881	881					
2. Restorative Treatments							587	587					
C. Other							3,998	3,998					
D. Total Physical Therapy Treatments							6,652	6,652					
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B							663	663					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							368	368					
2. Restorative Treatments							245	245					
C. Other							2,112	2,112					
D. Total Speech Therapy Treatments							3,388	3,388					
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B							1,356	1,356					
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments							190	190					
2. Restorative Treatments							127	127					
C. Other							6,742	6,742					
D. Total Occupational Therapy Treatments							8,415	8,415					

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Parco Health Care, Inc. d/b/a Astoria Park	10736	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	127,250	2,428				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	140,893	5,636				
5. Dietary Service						
a. Head Dietitian	35,085	926				
b. Food Service Supervisor	68,368	2,290				
c. Dietary Workers	246,082	16,405				
6. Housekeeping Service						
a. Head Housekeeper	19,985	1,332				
b. Other Housekeeping Workers	169,912	9,709				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,855	3,399				
b. Other Maintenance Workers	73,402	4,280				
8. Laundry Service						
a. Supervisor	36,686	1,462				
b. Other Laundry Workers	103,336	6,399				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	189,822	3,722				
b. RN						
1. Direct Care	570,294	16,069				
2. Administrative**	88,254	2,942				
c. LPN						
1. Direct Care	851,416	29,390				
2. Administrative**						
d. Aides and Attendants	1,218,584	76,834				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	160,649	7,172				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	79,854	2,788				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	243,945	10,793				
A-13. Total Salary Expenditures	4,485,672	203,976				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medical Records Wages	\$ 107,785	4,587				
Wages Scheduler	\$ 46,391	1,818				
Security	\$ 89,769	4,388				
Total	\$ 243,945	10,793	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Nurse Consultants	\$ 29,126	388				
Administrative Services	\$ 573,117	3,275				
Computer Services	\$ 27,676	369				
Security	\$ 27,618	690				
Total	\$ 657,537	4,722	\$ -	-	\$ -	-

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

Name of Facility		License No.		Report for Year Ended		Page	of		
Parcc Health Care, Inc. d/b/a Astoria Park		10736		9/30/2016		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Parcc Health Care, Inc. d/b/a Astoria Park		License No. 10736	Report for Year Ended 9/30/2016		Page 12	of 37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Michael Fiore, Former Administrator	127,250				2,428	Page 10 A2		2,428	
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Parcc Health Care, Inc. d/b/a Astoria Park	10736	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	3,710	37				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	90,192	2,004				
b. Other	8,550	143				
6. Social Worker	75,113	1,502				
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	37,090	297				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	5,481	44				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Records	6,646	266				
9. Speech Therapist						
a. Resident Care	35,947	599				
b. Other	1,440	12				
10. Occupational Therapist						
a. Resident Care	72,550	1,209				
b. Other	360	5				
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	20,661	376				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	657,537	4,722				
B-13 Total Fees Paid in Lieu of Salaries	1,015,277	11,216				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Parcc Health Care, Inc. d/b/a Astoria Park	10736	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 183,608	183,608		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 126,323	126,323		
4. Social Security (F.I.C.A.)	\$ 344,021	344,021		
5. Health Insurance	\$ 511,098	511,098		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,669	1,669		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 1,495	1,495		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 33,229	33,229		
d. Accounting and Auditing	\$ 34,298	34,298		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 170	170		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 26,753	26,753		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 11,470	11,470		
2. Cellular Phones	\$ 270	270		
i. Appraisal (<i>Specify purpose and attach copy</i>)* 401K expense	\$ 7,600	7,600		
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 452,729	452,729		
Subtotal	\$ 1,734,732	1,734,732		

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

(Carry Subtotals forward to next page)

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

Parcc Health Care, Inc. d/b/a Astoria Park
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Drug Screen	\$ 136		
Employee Welfare	\$ 471		
Employee Christmas	\$ 294		
Staff Education	\$ 276		
Employee Meals	\$ 42		
Employee Benefits Other	\$ 276		
Total	\$ 1,495	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Parce Health Care, Inc. d/b/a Astoria Park	10736	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		1,734,732	1,734,732		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	21,718	21,718		
5. Education Expenses Related to Seminars and Conventions	\$	75	75		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,029	4,029		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	1,620	1,620		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$	9,600	9,600		
13. Other (<i>Specify</i>) See Attached Schedule	\$	117,267	117,267		
C-14 Total Administrative & General Expenditures	\$	1,889,041	1,889,041		

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues and Membership Fees	\$ 765		
Licenses and Subscriptions	\$ 855		
Total Dues	\$ 1,620	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Resident Telephone / Cable TV	\$ 2,939		
Employee Meals	\$ 56		
Printing and Copy	\$ 12,180		
P/S Office Staff	\$ 100,678		
Bank Charges	\$ 1,016		
Finance Charges	\$ 397		
Total Other Administrative and General	\$ 117,267	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park	License No. 10736	Report for Year Ended 9/30/2016	Page 17	of 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Parce Health Care, Inc. d/b/a Astoria Park		10736	9/30/2016	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 185,689	185,689			
2. Non-Food Supplies	\$ 19,691	19,691			
3. Other (Specify) _____ Dietary Supplements	\$ 27,914	27,914			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) _____ Dietary Minor Equipment	\$ 968	968			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 234,262	234,262			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	3	3			
H. Is cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
L. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Parcc Health Care, Inc. d/b/a Astoria Park		10736	9/30/2016	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	1,865	1,865		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) Laundry Supplies	\$	3,134	3,134		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	4,999	4,999		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Parcc Health Care, Inc. d/b/a Astoria Park		10736	9/30/2016		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$					
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced					
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel					
	Amt. \$	3,365	3,365			
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$	19,889	19,889		
Housekeeping Supplies						
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$	23,254	23,254		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	82,575	82,575		
Partners Pharmacy						
b. Medicine Cabinet Drugs		\$	10,834	10,834		
c. Medical and Therapeutic Supplies		\$	141,818	141,818		
d. Ambulance/Limousine****		\$				
e. Oxygen						
1. For Emergency Use		\$	2,660	2,660		
2. Other****		\$				
f. X-rays and Related Radiological Procedures****		\$	2,184	2,184		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory****		\$	6,482	6,482		
i. Recreation		\$				
j. Other (<i>Specify</i>)****		\$	51,380	51,380		
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5j)		\$	297,933	297,933		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
IV Supplies	\$ 2,875		
Consolidated Billing Expenses	\$ 252		
Nursing Equipment Rental	\$ 36,463		
Nursing Minor Equipment	\$ 5,310		
Social Service Supplies	\$ 1,545		
Patient Personal Needs	\$ 394		
Medical Records Supply	\$ 1,080		
Recreation Supplies / Activit	\$ 3,461		
Total Other Resident Care	\$ 51,380	\$ -	\$ -

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

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park		License No. 10736	Report for Year Ended 9/30/2016	Page of 21 37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			Pg	Line
		Yes	No			CCNH	RHNS	(Specify)		
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Parcc Health Care, Inc. d/b/a Astoria Park	10736	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 17,408	17,408				
b. Heat	\$ 33,707	33,707				
c. Light & Power	\$ 110,291	110,291				
d. Water	\$ 16,110	16,110				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 72,307	72,307				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 249,823	249,823				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 2,789	2,789				
b. Building & Building Improvements	\$ 287,226	287,226				
c. Non-Movable Equipment	\$ 3,121	3,121				
d. Movable Equipment	\$ 10,100	10,100				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 303,236	303,236				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 15,858	15,858				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 15,858	15,858				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 853,413	853,413				
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 170,678	170,678				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 15,409	15,409				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,358,594	1,358,594				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Purchased Services Maintenance	\$ 18,545		
Waste Disposal	\$ 30,480		
Past control	\$ 3,510		
Maint and Repairs	\$ 437		
Maintenance Supplies	\$ 4,986		
Snow Removal	\$ 4,222		
Fire System Maint	\$ 10,127		
Total Other Repairs and Maintenance	\$ 72,307	\$ -	\$ -

Parcc Health Care, Inc. d/b/a Astoria Park
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

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

Amortization Schedule*

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park	Date of Acquisition		License No. 10736	Report for Year Ended 9/30/2016			Page 24	of 37		
	Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations			Basis for Computing Amortization**	Rate %
A. Organization Expense										
1.										
2.										
3.										
A-4. Subtotal										
B. Mortgage Expense										
1. Financing Costs	var				120,064	51,220				
2.										
3.										
B-4. Subtotal										
C. Leasehold Improvements and Other										
1. Acquired prior to this report period				735,345	735,345	576,416	Various		15,858	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Total Amortization										15,858
										15,858

* 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 Parcc Health Care, Inc. d/b/a Astoria F	License No. 10736	Report for Year Ended 9/30/2016	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total	[REDACTED]			
1. Date Land Purchased	01/01/95				
2. Date Structure Completed	01/01/66				
3. If NOT Original Owner, Date of Purchase	01/01/85				
4. Date of Initial Licensure	12/01/78				
5. Total Licensed Bed Capacity	135				
6. Square Footage	66,324				
7. Acquisition Cost					
a. Land	5,000				
b. Building	75,000				

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD Fixed			
b. Date Mortgage Obtained	01/06/00			
c. Interest Rate for the Cost Year	6.75%			
d. Term of Mortgage (number of years)	30			
e. Amount of Principal Borrowed	9,800,000			
f. Principal balance outstanding as of	8,353,462			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Parcc Health Care, Inc. d/b/a Astoria		10736	9/30/2016		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Parce Health Care, Inc. d/b/a Astor		10736		9/30/2016		27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)							
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$			
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 57,500	57,500		
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$ 57,500	57,500		
15. Total All Expenditures (A-13 thru C-14)				\$ 9,616,356	9,616,356		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Parcc Health Care, Inc. d/b/a Astoria Park				10736	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 57,197	57,197		
7.			Other - See attached Schedule	\$ 106,745	106,745		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 33,229	33,229		
10.			Accounting & Legal	\$ 1,000	1,000		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 9,600	9,600		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 207,771	207,771		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	b5a	Physical Therapy	\$ 80,743		
13	b9a	Speech Therapy	\$ 26,002		
Total Other Fees Adjustments			\$ 106,745	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other A&G Adjustments			\$ -	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Parcc Health Care, Inc. d/b/a Astoria Park			10736	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 207,771	207,771		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 79,548	79,548		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 2,184	2,184		
30.			Laboratory	\$ 6,482	6,482		
31.			Medical Supplies	\$ 7,090	7,090		
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 3,127	3,127		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$ 853,413	853,413		
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,159,615	1,159,615		

*** 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.

Parcc Health Care, Inc. d/b/a Astoria Park
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	I.V. Supplies	\$ 2,875		
20	51	Consolidated Billing Expenses	\$ 252		
Total Other Ancillary Costs			\$ 3,127	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page of	
Parcc Health Care, Inc. d/b/a Astoria Park 10736				9/30/2016		30 37	
Item	Total	CCNH	RHNS	(Specify)			
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (CT only)	\$ 6,757,777	6,757,777					
b. Medicaid Room and Board Contractual Allowance **	\$ (1,538,707)	(1,538,707)					
2. a. Medicaid (All other states)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (all inclusive)	\$ 332,143	332,143					
b. Medicare Room and Board Contractual Allowance **	\$ 218,362	218,362					
4. a. Private-Pay Residents and Other	\$ 403,762	403,762					
b. Private-Pay Room and Board Contractual Allowance **	\$ 57,920	57,920					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$ 38,902	38,902					
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (38,902)	(38,902)					
c. Prescription Drugs - Non-Medicare	\$ 27,984	27,984					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (27,984)	(27,984)					
2. a. Medical Supplies - Medicare	\$						
b. Medical Supplies - Medicare Contractual Allowance **	\$						
c. Medical Supplies - Non-Medicare	\$ 100	100					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (100)	(100)					
3. a. Physical Therapy - Medicare	\$ 273,860	273,860					
b. Physical Therapy - Medicare Contractual Allowance **	\$ (233,086)	(233,086)					
c. Physical Therapy - Non-Medicare	\$ 211,180	211,180					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (211,180)	(211,180)					
4. a. Speech Therapy - Medicare	\$ 119,350	119,350					
b. Speech Therapy - Medicare Contractual Allowance **	\$ (92,256)	(92,256)					
c. Speech Therapy - Non-Medicare	\$ 67,950	67,950					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (67,950)	(67,950)					
5. a. Occupational Therapy - Medicare	\$ 251,100	251,100					
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (212,020)	(212,020)					
c. Occupational Therapy - Non-Medicare	\$ 183,500	183,500					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (183,500)	(183,500)					
6. a. Other (Specify) - Medicare	\$						
b. Other (Specify) - Non-Medicare	\$						
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,338,205	6,338,205					
IV. Other Revenue*							
1. Meals sold to guests, employees & others	\$						
2. Rental of rooms to non-residents	\$						
3. Telephone	\$						
4. Rental of Television and Cable Services	\$						
5. Interest Income (Specify)	\$						
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (Specify)	\$ 756	756					
V. Total Other Revenue (I thru 8)	\$ 756	756					
VI. Total All Revenue (III +V)	\$ 6,338,961	6,338,961					

* 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)
20 5J	I.V. Medicare "A"	\$ 3,112		
20 5e1	Oxygen Medicare "A"	\$ 1,659		
20 5f	Radiology Medicare "A"	\$ 1,479		
20 5h	Lab Medicare "A"	\$ 4,462		
	Ancillary Revenue Medicare Contractual	\$ (10,712)		
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
20 5J	I.V. Managed Care	\$ 4,617		
20 5e1	Oxygen Managed Care	\$ 103		
20 5f	Radiology Managed Care	\$ 1,175		
20 5h	Lab Managed Care	\$ 1,845		
	Other Ancillary Managed Care	\$ (2,829)		
	Ancillary Managed Care Contractual	\$ (4,911)		
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Other revenue	\$ 756		
Total Other Revenue		\$ 756	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Parcc Health Care, Inc. d/b/a Astoria Pa	10736	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	809,362
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	155,811
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	3,088
4. Inventories			\$	
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	968,261
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>735,345</u>		\$	143,071
	Accum. Depreciation <u>592,274</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>478,169</u>		\$	48
	Accum. Depreciation <u>478,121</u>	Net		
6. Movable Equipment	*Historical Cost <u>121,625</u>		\$	4,782
	Accum. Depreciation <u>116,843</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	147,901

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Parcc Health Care, Inc. d/b/a Astoria Pa		10736	9/30/2016	32	37
Account				Amount	
Total Brought Forward:				\$	1,116,162
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
	*Historical Cost	49,959		\$	
	Accum. Depreciation	30,627	Net	\$	19,332
3. Buildings					
	*Historical Cost	7,943,375		\$	
	Accum. Depreciation	6,889,689	Net	\$	1,053,686
4. Non-Movable Equipment					
	*Historical Cost	121,625		\$	
	Accum. Depreciation	116,843	Net	\$	4,782
5. Movable Equipment					
	*Historical Cost	1,079,787		\$	
	Accum. Depreciation	1,044,848	Net	\$	34,939
6. Motor Vehicles					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
7. Minor Equipment-Not Depreciable					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
				\$	1,112,739
D. Investment and Other Assets					
1. Deferred Deposits					
2. Escrow Deposits					
3. Organization Expense					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
4. Goodwill (Purchased Only)					
5. Investments Related to Resident Care (<i>itemize</i>)					
				\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)					
Name and Address		Amount	Loan Date		
7. Other Assets (<i>itemize</i>)					
				\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)					
				\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)					
				\$	2,228,901

* 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 Parcc Health Care, Inc. d/b/a Astoria Park		License No. 10736	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,390,456
2. Notes Payable (<i>itemize</i>) Omnicare Note Payable				\$	
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	5,729,162
Accrued Vacation Pay		304,897	Accrued Provider Tax	189,238	
Due to State of CT Medicaid Advanc		2,922,043	Accrued Expenses Other	180,510	
Accrued Unemployment Taxes		7,697	Rent Payable	945,000	
Federal Tax Settlement Payable		1,179,777			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	9,119,618

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park		License No. 10736	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				9,119,618	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender		Purpose	Amount	Date Due	\$
2. Mortgages Payable					
\$					
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address of Lender		Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)					
					\$ 926,663
		Due to Related Parties	926,663		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
\$ 926,663					
C. Total All Liabilities (Lines A-13 + B-5)					
\$ 10,046,281					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Parcc Health Care, Inc. d/b/a Astoria F	10736	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	1,487,804
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	1,487,804
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,953,851)
6. Gain or Loss for Period			\$	(3,352,333)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(9,305,184)
C. Total Reserves and Net Worth			\$	(7,817,380)
D. Total Liabilities, Reserves, and Net Worth			\$	2,228,901

H. Changes in Total Net Worth

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Par	License No. 10736	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(6,818,939)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,338,951
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,691,284
D. Net Income or Deficit			\$	(3,352,333)
E. Balance			\$	(10,171,272)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(10,171,272)

I. Preparer's/Reviewer's Certification

Name of Facility Parcc Health Care, Inc. d/b/a Astoria Park		License No. 10736	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title Accountant	Date Signed 1/16/2017		
Printed Name of Preparer Fred Dalicandro					
Address 74 Bidwell Street, Glastonbury, CT 06033			Phone Number 860-212-8558		