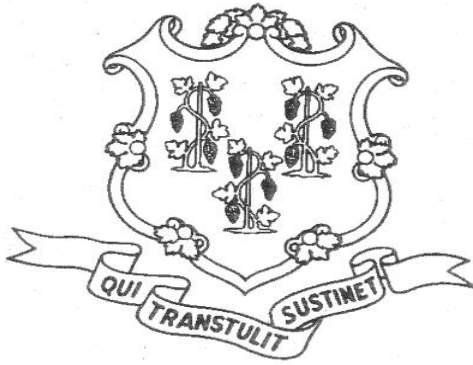


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	
Address (No. & Street, City, State, Zip Code) 189 Alps Road, Branford, CT 06405	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 997C	RHNS	(Specify)	Medicare Provider 9977
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Medicaid Provider Numbers:	CCNH 07-5296	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) CSC Enterprises, Inc. d/b/a Branford Hills Health Care	License No. 997C	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 CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center [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 (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Janet A. Woxland			Printed Name (Owner) Charles F. Shelton, Jr	
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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 189 Alps Road, Branford, CT 06405				
Report Prepared By Renee P. Grailich, CPA, Director of Finance		Phone Number 203-483-4402	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-481-6221		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center		Address (No. & Street, City, State, Zip) 189 Alps Road, Branford, CT 06405		
License Numbers:	CCNH 997C	RHNS	(Specify)	Medicare Provider No. 9977
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> 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	
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.				
<b>Administrator</b>				
Name of Administrator Janet A. Woxland		Nursing Home Administrator's License No.:	001516	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Charles F. Shelton, Jr		License No.:	211	



**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills H	License No. 997C	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		
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	189 Alps Road, Branford, CT 06405	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Charles F. Shelton, Jr	29 Blackstone Avenue, Branford, CT 06405	resident/Treasur	99	
Doris J. Shelton	29 Blackstone Avenue, Branford, CT 06405	Secretary	1	
Names of Stockholders Owning at Least 10% of Shares				
Charles F. Shelton, Jr	29 Blackstone Avenue, Branford, CT 06405	resident/Treasur	99	

## General Information and Questionnaire

### Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health C	997C	9/30/2016	3B	37

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

Owner(s) of Facility

NOT APPLICABLE



**General Information and Questionnaire**  
**Related Parties\***

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care	License No. 997C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?  Yes  No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Charles F. Shelton, Jr	Branford Hills Realty Associates, New Haven, CT	<input type="radio"/>	<input checked="" type="radio"/>		Arms-length lease of land and building	22/9	372,840	372,840
Charles F. Shelton, Jr	29 Blackstone Avenue, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Stockholder dividend	36/F2	850,000	N/A
Charles F. Shelton, Jr	Blackstone Associates, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Management services - financial & banking	30a/IV8	49,900	49,900
Charles F. Shelton, Jr	Minetta LLC, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Management services - energy contracting	30a/IV8	49,900	49,900
Charles F. Shelton, Jr	Trison LLC, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Management services - insurance contracting	30a/IV8	49,900	49,900
DJS Enterprises LLC d/b/a BHHCC Pharmacy	189 Alps Road, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		See Page 4a	See Page 4a	838,630	838,630
ACD Enterprises LLC	161 Denison Drive, Guilford, CT 06437	<input type="radio"/>	<input checked="" type="radio"/>		Rent Land/building - Administrative Offices	22/9	49,900	49,900
BHHCC Memorial Trust	189 Alps Road, Branford, CT 06405	<input type="radio"/>	<input checked="" type="radio"/>		Provided benefits to residents	N/A (No costs)	N/A	N/A
		<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 CSC Enterprises, Inc. d/b/a Branford Hills Heal	License No. 997C	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.

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.

Outpatient Therapy, Respiratory Therapy and BHHCC Pharmacy

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

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

Name of Facility			License No.	Report for Year Ended			Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Cen			997C	9/30/2016			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
Accelerated Care, 13828 Coll Center Road, Chicago, IL 60963	<input type="radio"/>	<input checked="" type="radio"/>	PT and OT equipment		As needed			14,181	
ADP, PO Box 7247-0372 Philadelphia, PA 19170-0372	<input type="radio"/>	<input checked="" type="radio"/>	Time Clocks	05/01/03	Monthly			14,000	
Corner Stone Medical, 115 Hurley Road, Oxford, CT 06478	<input type="radio"/>	<input checked="" type="radio"/>	Continuous passive motion device		cancelled 11/15			404	
Great American Leasing Corp PO Box 609, Cedar Rapids, IA 52406	<input type="radio"/>	<input checked="" type="radio"/>	Telepone System	04/01/11	cancelled 7/16			7,915	
Pitney Bowes, PO Box 371887, Pittsburgh, PA 152550-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machines	10/01/98	Monthly			2,582	
Telehealth Sevices, PO Box 890115, Charlotte, NC 28289-0115	<input type="radio"/>	<input checked="" type="radio"/>	Televisions		3 Years			16,550	
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>	55,632

\* 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 CSC Enterprises, Inc. d/b/a Branfor	License No. 997C	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	Address (No. & Street, City, State, Zip Code)
1 O'Connor Davies	100 Great Meadow Rd., Wethersfield, CT 06109
2 Cornerstone Accounting Group	525 Bridgeport Ave, Shelton, CT 06484
3	
4	

Services Provided by This Firm (*describe fully*)

1 Accounting and Financial Reporting	\$ 34,375
2 Medicare Cost Report	\$ 2,800
3	\$
4	\$
	Charge for Services Provided
	\$ 37,175

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

- Yes     No    Expenditures Other Than Salaries - A&G

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Ciulla & Donofrio, LLP	203-239-9829
2 Garrison, Levin-Epstein, Firzgerald & Pirrotti	203-777-4425
3 #REF!	203-755-0390
4 Murtha Cullina LLP	860-240-6000
5 Branford Probate Court	203-488-0318

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

- 1 127 Washington Ave PO Box 219, North Haven, CT 06473
- 2 405 Orange St, New Haven, CT 06511
- 3 228 Meadow St, Waterbury, CT 06702
- 4 PO Box 150435 Hartford, CT 06115
- 5 1019 Main St Branford, CT 06405

Services Provided by This Firm (*describe fully*)

1 Personal Property Tax Appeal	\$ 998
2 Former employee lawsuit settlement	\$ 14,850
3 Summa & Ryan, P.C.	\$ 7,851
4 Employee issues	\$ 465
5 Conservatorship issues	\$ 463
	Charge for Services Provided
	\$ 24,627

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

- Yes     No    Expenditures Other Than Salaries - A&G Line 1e

## Schedule of Resident Statistics

Name of Facility			License No.			Report for Year Ended				Page		of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C			9/30/2016				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	190	190			190	190			190	190			
B. On last day of THIS report period	190	190			190	190			190	190			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	183	183			183	183			179	179			
B. As of midnight of THIS report period	170	170			179	179			170	170			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,545	7,545			6,115	6,115			1,430	1,430			
B. Medicaid (Conn.)	47,975	47,975			35,583	35,583			12,392	12,392			
C. Medicaid (other states)													
D. Private Pay	8,517	8,517			5,988	5,988			2,529	2,529			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	64,037	64,037			47,686	47,686			16,351	16,351			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	14	14			14	14							
B. Other Bed Reserve Days	58	58			48	48			10	10			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	64,109	64,109			47,748	47,748			16,361	16,361			

### Schedule of Resident Statistics (Cont'd)

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Hd			License No. 997C			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 type="radio"/> Yes <input checked="" 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)				
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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	17		132		30								
Per Diem Rate													
a. One bed rm.					495.00								
b. Two bed rms.	576.86		244.38		452.50								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								19,770	19,770				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								598	598				
C. Other								424	424				
D. <b>Total Physical Therapy Treatments</b>								20,792	20,792				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								582	582				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								13	13				
C. Other								28	28				
D. <b>Total Speech Therapy Treatments</b>								623	623				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								12,736	12,736				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								675	675				
C. Other								294	294				
D. <b>Total Occupational Therapy Treatments</b>								13,705	13,705				

### Report of Expenditures - Salaries & Wages

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Cent	License No. 997C	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	168,211	2,280				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	188,920	2,096				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	640,922	16,481				
5. Dietary Service						
a. Head Dietitian	73,922	2,144				
b. Food Service Supervisor	74,542	2,115				
c. Dietary Workers	743,490	48,586				
6. Housekeeping Service						
a. Head Housekeeper	57,622	1,442				
b. Other Housekeeping Workers	441,066	31,376				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	73,883	2,195				
b. Other Maintenance Workers	114,588	5,096				
8. Laundry Service						
a. Supervisor	28,834	724				
b. Other Laundry Workers	200,624	12,741				
9. Barber and Beautician Services						
10. Protective Services	196,830	14,082				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	262,832	4,777				
b. RN						
1. Direct Care	1,016,062	30,700				
2. Administrative**	233,192	6,064				
c. LPN						
1. Direct Care	1,566,248	60,669				
2. Administrative**	113,573	4,214				
d. Aides and Attendants	2,736,277	193,929				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	185,597	9,882				
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	158,676	6,406				
n. Marketing						
o. Other (Specify) See Attached Schedule	197,738	8,650				
<i>A-13. Total Salary Expenditures</i>	9,473,649	466,649				

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

Name of Facility				License No.	Report for Year Ended				Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center				997C	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)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center				997C	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Janet A. Woxland	168,211				Administrator	2,280	A2			
<b>Section IV - Assistant Administrators</b>										
Charles F. Shelton, Jr	188,920			Auto Exp See Pg 28	Assistant Administrator	2,096	A3			

\*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		
CSC Enterprises, Inc. d/b/a Branford Hills Health C	997C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b>						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	20,979	38				
3. Pharmacist	15,134	268				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	881,284	10,559				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	66,000	208				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	93,294	1,070				
b. Other						
10. Occupational Therapist						
a. Resident Care	689,868	8,409				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule	112,681	2,033				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,879,240</b>	<b>22,585</b>				

\* 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
CSC Enterprises, Inc. d/b/a Branford Hills Health	997C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 284,617	284,617			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 191,842	191,842			
4. Social Security (F.I.C.A.)	\$ 689,183	689,183			
5. Health Insurance	\$ 723,157	723,157			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 36,284	36,284			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 18,073	18,073			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 102,660	102,660			
d. Accounting and Auditing	\$ 37,175	37,175			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 24,627	24,627			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 232,080	232,080			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 46,741	46,741			
2. Cellular Phones	\$ 3,636	3,636			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 250	250			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 5,076	5,076			
3. Resident Day User Fee	\$ 1,148,744	1,148,744			
<b>Subtotal</b>	\$ 3,544,145	3,544,145			

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care	997C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		3,544,145	3,544,145		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	23,359	23,359		
3. Gifts to Staff and Residents	\$	31,015	31,015		
4. Employee Travel	\$	2,965	2,965		
5. Education Expenses Related to Seminars and Conventions	\$	7,489	7,489		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$	7,279	7,279		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$	36,984	36,984		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	8,905	8,905		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	13,380	13,380		
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	\$	10,853	10,853		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	14,986	14,986		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	325	325		
9. Subscriptions	\$	5,992	5,992		
10. Contributions*** See Attached Schedule	\$	1,326	1,326		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$	19,644	19,644		
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	114,493	114,493		
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$</b>	<b>3,843,140</b>	<b>3,843,140</b>		

\* 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)
Travel and Entertainment	\$ 30,984		
Board of Director Fees	\$ 6,000		
<b>Total Other Travel and Entertainment</b>	<b>\$ 36,984</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Promotions	\$ 13,380		
<b>Total Other Advertising</b>	<b>\$ 13,380</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 13,171		
ALTCFM	\$ 240		
CT Bar Association	\$ 280		
American Express	\$ 290		
ACHCA	\$ 310		
CAT Recreation Directors	\$ 40		
Healthcare Compliance Assn	\$ 295		
Infection Control Nurses of CT	\$ 40		
Shoreline Eldercare Alliance, Inc.	\$ 150		
Virginia Johnson, Treasurer	\$ 20		
CLIA Laboratory Program Dues	\$ 150		
<b>Total Dues</b>	<b>\$ 14,986</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Branford Rotary Club	\$ 176		
Branford Education Hall of Fame	\$ 250		
Orchard House	\$ 400		
Guilford Art Center	\$ 500		
<b>Total Contributions</b>	<b>\$ 1,326</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
License - CT Boiler/Furnace license and inspection fees	\$ 480		
License - CT RN license	\$ 110		
License - East Shore Health District food service	\$ 450		
License - Admin - Woxland	\$ 205		
License - Admin - SJS	\$ 205		
License - Admin - CFSJR	\$ 205		
License - CT Dept of Public Health	\$ 1,390		
Cable TV	\$ 53,575		
Cable Business Internet	\$ 2,308		
Legal Settlement	\$ 55,565		
<b>Total Other Administrative and General</b>	<b>\$ 114,493</b>	<b>\$ -</b>	<b>\$ -</b>



**Schedule C-1 - Management Services\***

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills	License No. 997C	Report for Year Ended 9/30/2016	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care		License No. 997C	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 578,720	578,720		
2.	Non-Food Supplies	\$ 108,806	108,806		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 638	638		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 688,164</b>	<b>688,164</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care C		997C	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. \$	38,642	38,642	
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		\$	19,734	19,734	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>58,376</b>	<b>58,376</b>	
<b>3F. Laundry Questionnaire</b>					
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	
CSC Enterprises, Inc. d/b/a Branford Hills Heal	997C	9/30/2016	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	55,382	55,382		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	55,382	55,382		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	781,010	781,010		
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	408,008	408,008		
d. Ambulance/Limousine***	\$	428	428		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	63,973	63,973		
f. X-rays and Related Radiological Procedures***	\$	33,407	33,407		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	73,453	73,453		
i. Recreation	\$	37,026	37,026		
j. Other (Specify)**** See Attached Schedule	\$	85,802	85,802		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	1,483,107	1,483,107		

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

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

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

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



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

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			License No. 997C		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.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* 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
CSC Enterprises, Inc. d/b/a Branford Hills He	997C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 89,223	89,223				
b. Heat	\$ 86,936	86,936				
c. Light & Power	\$ 162,759	162,759				
d. Water	\$ 44,889	44,889				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 54,768	54,768				
f. Other ( <i>itemize</i> )	\$ 186,548	186,548				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 625,123	625,123				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 24,012	24,012				
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 78,264	78,264				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 102,276	102,276				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 202,639	202,639				
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 202,639	202,639				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 460,014	460,014				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 165,640	165,640				
c. Personal property taxes	\$ 36,281	36,281				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 966,850	966,850				

\* 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)
Equipment Rentals (non-lease)	\$ 900		
Maintenance Purchased Services	\$ 145,718		
Refusse Removal	\$ 38,557		
Interior Decorating	\$ 1,373		
<b>Total Other Repairs and Maintenance</b>	\$ 186,548	\$ -	\$ -

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CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center  
9/30/2016

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/3/2016	Install sprinklers in lawn	\$ 3,829	15	\$ 170
<b>Total additions for Land Improvements</b>		\$ 3,829		\$ 170
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ -

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ -

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ -

\*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
<b>Additions:</b>				
11/1/2015	8' A Frame Recycled Table - Cedar	\$ 1,070	7	\$ 140
12/17/2015	HR Office Furniture	\$ 1,621	7	\$ 193
1/7/2016	HR Office Furniture	\$ 1,854	7	\$ 199
1/6/2016	20 Mattresses 35x84x6	\$ 5,674	5	\$ 851
1/7/2016	Scale	\$ 2,219	10	\$ 166
3/1/2016	MP 4054SP Printer & accessories	\$ 5,743	5	\$ 670
3/31/2016	Fold-Up Wheelchair Scale	\$ 2,123	10	\$ 106
4/13/2016	Ultra Speed 1600 DC Clarke W/Dust (2)	\$ 2,552	7	\$ 182
2/23/2016	Paints & Ink Cabinet	\$ 1,975	10	\$ 115
5/24/2016	4 Filing Cabinets - Finance Office	\$ 2,935	15	\$ 82
8/4/2016	12 mattresses	\$ 3,522	5	\$ 176
<b>Total additions for Movable Equipment</b>		\$ 31,288		\$ 2,880
<b>Deletions:</b>				
9/30/2016	Ice Flaker	\$ (2,627)		
9/30/2016	Cafeteria Trays	\$ (3,933)		
9/30/2016	Carpet Cleaner	\$ (7,360)		
9/30/2016	2 Tray Trucks	\$ (4,971)		
9/30/2016	Electric Bed	\$ (1,214)		
9/30/2016	Body Recumbent & Biobath Table	\$ (7,844)		
9/30/2016	Tray Starter Set-Up Station	\$ (2,917)		
9/30/2016	Staging Assembly & Set-Up	\$ (650)		
9/30/2016	2 Copiers and a Finisher	\$ (9,725)		
9/30/2016	7qt. 2 Speed Mixer	\$ (3,042)		
9/30/2016	Medical Waste Machine	\$ (2,590)		
9/30/2016	Anatomic Keyboard	\$ (101)		
9/30/2016	Copier	\$ (15,895)		
9/30/2016	Computer	\$ (2,898)		
9/30/2016	Computer	\$ (2,326)		
<b>Total deletions for Movable Equipment</b>		\$ (68,093)		\$ -

\*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
<b>Additions:</b>				
10/15/2015	Replacement of Gazebo Roof	\$ 3,400	10	\$ 340
10/9/2015	Bathroom	\$ 8,486	20	\$ 424
10/22/2015	Sales Tax on Pit Ladders	\$ 165	20	\$ 8
10/15/2015	Electrical Improvements	\$ 80,489	20	\$ 4,024
11/8/2015	Painting and FRP	\$ 2,650	20	\$ 486
12/3/2015	Elevator Floors	\$ 2,297	5	\$ 191
12/22/2015	Painting and FRP	\$ 2,650	10	\$ 442
1/11/2016	Painting and FRP	\$ 2,650	5	\$ 398
2/2/2016	Painting and FRP	\$ 2,650	5	\$ 353
3/5/2016	Painting and FRP	\$ 2,650	5	\$ 309
3/22/2016	Governor Controller Replacement	\$ 6,198	5	\$ 258
3/24/2016	Install new GFI outlets in kitchen and rec area	\$ 1,205	12	\$ 33
3/2/2016	Replacement of two 350 gallon hot water tanks	\$ 34,003	18	\$ 992
3/1/2016	Installation of doors and security measures	\$ 4,733	20	\$ 184
4/11/2016	Painting and FRP	\$ 2,650	15	\$ 265
4/4/2016	Ledgewood 261 strip wallpaper, prime, prep	\$ 821	5	\$ 82
5/9/2016	Painting and FRP	\$ 2,650	5	\$ 221
6/6/2016	Social service room - patch walls, paint	\$ 1,732	5	\$ 115
7/13/2016	Painting and FRP	\$ 2,650	5	\$ 133
7/25/2016	Ledgewood 217 strip wallpaper, prime, prep	\$ 1,569	5	\$ 78
8/2/2016	Painting and FRP	\$ 1,081	5	\$ 36
9/29/2016	Direct TV Installation	\$ 16,265	10	\$ 136
9/9/2016	Install FRP and base	\$ 1,481	10	\$ 12
8/18/2016	Ledgewood 209 strip wallpaper, prime, prep	\$ 1,569	5	\$ 52
<b>Total additions for Leasehold Improvement</b>		\$ 186,694		\$ 9,572
<b>Deletions:</b>				

<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -

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\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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**Annual Report of Long-Term Care Facility**

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				4,470,496	3,027,009			193,067	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				186,694				9,572	
C-4. Subtotal									202,639
<b>D. Total Amortization</b>									202,639

\* 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 CSC Enterprises, Inc. d/b/a Branford H	License No. 997C	Report for Year Ended 9/30/2016	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		01/01/80			
2. Date Structure Completed		01/01/80			
3. If <b>NOT</b> Original Owner, Date of Purchase		N/A			
4. Date of Initial Licensure		Est 1980			
5. Total Licensed Bed Capacity		190			
6. Square Footage		Est 80,109			
7. Acquisition Cost					
a. Land		112,878			
b. Building		2,516,322			
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable			
b. Date Mortgage Obtained		03/02/11			
c. Interest Rate for the Cost Year		3.04%			
d. Term of Mortgage (number of years)		23			
e. Amount of Principal Borrowed		4,725,477			
f. Principal balance outstanding as of 9/30/2016		4,052,471			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
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
CSC Enterprises, Inc. d/b/a Branford		997C	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. <b>Total Building Interest Expense</b> (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
CSC Enterprises, Inc. d/b/a Branfo		997C		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)				\$	14,517	14,517	
Misc 315 Lease 14,202							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	14,517	14,517	
14. Insurance							
a. Insurance on Property (buildings only)				\$	18,070	18,070	
b. Insurance on Automobiles				\$	4,963	4,963	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	117,720	117,720	
2. Fire and Extended Coverage				\$	121	121	
3. Other (Specify)				\$	115	115	
Bond							
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	140,989	140,989	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	19,228,537	19,228,537	



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center				997C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 58,743	58,743		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 689,867	689,867		
7.			Other - See attached Schedule	\$ 106,796	106,796		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$ 5,210	5,210		
9.			Bad Debts	\$ 102,660	102,660		
10.			Accounting & Legal	\$ 2,800	2,800		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 1,616	1,616		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 609	609		
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)	\$ 7,279	7,279		
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$ 250	250		
20.			Fund Raising / Contributions	\$ 1,326	1,326		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 102,170	102,170		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$ 2,305	2,305		
Subtotal (Items 1 - 26)				\$ 1,081,631	1,081,631		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A4	In-House Counsel related to owner 100% disallowed	\$ 56,160		
10	A4	Director of Financial Analysis Non-Facility Work disallowed	\$ 2,583		
<b>Total Other Salaries Adjustment</b>			\$ 58,743	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Respiratory Therapy Contract	\$ 106,796		
<b>Total Other Fees Adjustments</b>			\$ 106,796	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L2	Employee Parties and Food	\$ 10,400		
16	L3	Employee Gifts	\$ 23,006		
16	L7	Owner Travel & Entertainment	\$ 39,532		
16	M8	Rotary Dues	\$ 190		
16	M8	Chamber of Commerce	\$ 135		
16	M11	Administrative Consultant - Medicare	\$ 10,730		
16	M3	Marketing	\$ 13,380		
29B		Outpatient Therapy Overhead	\$ 293		
29C		Pharmacy Overhead	\$ 2,191		
29D		Business Park Utilities/Maintenance Related to Sub-Lease	\$ 2,313		
<b>Total Other A&amp;G Adjustments</b>			\$ 102,170	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Cent			997C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,081,631	1,081,631		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$ 781,010	781,010		
28.			Ambulance/Limousine	\$ 428	428		
29.			X-rays, etc	\$ 33,407	33,407		
30.			Laboratory	\$ 73,453	73,453		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 63,973	63,973		
33.			Occupational Therapy	\$ 267	267		
34.			Other - See Attached Schedule	\$ 77,979	77,979		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$ 1,264	1,264		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 18,511	18,511		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
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	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 2,131,923	2,131,923		

\*\*\* 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.

CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center  
9/30/2016

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5J	Glucose Monitoring Supplies	\$ 4,124		
20	5J	Patient Personal Needs	\$ 5,437		
20	5J	IV Supplies	\$ 68,481		
30	II 6A	EKG Medicare	\$ (63)		
<b>Total Other Ancillary Costs</b>			\$ 77,979	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14B	Auto Insurance	\$ 4,963		
29B		Outpatient Therapy Overhead	\$ 142		
29B		Outpatient Therapy Fair Rent	\$ 357		
29C		Pharmacy Overhead	\$ 1,061		
29C		Pharmacy Fair Rent	\$ 2,669		
29D		Business Park Rent related to sub-lease	\$ 9,319		
<b>Total Other Property Adjustments</b>			\$ 18,511	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hill: 997C		9/30/2016		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 19,557,612	19,557,612			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,830,137)	(7,830,137)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,551,734	3,551,734			
b. Medicare Room and Board Contractual Allowance **	\$ 802,994	802,994			
4. a. Private-Pay Residents and Other	\$ 3,503,015	3,503,015			
b. Private-Pay Room and Board Contractual Allowance **	\$ 8,472	8,472			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 1,255,799	1,255,799			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 168,363	168,363			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 20,491	20,491			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 2,525,989	2,525,989			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 463,781	463,781			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 341,847	341,847			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 62,151	62,151			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 2,086,143	2,086,143			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 425,779	425,779			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 358,924	358,924			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (6,785,568)	(6,785,568)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 20,517,389	20,517,389			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 1,365	1,365			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ (98,764)	(98,764)			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (97,399)	(97,399)			
<b>VI. Total All Revenue</b> (III +V)	\$ 20,419,990	20,419,990			

\* 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)
	Oxygen Medicare A	\$ 360		
	Xray Medicare A	\$ 49,355		
	Labs Medicare A	\$ 92,077		
	EKG Medicare A	\$ 63		
	OP Medicare Contractual Allowance	\$ (32,875)		
	OP Cont Allow MCR B Sequester	\$ (15,338)		
	Room and Board Prior Year Medicare A	\$ (2,224)		
	Ambulance Medicare A	\$ (219)		
	IV Therapy Medicare A	\$ 90,845		
	Respiratory Therapy Medicare A	\$ 176,880		
	<b>Total Other Resident Revenue - Medicare</b>	\$ 358,924	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Complex Medical Equipment	\$ 21,111		
	Oxygen HMO/Private	\$ 458		
	Contractual Allowances	\$ (6,821,339)		
	Lab HMO Current Year	\$ 10,001		
	Xray HMO Current Year	\$ 1,324		
	Room and Board Prior Year Medicaid	\$ (13,162)		
	Room and Board Prior Year Private	\$ 16,039		
	<b>Total Other Resident Revenue</b>	\$ (6,785,568)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income - Investments		\$ 1,365		
	<b>Total Interest Income</b>		\$ 1,365	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Investment Income Dividends	\$ 12,911		
	Investment Change in FMV	\$ 49,982		
	Investment Management Fees	\$ (4,953)		
	Investment Income Capital Gains/(Losses)	\$ (10,461)		
	Other Revenue and Deductions	\$ 7,209		
	Rental Income BHHCC Pharmacy	\$ 5,214		
	Value Added Fee BHHCC Pharmacy	\$ (12,000)		
	Barber & Beautician	\$ 3,034		
	Management Fees Blackstone Assoc	\$ (49,900)		
	Management Fees Minetta LLC	\$ (49,900)		
	Management Fees Trison LLC	\$ (49,900)		
	<b>Total Other Revenue</b>	\$ (98,764)	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford H	997C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	2,656,271
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,079,593
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	226
4. Inventories			\$	160,900
5. Prepaid Expenses			\$	81,111
a. Unexpired Insurance	58,893			
b. Sewer Use Fee	7,829			
c. Computer/Communications Support	3,443			
d. Dues & Subscriptions	4,437			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	128,268
Employee Loans and Advances	4,825			
IRS Section 759 Deposit	123,443			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>5,106,369</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	356,248	\$	200,209
	Accum. Depreciation	156,039		Net
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			Net
4. Leasehold Improvements	*Historical Cost	4,657,190	\$	1,427,542
	Accum. Depreciation	3,229,648		Net
5. Non-Movable Equipment	*Historical Cost	181,006	\$	
	Accum. Depreciation	181,006		Net
6. Movable Equipment	*Historical Cost	1,635,460	\$	366,724
	Accum. Depreciation	1,268,736		Net
7. Motor Vehicles	*Historical Cost	35,169	\$	31,959
	Accum. Depreciation	3,210		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	438,731
Capitalized Management Fee	51,500			
CR vs FS	387,231			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>2,465,165</b>

\* 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
CSC Enterprises, Inc. d/b/a Branford Hi	997C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	7,571,534
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	6,746,906		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	6,746,906
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> )			\$	127,364
Name and Address	Amount	Loan Date		
	127,364			
7. Other Assets ( <i>itemize</i> )			\$	33,595
Deposits		33,595		
_____				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	160,959
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	14,479,399

\* 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 CSC Enterprises, Inc. d/b/a Branford Hills I		License No. 997C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,880,210	
<b>Liabilities (cont'd)</b>					
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> )				\$ 489,731	
Bank of America Loan 7		114,704			
Bank of America Loan 9		140,135			
Bank of America Loan 9		163,062			
CL&P Energy Efficiency Loan		71,830			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 489,731	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 2,369,941	

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

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford H	997C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
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			\$	6,746,906
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	6,746,906
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,170,099
6. Gain or Loss for Period			\$	
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	4,171,099
<b>C. Total Reserves and Net Worth</b>			\$	10,918,005
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	13,287,946

### H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hill		997C	9/30/2016	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2015			\$	5,817,022
B.	Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	20,419,990
C.	Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	19,228,537
D.	Net Income or Deficit			\$	1,191,453
E.	Balance			\$	7,008,475
F.	Additions				
	1. Additional Capital Contributed ( <i>itemize</i> )				
	CR vs FS Depreciation/Amortization		(16,657)		
	2. Other ( <i>itemize</i> )				
	Stockholder Dividends		(750,000)		
F-3.	Total Additions			\$	(766,657)
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.	<b>Balance at End of Period</b>		09/30/16	\$	6,241,818

### I. Preparer's/Reviewer's Certification

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills	License No. 997C	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)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Renee P Grailich, CPA				
Address Address		Phone Number		
189 Alps Road, Branford, CT 06405		203-483-4402		

Error Check

Level	Item	Reported as	
	Page 23 - Accumulated Dep. of Movable Eq.	1,336,829 is inconsistent with Page 31	1,268,736