State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2016

Name of Facility (as 1	icansod)							
,		a Cara at Stan	aford IIC					
Stamford Acquisition			nord, LLC					
Address (No. & Stree								
53 Courtland Avenue,	, Stamford, CT	06902	 			<u> </u>		
Type of Facility								
Chronic and C Nursing Home			Rest Home with Supervision only (RHNS)	_		(Specify)		
Report for Year Begin	nning		Report for Year	Ending				
11/16/2015			9/30/2016					
License Numbers:		CCNH 1084-C	RHNS		(Specify)			dicare Provider 07-5061
			·					
Medicaid Provider Nu		CC 000010 <u>843</u>	CNH	RH	INS		ICI	F-IID
For Department Use	Only							
Sequence Number	Signed and Notarized	Date Received	Sequence N Assigne		Signed a	nd Notariz	ed	Date Received
Assigned	Notarizeu	Received	Assigne	м				

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Stamford Acquisition I, d/b/a Cassena Care at Stamfor	1084-C	9/30/2016	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Stamford Acquisition I, d/b/a Cassena Care at Stamford, LLC [facility name], for the cost report period beginning November 16, 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. {a}

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.

{a} Subject to Desk Audit Review

	Date	Signed (Owner)	Date		Signed (Administrator)
		Printed Name (Owner) Gregg Seidner			Printed Name (Administrator) Nancy Krozner
. Expires	Comm. E	Signed (Notary Public)	Date	State of	Subscribed and Sworn to before me:
/					Address of Notary Public

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
Stamford Acquisition I, d/b/a Cassena Care at Stamford, LLC				########	9/30/2016
Address of Facility 53 Courtland Avenue, Stamford, CT 06902					
Report Prepared By		Phone Nun	ber	Date	
Marcum LLP		203-781-96	00	1/17/2017	
Item		Total	CCNH	RHNS	(Specify)
Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut

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General Information and Questionnaire Type of Facility - Organization Structure

		one No. of Fac 3-853-0010	ility	Report for Year 9/30/2016	Ended	Page 2	of 37
Name of Facility (as shown as 1:)	203		، و	19/30/2016 Street, City, State	7:)		3/
Name of Facility (as shown on license) Stamford Acquisition I, d/b/a Cassena Care at Stamford	116					02	
Stamford Acquisition 1, 0/6/a Cassena Care at Stamford	, <u>, , , , , , , , , , , , , , , , , , </u>	RHNS	u AV	(Specify)	C1 009		Provider No
License Numbers: 1084-C		141110		(Specify)		07-5061	
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent Nursing Home only (CCNH)		st Home with I			Specify))	
Type of Ownership (Check appropriate box)							
O Proprietorship O LLC O Partnership	0	Profit Corp.	0	Non-Profit Corp.	0	Government	O Trust
If this facility opened or closed during report year provi	de:		Date	e Opened D	ate Clo	sed	
Has there been any change in ownership		37		NI- 70	21137 "	1-1 £ 11	
or operation during this report year? Home Purchased 11/16/15 (f/k/a Regency Heights of St	<u>_</u>			No If	"Yes,"	explain full	у
Administrator							
Name of Administrator				Nursing Hom			
Nancy Krozner				Administrator		001714	
	/ 6	11		License No).: <u> </u>	_	
Other Operators/Owners who are assistant administrato	rs (1u	ii or part time)	of th	License No			
N/A				License No	, 		
						· · · ·	

General Information and Questionnaire Partners/Members

Name of Facility	Contract Stands	License No.	Report for Y	ear Ended	Page of
Stamford Acquisition I, d/b/a	Cassena Care at Stamfor	1084-C	9/30/2016	State(s) and 1/	3 37
Legal Name of Par		Business		Which R	or Town(s) in Legistered
Stamford Acquisition I, d/b/a (Stamford, LLC	Cassena Care at	53 Courtland A Stamford, CT 0	•	СТ	
Name of Partners/Members	Business Ad	ldress		Title	% Owned
Gregg Seidner	53 Courtland Avenue, 06902	Stamford, CT	Managing N	1ember	0.15
Pasquale DeBenedictis	53 Courtland Avenue, 06902	Stamford, CT	Member	-	0.35
Alexander Solovey	53 Courtland Avenue, 06902	Stamford, CT	Member		0.35
Soloman Rutenberg	53 Courtland Avenue, 06902	Stamford, CT	Member		0.15
				-	

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General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
Stamford Acquisition I, d/b/a Cassena Care at		9/30/2016		3A 37
If this facility is owned or operated as a corpo				· · · · · · · · · · · · · · · · · · ·
Legal Name of Corporation	Busin	ess Address	State(s) in Whi	ch Incorporated
N/A				
Name of Directors, Officers	Busin	ness Address	Title	No. Shares Held by Each
N/A				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

State of Connecticut **Annual Report of Long-Term Care Facility** CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Stamford Acquisition I, d/b/a Cassena Care at Stam 1084-C 9/30/2016 3B 37 If this facility is owned or operated as an individual proprietorship, provide the following information: Owner(s) of Facility	Name of Facility	License No.	Report for Year Ended	Page	of
Owner(s) of Facility	Stamford Acquisition I, d/b/a Cassena Care at Stan	1084-C			37
	If this facility is owned or operated as an individua	l proprietorship, pr	rovide the following informat	ion:	
N/A	Own	ner(s) of Facility			
N/A					
	N/A				
				_	
					
					-
			·		

State of Connecticut
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General Information and Questionnaire Related Parties*

Name of Facility Stamford Acquisition I.	Name of Facility Stamford Acquisition I. d/b/a Cassena Care at Stamford	License No.	No. 1084-C	R 9	Report for Year Ended 9/30/2016		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through	cility re	lated throu	gh • Yes	oN C	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	e Name/Add	ress and
mannage, admy to com	ioi, ownership, ranning or ourme	2000						
Are any individuals or c	Are any individuals or companies which provide goods or	or services,	ses,					
including the rental of p	including the rental of property or the loaning of funds to this facility,	o this facility,	cility,	9	Ves O			
association to any of the	association to any of the owners, operators, or officials of	of this fa	this facility?	3		If "Yes," provide the following information:	e following	information:
		Als	Also Provides			Indicate Where		
		Good	Goods/Services to	.		Costs are Included		
Name of Related	Business	Non-R	Non-Related Parties	ies	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No %	**%	Provided	Page # / Line #	Reported	Related Party
Cassena Care Consulting	225 Crossways Park Drive, Woodbury, NY 11797	0	0	2	Management Fees	Pg 16 / Line m12	232,080	232,080
Stamford Acquisition II, LLC	53 Courtland Avenue, Stamford, CT 06902	0	•	R	Rent	Pg 22 / Line 9	1,093,753	454,328
Smartlinx	Edison, NJ, 08837	0	0	<u> </u>	Workforce Management	Pg 16 / Line m11	22,416	22,416
Stamford Acquisition II, LLC	53 Courtland Avenue, Stamford, CT 06902	0	0	D	Due to Affiliate	Pg 34/ Line B3		
		0	0			:		
		0	0					
		0	0					
		0	0					
		0	0			<u></u>		
				ĺ				

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	of
Stamford Acquisition I, d/b/a Cassena Care at St			9/30/2016	5	37
If the facility is licensed as CDH and/or RCH or	provides A	DS or TBI	services with special Medicaid	rates, co	sts
must be allocated to CCNH and RHNS as follow	/s:				
Item			Method of Allocation	ı	
Dietary		Number of	meals served to residents		
Laundry			pounds processed		
Housekeeping			square feet serviced		
		I	hours of routine care provided		
Nursing		employee o	elassification, i.e., Director (or	Charge N	Jurse),
		Registered	Nurses, Licensed Practical Nu	rses, Aid	es and
		Attendants			
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EAC	CH
	· <u></u>	specialist (See listing page 13)		
Maintenance and operation of plant		Square feet			
Property costs (depreciation)		Square feet			
Employee health and welfare		Gross salar			
Management services			e cost center involved		
All other General Administrative expenses			rect and Allocated Costs		
The preparer of this report must answer the follo	wing questi	ons applical	ole to the cost information prov	/ided.	—
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why suc	h allocat	tion was not
costs allocated as required?	0 103	<u> </u>	made.		
N/A					
	··	 			
2. Explain the allocation of related company exp	penses and a	ttach copy	of appropriate supporting data.		
N/A					
			· · · · · · · · · · · · · · · · · · ·		_
3. Did the Facility appropriately allocate and se				ne cost c	enters?
(e.g., Assisted Living, Home Health, Outpation	ent Services	, Adult Day	Care Services, etc.)		
	• Yes	O No	If "No," explain fully why sumade.	ch allocat	tion was not
N/A					
	_				

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General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.

SHOULD HOLDE HIGHARD III HIESE AHOUTES.				:			
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Stamford Acquisition I, d/b/a Cassena Care at Stamford, LL	t Stamfo	rd, LL	1084-C	9/30/2016			6 37
	Related * to	1 * to					
	Owners,	ers,					
	Operators,	tors,				Annual	
	Officers	ers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Wells Fargo/GE Capital	0	0	Copier	03/10/14	39 Months	2,303	2,303
DeLage Landen	0	0	Copier	05/19/16	48 Months	1,623	1,623
Pitney Bowes	0	0	Postage Meters	03/16/16	63 Months	1,709	1,709
RICOH	0	0	Copier	Var.	Var.	2,681	2,681
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	0	0					
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Is a Mileage Log Book Maintained for All Leased Vehicles?

Total ***

% O

O Yes

* 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.



Document Solutions

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te Inspire Systems	Silling Period: Monthly	Document Fee: \$75.00 (included on first invalue)
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Main Office 160 FULTON AVENUE GARDEN CITY PARK, NY 11040

NYC 224 W 85TH STREET #208 NEW YORK, NY 10601 PHONE (800) 580-009

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SERVICE AGREEMENT

Date: 5/19/2016

Phone(516)739-0200 Fax(516)739-5701

Rep Name: Ed	BILLING ADDRESS		INSTALLATION ADDRI	ESS
Customer:	Cassena Care of Stamford	Customer:	Cassena Care of S	Stamford
7	53 Courtland Ave	Address:	53 Gourtland A	ув 0
	Stamford, CT Zip: 6902	T	, c r	Zip:6902
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pitney bowes	P	ITNEY BOWES LE	ASE AGRELMENT		
Your Business Inform	•			Agreement	Number
CASSENA CARE	AT STAMFORD		· · · · · · · · · · · · · · · · · · ·		
Full Legal Name of Lesse	ė		DBA Name of Lessee	Tax ID # (FEIN/TIN)) La registration
53 COURTLAND A	AVE	4 174 41.471.1.444	STAMFORD	CŢ	06902-3401
Billing Address: Street			City	State	Zip+4
	· · · · · · · · · · · · · · · · · · ·		(<u>)</u> ext	21790157867	
Billing Contact Name			Billing Contact Phone #	Billing CAN #	
53 COURTLAND			STAMFORD	<u>CT</u>	06902-3401
Installation Address (If dil	fferent from billing address) : !	Street	City	State	Zip+4
Arthur Cooperberg	i	. 1015.1	(516) 422 7882 ext	21790157867	
Installation Contact Name	•		Installation Contact Phone #	Installation CAN #	
Invoice Attention To		The second secon	Lessee PQ#		A
Your Business Needs				3	
Qty Business Solut	tion Description		Check additional tesss to be inclu	ded in client's payment	a i kis ji akw iji ang sili si
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1 DM225 Digital N		<u> </u>	Standard - Provides maintenance	and support for equipment	
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1 Basic Accounting 1 5 lb integrated	~ · · · · · · · · · · · · · · · · · · ·		- U	•	
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Your Payment Plan	a months		- () Required advance	check of \$() received	
Number Of Months	Monthly Amount	Billed Quarterly At*	() Tax Exempt Certific	cate Attached	
First 63	\$129	\$387	() Tax Exempt Certific	cate Not Required	
Your Signature Below By signing below, you available at www.pb.c G1 of the Pitney Bow our credit and docume	agree to be bound by all om/termsconditions and ex Terms) for any reason nitation approval process a	the terms of this Agreem are incorporated by referent and that all payment oblined have signed below. The	on effer any applicable Interim Usage Period. Then to including those located in the control of	u may not cancel the Lease (e Lease will be binding on us af	as defined in Secti ter we have comple
equipment replacemen E-Signed: 03/16/2016	t program (see Section L9 02:02 PM CDT	orthe Pitney Bowes Terms	s) TOF AN ACIONAL TEE.		
Arthur Cooperbo	3-	<u> </u>		· · · · · · · · · · · · · · · · · · ·	or of the second
1	•		Pitney Bowes Signatu	ıre	
accoperberg@cassenaca Title: Vice Pres of Financ IP: 65.51.167.178	e Sertifi Electronic Sign	Dalbins			
Print Name	DocID: 201603161359		Print Name		
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Account Ren Name		District C	Office		

pitney bowes	PITNEY BOWES LE	SASE AGREEMENT	
Your Business Information	- Jagger gerinder gebyk	LAGE AGIVEENENT	Agreement Number
REGENCY HEIGHTS OF STAMF	ORD		
Full Legal Name of Lessee		DBA Name of Lessee	Tax ID # (FEIN/TIN)
53 COURTLAND AVE		STAMFORD	CT 06902-3401
Billing Address; Street		Cily	State Zip+4
-		() ext	21790157867
Billing Contact Name		Billing Contact Phone #	2 17 90 13 7 80 7 Billing CAN #
53 COURTLAND AVE		Carrier Tames and the second second	
Installation Address (If different from billing add	ress) : Street	STAMFORD City	CT 06902-3401
			State Zip+4
Gregg Seldner		(203) 853 0010 ext	21790157867
Installation Contact Name		Installation Contact Phone #	Installation CAN #
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Your Business Needs			The Control of the Co
Qty Business Solution Description		Check additional Hems to be included in olier	nt's payment
Mail Stream Solution - 1	40 de 1900 de	X Service Level Agreement	
1 DM225 Digital Mailing System		Standard - Provides maintenance and succe	off for equipment
1 IntelliLink Interface / PSD for DM12	5 / DM225		
1 Basic Accounting (25 Dept) Softwar	The state of the s	Software Meintenance (additional terms ap	phy) - Provides revision updales & technical assistance
1 5 lb Weights and Measures Approv	ed Option	-	
1 Disable Manual Weight Feature	·	X Meter Rental () Value Based Services (not including i	USPS fees which will be charged asparately)
1 Professional Installation	- 1 A W	····	
1 5/10 lb Weights & Measure Approve	ed Option	X Purchase Power® - A line of credit providing	g & convenient way to mail now and pay later. and supplies under one account — see larms
Remote Display Sales Kit pbSmartPostage Free	The state of the s	& conditions	pro supplies under one account — see letting
Additional Items on following page		Equipment Replacement Program - Protect ()Yes I went to snroll in the ValueMAXP eq	tion in case of loss or damage to leased equipment
f green products are identified on your Order, the equipment of four Payment Plan Initial Term: 63 months	overed by this Agreement Includes remanufact	ared products that have gone through our factory cartification	n lealing process.
Number Of Months Monthly Amou	nt Billed Quarterly At*	() Required advance check of: () Tay Example Codificate Alberta	
First 63 \$129	\$387	() Tax Exempt Certificate Attac () Tax Exempt Certificate Not if	
		•	
Does not include any applicable sales, use, or property texes wi	hich will be billed separately; payment plans beg	in efter any applicable interim Usage Period.	
our Signature Below			
By signing below, you agree to be bound available at www.pb.com/termsconditions 51 of the Pitney Bowes Terms) for any report credit and documentation approval procequipment replacement program (see Section [SertifiSStamp_1]]	and are incorporated by referer ason and that all payment obli ass and have signed below. The	nce. You acknowledge that you may n igations are unconditional. The Lease Lease requires you either to provide prov	of cancel the Lease (as defined in Section will be binding on us after we have complete
essee Signature		Pitney Bowes Signature	
rint Name Arther Cook	ribial	Print Name	
the VI of B	rang	Title	
)16/1 3/16/1	6	Date	
Email Address Bales Information	Colosse-acore com		
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	District O	fice	
ccount Rep Name			

	ricy bowes	PITNEY BOWES L	EASE AGREEMENT		االلب
	Business Information			Agreement N	umber
RE	SENCY HEIGHTS OF STAMFO	RD		2 4 4 4 4 4 4 5 5 5 1 1 1 2	
Full L	egal Name of Lessee		DBA Name of Lessee	Tax ID # (FEIN/TIN)	
53 (COURTLAND AVE		STAMFORD	CT 0	6902-3401
Billing	g Address: Street	ti	City	State Z	ip+4
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53 (COURTLAND AVE		STAMFORD	CT C	6902-3401
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Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire **Accounting Basis**

Name of Facility		Report for Year Ended		Page	of	
Stamford Acquisition I, d/b/a Casse		9/30/2016		7	37	_
The records of this facility for the p	eriod covered by this report v	were maintained on the following basis:				
Accrual O Cash O	Modified Cash					
Is the accounting basis for this						
period the same as for the •	Yes	If "No," explain.				
previous period?	No					_
Independent Accounting Firm						_
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)				
1 Marcum LLP		555 Long Wharf Drive, New Haven, CT				
2 3 4						
[3						
	7 (7)					_
Services Provided by This Firm (de	scribe fully)					
1 Auditing/Cost Report Preparation		M	\$	25,552		_
3	·		\$			_
			\$			_
4			\$			_
			Charge for	Services 1	Provided	
			\$	25,552		
		s, Specify Expense Classification and Line No.				
	Page 15, Line 1d					_
Legal Services Information Name of Legal Firm or Independen	t Attorner		Telost -	Numb		
	u Auorney		Telephone See Attache			
2 See Attached			Auach	-u		
$\overline{\frac{1}{3}}$						
See Attached 2 3 4 5						
5			<u> </u>			_
Address (No. & Street, City, State, 2	Zip Code)					
1 See Attached						
[2						
2 3 4						
4 5						
5 Services Provided by This Firm (<i>de</i>	escribe fully)					
	.sci we juny)					
1 See Attached			\$	37,746	- -	_
2			<u> </u>			
3			<u> </u>			_
4		· · · · · · · · · · · · · · · · · · ·	\$			
5			Charge for	Co	Decrit 1	
			Charge for			
	10 D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 10 7	\$	37,746		
Are These Charges Reflected in the Expend	diture Portion of This Report? If Ye Page 15, Line 1e	es, Specify Expense Classification and Line No.				
⊙ Yes O No	rage 13, Line le					

CSP-7 Rev. 6/95

General Information and Questionnaire Legal Firm Continued

Name of Facility	License No.	Report for Year Ended	Page	of
Stamford Acquisition I, LLC, d/b/a Cassena Care at Stamford	1 1084-C	9/30/2016	7a	37
Legal Services Information				
Name of Legal Firm or Independent Attorney		Tel	lephone Number	
1 Murtha Cullina LLP		203	3-240-6000	
2 Colby Attorneys Service Co., Inc.		800)-832-1220	
3 Zimmet Healthcare Services		732	2-970 - 0733	
4 Treasurer, State of Connecticut				
5 Garfunkel Wild P.C. Attorneys At Law		516	5-393-2200	
6 Jackson Lewis P.C.		860	0-522-0404	
7 Marshal State of Connecticut				
8 Goldman Gruder & Woods LLC		203	3-899-8900	
9 Certilman Balin Alder & Hyman Llp		633	1-979-3000	
10 Wilson, Elser, Mokowitz, Edelman & Dicker		203	3-388-9100	
Address (No. & Street, City, State, Zip Code)				-
1 185 Asylum Street, Hartford, CT 06103				
2 111 Washington Ave Ste 703, Albany, NY 12210				
3 4006 Us Highway 9, Morganville, NJ 07751				
4				
5 111 Great Neck Rd Ste 600, Great Neck, NY 11021				
6 90 State House Square, 8th Floor, Hartford, CT 06103				
7				
8 200 Connecticut Ave, Norwalk, CT 06854				
9 1393 Veterans Hwy, Hauppauge, NY 11788				
10 1010 Washington Blvd, Stamford, CT 06901				
Services Provided by This Firm (describe fully)	-			
1 Acquisition (Disallowed on Pg. 28)			1,073	
2 Acquisition (Disallowed on Pg. 28)			1,634	
3 Medicare Audit			1,500	ı
4 Conservatorship (Disallowed on Pg. 28)			225	
5 Acquisition (Disallowed on Pg. 28)			2,969	
6 Acquisition (Disallowed on Pg. 28)			24,886	
7 State Marshall Fee (Disallowed on Pg. 28)			60	1
8 Acquisition (Disallowed on Pg. 28)	·-		818	
9 General Legal			3,420	
10 Labor Lawyer			1,162	
		Ch	arge for Service	s Provided
			\$ 37,746	

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

Schedule of Resident Statistics

Name of Facility Stamford Acquisition I, d/b/a Cassena Care at Stamford, LLC	ford, LLC		License No.	. No. 1084-C			Report for 9/30/2016	Report for Year Ended 9/30/2016	þ		Page 8	of 37
					4	eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	156	156			156	156			156	156		
B. On last day of THIS report period	156	156			156	156			156	156		
2. Number of ResidentsA. As of midnight of PREVIOUS report period									148	148		
B. As of midnight of THIS report period	139	139			148	148			139	139		
3. Total Number of Days Care Provided During Period												
A. Medicare	9,371	9,371			6,954	6,954			2,417	2,417		
B. Medicaid (Conn.)	32,564	32,564			23,542	23,542			9,022	9,022		
C. Medicaid (other states)												
D. Private Pay	3,432	3,432			2,370	2,370			1,062	1,062		
E. State SSI for RCH												
F. Other (Specify) VA	649	649			384	384			265	265		
G. Total Care Days During Period (3A thru F)	46,016	46,016			33,250	33,250			12,766	12,766		
Total Number of Days Not Included in Figures in 4. 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)	46,016	46,016			33,250	33,250			12,766	12,766		

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licer	nse No.				Report	for Year	Ended		Page	of
Stamford Acq	uisition	I, d/b/a	Cassena Care at	10	084-C					9/30/201	6		9	37
			in the certified b		pacity dur	ring th	ne repor	t year	?	0	Yes	•	No	
11 125	, provid		f Change	1011.		nange	in Bed			Ca	pacity Afte	er Change		
D-46	CONTI	RHNS	(Specify)			lange		Gaine	4	Ca	pacity Aid	or Change		
Date of	CCNH	KHNS	(Specify)		Lost			Jaine	a					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	or Change
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	001111	Turib	(Specify)	TCCCCOTT 1	51 Change
	<u> </u>					1								
			in certified bed c 90 days followin			the re	port ye	ar (as	reporte	ed in item	4 above) p	provide the num	ber of	
			Change in Re	esider	nt Days					CC	ONH	RHNS	(Spe	ecify)
1st chang												1		
2nd char 3rd chan														
4th chan														
		lents and	d Rates on Septe	mber	30 of Co	st Yea	ır							
			Medicare		Medi				•	Se	elf-Pay	-	Other Star	te Assisted
								ŀ		1				1
	Item		CCNH	C	CCNH	R.	HNS_	C	CNH_	RI	INS	(Specify)	R.C.H.	ICF-MR
No. of R			28	NORTH COMMON	99	SISSETT	77. 3335150		12	991995555555555	140111111111111111111111111111111111111			
Per Dien							100				1135		Linear III	
a. One b			677.00 N/A	<u> </u>	263.23 263.23			-	500.00 465.00					
c. Three			IVA		203.23				403.00					
bed i			N/A		N/A	ļ			N/A					ĺ
5001	1115.		14/11		1471				1012					
			al Therapy Treat	ments	;					TC	TAL	CCNH	RHNS	(Specify)
		are - Par								and the first than the state of	1,428	1,428		
В.		•	lusive of Part B)											
			e Treatments Treatments							1	771	771		
	Other	iorative	Treatments								25,816	25,816		
		Physical	Therapy Treatn	nents							28,015	28,015		
			Therapy Treatm											
		are - Par									426	426		
В.			lusive of Part B)											
			e Treatments											
		torative	Treatments								90	90 2,867		
	Other Total	Sneech 7	Therapy Treatme	onts					-	 	2,867 3,383	3,383		
			ational Therapy		nents								2000 2000 2000	
		are - Par								Backstown de Balback actions as he	2,139	2,139	Posted obsolutions of the second	
	Medica	aid (Exc	lusive of Part B)											310
			e Treatments							ļ <u> </u>				<u> </u>
		torative	Treatments							ļ	918	918	ļ	
	Other	Dear-s-	ional Therapy T	*act.						 	27,721 30,778	27,721 30,778		
ι υ	. ıvıaı (rccupul	ини тисгиру Т	reuin	ic/US					1	<i>3</i> 0,778	JU,//8	i	1

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Stamford Acquisition I, d/b/a Cassena Care at Stamford, LL	License No. C 1084-C		Report for Yea 9/30/2016	ır Ended	Page 10	of 37
Are time records maintained by all individuals receiving cor		0	Yes	0	No	
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
. Salaries and Wages*						8.00
Operators/Owners (Complete also Sec. I	55,400	(2)				
of Schedule A1) 2. Administrator(s) (Complete also Sec. III	55,488	636	o desprisación			DES 1882 (2023)
	123,992	1,686	7 Z.P. Sambild 2008			
of Schedule A1) 3. Assistant Administrator (Complete also Sec. IV	123,992	1,080				
of Schedule A1)	500 0 0 0 7 0 0 50 0 0 0 0 0 0 0 0 0 0 0					
4. Other Administrative Salaries (telephone						27.86
operator, clerks, receptionists, etc.)	336,528	10,594	IN THE REAL PROPERTY.	Manguagus de la company	g parabath san arconolocitics	
5. Dietary Service						17.
a. Head Dietitian						
b. Food Service Supervisor				1	<u> </u>	
c. Dietary Workers	183,755	9,237	at strange persons contract	H 55 55 5 1 20 55 6	(CONTROL MANAGEMENT	Market State of the state of th
6. Housekeeping Service						Bassas, Ve
a. Head Housekeeper b. Other Housekeeping Workers	69,578	5,919				
7. Repairs & Maintenance Services	1000 A 1023	3,717			THE RES	
a. Engineer or Chief of Maintenance					A CONTRACTOR OF TOTAL	
b. Other Maintenance Workers	73,542	3,639				
8. Laundry Service						
a. Supervisor	20041	2.111		-		ļ
b. Other Laundry Workers	28,941	2,441	-	 	ł	
Barber and Beautician Services Protective Services					 	
11. Accounting Services						
a. Head Accountant	ACT AND DESCRIPTION OF PERSONS AND ACT	tale de la servicio de la servici	a infrastrativa in the second of the second	ne references	and the second	C 98-40-200-1-10-10-10-10-10-10-10-10-10-10-10-10
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	142,308	2,262				
b. RN			CANADA STREET,			
1. Direct Care	595,086	14,854		ļ		ļ
2. Administrative** c. LPN	746,580	18,806	THE REPORT OF THE PARTY OF THE			10277934
1. Direct Care	1,306,850	39,987				
2. Administrative**	1,500,050	5,,,,,,			_	
d. Aides and Attendants	2,237,213	123,490				
e. Physical Therapists	539,945	12,221				
f. Speech Therapists	118,542	2,014				ļ
g. Occupational Therapists	423,200	9,271				
h. Recreation Workers i. Physicians	140,808	6,397				
Physicians Medical Director						
2. Utilization Review	1			<u> </u>		
3. Resident Care***						
4. Other (Specify)						
·				<u> </u>		<u> </u>
j. Dentists				-		ļ
k. Pharmacists				-		1
Podiatrists Social Workers/Cone Management	100 046	3,191		 	+	
m. Social Workers/Case Management n. Marketing	108,046	3,191		+	-	+
n. Marketing o. Other (Specify)						da sa
See Attached Schedule	21,938	1,470)		Sec. A. Chatta, and proceedings of the control of t	
A-13. Total Salary Expenditures	7,252,340	268,115				

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

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

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other

private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

	CC	CNH	RI	INS	(Spe	cify)
Position	\$	Hours	\$	Hours	\$	Hours
	0					
Medical Records	\$ 21,938	1,470	14.			
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	8		學			
	ole III	1 1	RE SERVICE	169		
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		<u> </u>		140	""和五曲	190
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Francisco		12.54		Million State	20.00	
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	in Hills					
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		i i		16		dis Principal
Total	\$ 21,938	1,470	\$ -	事. 164	S -	160

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	(Spe	cify)
Service	\$	Hours	\$	Hours	\$	Hours
	0	1	18.Fg			THE S
		11. 4.	Utubia	THE P	1.65	1.75
		FE &		546		
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	4844		The College			
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Total	S -	At the con-	S -	i india	S -	

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

				,					ا	
Name of Facility				License No.		Report tor	Report for Year Ended		Fage	Io
Stamford Acquisition I, d/b/a Cassena Care at Stamford, LLC	na Care at S	tamford, LI	C	1084-C		9/30/2016			11	37
		Salary Paid	1							
				Fringe Benefits and/or Other		Total	Line Where	;	Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section I - Operators/Owners										
										,
Gregg Seidner	55,488					636	Pg. 10 line Al	•		
							:			
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.	e considered	unless full	information is	s provided. Use adc	litional sheets if required	<u>.</u>				

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

V 11 12 14		4	Assistant	Administra	Assistant Administrators and Other Related Parties*	Related	Parties*		Dogo	3.0
Name of Facility (as licensed)				License No.		Report for Year Ended	ar Ended		Fage	10
Stamford Acquisition I, d/b/a Cassena Care at Stamford, LLC	ena Care at	Stamford, I	TC	1084-C		9/30/2016			12	37
		Salary Paid	1							
				Fringe Benefits and/or Other					Total	
Name	CCNH	RHINS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Claimed on Worked Page 10		Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
See Attached	123,992			Non-Descrim.	Facility Administrator	1,686	1,686 Pg. 10 line A			
Section IV - Assistant Administrators										
									·	

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

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

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

	norman.				
Total Hours Line Where Channed Fringe Briefits and/or Viller Fini Description of Same and Address of All Chief Tours Confession	Worked Received				1111
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		Facility Administrato	Facility Administrator		Facility Administrator
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	INS (Specify) Worked on Page 10 Payments (describe fully) Services Rendered Employment**			163	
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Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

B. Report of Ex	License No.	- I I UI	Deca	of		
Name of Facility		4.0	Report for Y 9/30/2016	ear Ended	Page	1
Stamford Acquisition I, d/b/a Cassena Care at Stamf	108	4-C		1 7 7	13	37
		ı	Total Cost	and Hours		· · · · · · · · · · · · · · · · · · ·
T4	COMI		DIDIC	Harrie	(Charle)	Have
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary						M2.51
(For all such services complete Schedule B1) 1. Dietitian					US 46201313141104314-1-1142	0.0011111111111111111111111111111111111
2. Dentist	5,550	Monthly Fee	<u> </u>	<u> </u>		
3. Pharmacist	21,279	Monthly Fee		<u> </u>		-
4. Podiatrist	21,279	Monthly Fee		 	†	
5. Physical Therapy						
			Received Sala			
a. Resident Care b. Other				 -		
6. Social Worker		 		 		
7. Recreation Worker				 		
8. Physicians				6287	* 1377	
a. Medical Director (entire facility)	22 750	Monthly Fee				
b. Utilization Review	33,730	Intoliting I co				
(Title 18 and 19 only) monthly meeting					7 (A. 17) (FRIENDE SEE LA 1818 1818 1818 1818 1818 1818 1818 1	engalangga kalanga
c. Resident Care**					 	
d. Administrative Services facility						
1. Infection Control Committee	ARRINE MARKET				State of the state	
(Quarterly meetings)	_					
2. Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee						
(Once annually)		1				
e. Other (Specify)						
c. Other (Specify)			0.78004753			
9. Speech Therapist			7777		5566	
a. Resident Care			1000	ii Njand fermasiste	A STATE OF THE STA	
b. Other				 	 	
10. Occupational Therapist			1100			
a. Resident Care	S S S S S S S S S S S S S S S S S S S	b AP Platholdersablinesia			58 Engles (4.6 Engles (5.4 C) (4.5 Engles (5.4	
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	251,521	5,774		20 000000000000000000000000000000000000	Co. La Care de la constante de	
2. Administrative***	40,825	452				
b. LPN						
1. Direct Care	155,335	4,511		,	District Control Control	
2. Administrative***		1		"		
c. Aides	91,598	5,199				
d. Other		1,,-				1
12. Other (Specify)						T.
See Attached Schedule						A STATE OF THE PARTY OF THE PAR
B-13 Total Fees Paid in Lieu of Salaries	599,858	15,936				
<i></i>			<u> </u>			

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

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

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

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

Name of Facility	License No. 2 at Stamford, 1084-C		Report for \ 9/30/2016	Year I	Ended	Page 14	1	of 37
Stamford Acquisition I, d/b/a Cassena Care	a stannoru, 1004-C	Related**	* to Owners,	1		14	1	31
Name & Address of Individual	Full Explanation of Service		rs, Officers		Expla	nation of	Relatio	onship
Traine to Traine 50 of Mary Idam	1 div 2.1.p.d	Yes	No	1	r			r
Jeffrey Cahn, D.M.D	Dental	0	0	N//A				
Guardian Consulting Services, Inc.	Pharmacy	0	•	N//A				
Dr. Charles Miner	Medical Director	0	0	N//A				
Santi Neuberger M.D.	Medical Director	0	0	N//A				
The Nurse Network, LLC	RN/LPN/CNA Staffing	0	0	N//A			. –	
Triton Staffing Group, LLC	RN/RN Admin/LPN/CNA Staffing	0	0	N//A				
Universal Medical Records	RN Staffing	0	0	N//A				
Procare	RN Staffing	0	0	N//A				
Access Capital, Inc	LPN Staffing	0	0	N//A			-	
RJV Consulting Services Inc.	RN/RN Admin Staffing	0	0	N//A		-		
Canil Healthcare Consulting, Stamford, CT	RN Admin	0	0	N//A				
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^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.	 Report for Yo	ear Ended	Page	of
Stamford Acquisition I, d/b/a Cassena Care at Sta 1084-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				排物数
a. Employee Health & Welfare Benefits				
Workmen's Compensation	\$ 374,355	374,355		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 128,288	128,288		
4. Social Security (F.I.C.A.)	\$ 532,241	532,241		
5. Health Insurance	\$ 775,049	775,049		
6. Life Insurance (employees only)				
(not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory)	\$ 229,516	229,516		
(not-owners and not-operators)				an Edit in Life
8. Uniform Allowance	\$			
9. Other (Specify)	\$ 25,999	25,999		
See Attached Schedule			Militar III	
b. Personal Retirement Plans, Pensions, and	\$			
Profit Sharing Plans for Owners and				
Operators (Discriminatory)*				11
			i i i i i i i i i i i i i i i i i i i	
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 25,552	25,552		
e. Legal (Services should be fully described on Page 7)	\$ 37,746	37,746		
f. Insurance on Lives of Owners and	\$			
Operators (Specify)*				
g. Office Supplies	\$ 36,074	36,074		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 30,644	30,644		
2. Cellular Phones	\$ 623	623		
i. Appraisal (Specify purpose and	\$			
attach copy)*				3.55
			First 1	
j. Corporation Business Taxes (franchise tax)	\$ 6,941	6,941		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify)	\$ 39,221	39,221		
See Attached Schedule				
3. Resident Day User Fee	\$ 769,542	769,542		
Subtotal	\$ 3,011,791	3,011,791		

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

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

Stamford Acquisition I, d/b/a Cassena Care at Stamford, LLC 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	(CCNH	RHNS	(Specify)
		0		
Activities- Other Benefits	\$	424		12 day
Admissions- Other Benefits	\$	130		
Union Education	\$	25,445		PMS MILE
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	18		4.7 1	(A) 100 (A) 10
			· · · · · · · · · · · · · · · · · · ·	KI 2254
		7. 12. 13.225		2000334
	in the	V 2015		
Total	\$	25,999	\$ -	\$

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Admin - Sales Tax	\$ 39,221		3.33
			7 (Ma 77 (M) 37 (M)
	Tues Helis Silvania		
Total	\$ 39,221	\$ -	\$ -

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

Name of Facility License No.		Report for Y	Year Ended	Page	of
Stamford Acquisition I, d/b/a Cassena Care at Stamfo 1084-C		9/30/2016		16	37
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forwa	ırd:	3,011,791	3,011,791		
Travel and Entertainment					
Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	5,863	5,863		
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,941	1,941		
5. Education Expenses Related to Seminars and Conventions	\$	3,953	3,953		
6. Automobile Expense (not purchase or depreciation)	\$	112	112	<u> </u>	
7. Other (Specify)	\$	6,399	6,399		
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses)***	\$	2,108	2,108		
3. Advertising Other (Specify)***	\$	21,947	21,947		
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)***		Be die			British January
7. Postage	\$	9,237	9,237		
* 8. Dues and Membership Fees to Professional	\$	8,278	8,278		
Associations (Specify)					
See Attached Schedule			E Kik. Jor		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	5,132	5,132		
10. Contributions***	\$	1,812	1,812		Springer A 1998 M Cold Planning Property (1998
See Attached Schedule			H illing		
11. Services Provided by Contract (Specify and Complete	\$	119,794	119,794	Ever-lat normativity during tradition distributes	
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$		232,080		
13. Other (Specify)	\$	33,377	33,377	\$11500000000000000000000000000000000000	
See Attached Schedule				Siriesi.	
* Do not include Supergritions, which should go in item 9	\$	3,463,824	3,463,824		

^{*} 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)
A 1986年 1986年 1988年 -	0		· 機能 網絡
Admin - Meals and Entertainment (Disallowed)	\$ 6,399		- 海野 第
P CARTER NESS OF SERVICE			1967
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	等		1,0%
表。			
建筑		9843	
Total Other Travel and Entertainment	\$ 6,399	\$	5 -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		THE .
Marketing (Disallowed)	\$ 21,947	174	151310
	198		1988 2
Total Other Advertising	\$ 21,947	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		gu Huggi
CAHCF	\$ 8,278		PS H AND
	10000000000000000000000000000000000000	of Use	
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建生殖的	4	- 技術	部。
Total Dues	\$ 8,278	S	S -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
The state of the state of	0	a 14775 SH	
Scholarship Contributions	\$ 1,812	3. Jan	
Total Contributions	\$ 1,812	\$ -	s -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0.	Mary 45	(特別)
Admin - Recruiting Fees	\$ 6,500	Ellis Gar	
Social Services- Contracted Services	\$ 632	17 电路路	
Dietary- Books and Periodicals	\$ 180	1966	Sen .
Admin - Recruiting Fees	\$ 5,000		Tales S
Admin - Licenses	\$ 1,263		reniigi.
Admin- Bank Charges	\$ 16,708		
Admin- Books and Periodicals	\$ 16		100
Admin - Penalties	\$ 39	3.44	
Employee Fingerprinting	\$ 3,039	degr	180
Total Other Administrative and General	\$ 33,377	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of		
Stamford Acquisition I, d/b/a Cassena Ca	1084-C	9/30/2016	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 #		
Cassena Care Consulting	232,080		Pg 16 / Line m12		

^{*} 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)

	CD 114	1,	1	rage 5)	<u> </u>		Τ	
1			License		Report for Y		Page	of
Stamford Acquisition I, d/b/a Cassena Care at Stamfo		itor	4	1084-C	9/30/2010	5	18	37
	•.							
_	Item			Total	CCNH	RHNS	(S)	pecify)
2.	Dietary							Kura -
	a. In-House Preparation & Service		•					
-	1. Raw Food		\$		83,244			
<u> </u>	2. Non-Food Supplies		\$		28,782	 	<u> </u>	·
	3. Other (Specify)		_ \$	BARBAN PENTAS				1006235508053045095150
							la gen	
	1 D 1 10 : (1							
	b. Purchased Services (by contract other		\$	863,168	863,168	数 2.5 电影 1.7 4 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	sinita designia	
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**		\$				 	
	d. Other (Specify)		_ \$		・ 監察的は本外の共によ、一方式が		69186181818181818	itaken 1988 alaka kecaman
	T (I D) () ()							
2E.	Total Dietary Expenditures $(2a+b+c+d)$		\$	975,194	975,194		 	
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(S _I	ecify)
G.	Resident Meals: Total no. of meals served per	day	/: *			1		
H.	Is cost of employee meals included in 2E?	0	Yes	•	No			
I.	Did you receive revenue from employees?	0	Yes	•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	t Repor	t? (Page/Line)	Item)			
	Is cost of meals provided to persons other					*C .C		
K.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify		
	Members, Guests) included in 2E?					cost.		
L.	Is any revenue collected from these people?	0	Yes	•	No	If yes, specify		
	3371 2 4 2 1 4 12 4		. D	10 /D /T:	T	amt.		
<u>M.</u>		COS	i Kepor	r (Page/Line	nem)			
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes	•	No	If yes, specify cost.		
O.	Is any revenue collected from employees?	0	Yes	•	No	If yes, specify amt.		
P.	Where is the revenue received reported in the	Cos	t Repor	t? (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)

1		License No.			Year Ended	Page	of
Stamford Acquisition I, d/b/a Cassena Care at Stamford,		<u> </u>	084-C	9/30/201	<u> </u>	19	37
	Item		Total	CCNH	RHNS	(S ₁	pecify)
1. Bed	e Processing* I linens, cubicle curtains, draperies, vns and other resident care items	Lbs.		_		,	
was	shed, ironed, and/or processed.*** ployee items including uniforms,	Lbs.				<u> </u>	
gov	gowns, etc. washed, ironed and/or	LUS.					
pro	processed.***						
	sonal clothing of residents shed, ironed, and/or processed.***	Lbs.					
		Amt. \$					
4. Kep	4. Repair and/or purchase of linens.***	Lbs. Amt. \$					·
than thre	ed Services (by contract other ough Management Services) te Schedule C-2 att. Page 21)	\$	320,112	320,11	2		
	ment Services**	\$					
d. Other (S	pecify) pers, Undergarments, Supplies	\$	81,186	81,18	6		
	dry Expenditures $(3a+b+c+d)$	\$	401,298	401,29	8		
3F. Laundry QuG. Is cost of er		Yes	•	No	If yes, specify cost.		
H. Did you rec	reive revenue from employees? O	Yes	•	No	If yes, specify amt.		
I. Where is the	e revenue received reported in the Cost	Report?		(Page/Lin			
Is Cost of la	aundry provided to persons other	Yes	•	No	If yes, specify cost.		
K. Did you rec	eive revenue from these people? O	Yes	•	No	If yes, specify amt.		
L. Where is th	e revenue received reported in the Cost	Report?		(Page/Lir	e Item)		

^{*} Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

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

^{***} Pounds of Laundry only required for multi-level facilities.

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

Name of Facility License N	o. Ren	ort for Year E	Ended	Page	of
Stamford Acquisition I, d/b/a Cassena Care at S 1084-C		9/30/2016		20	37
		1			
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping Sq. Ft. Service	ed				
a. In-House Care by Personne					
1. Supplies - Cleaning (Mops, Amt.	\$				
pails, brooms, etc.)					
b. Purchased Services (by contract other Sq. Ft. Services)	ed				
than through Management Services) by Personne	el				
(Complete Schedule C-2 att. Amt.	\$	330,923	330,923		
Page 21)		, , , , , , , , , , , , , , , , , , ,	,		
c. Management Services*	\$				
d. Other (Specify)	\$		20,271		
Housekeeping Supplies					
4E. Total Housekeeping Expenditures $(4a+b+c+d)$	\$	351,194	351,194		
5. Resident Care (Supplies)**					
a. Prescription Drugs***			AL E		
1. Own Pharmacy	\$			Company of the Compan	
2. Purchased from	\$	412,220	412,220		
Guardian Consulting Services, Inc.					
b. Medicine Cabinet Drugs	\$	31,803	31,803		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	3,200	3,200		
e. Oxygen					
For Emergency Use	\$		E	Best to an a construction of the construction	
2. Other***	\$	12,786	12,786		
f. X-rays and Related Radiological	\$	28,105	28,105	-	
Procedures***					
g. Dental (Not dentists who should be included unde	r \$				
salaries or fees)				14.14	r alau
h. Laboratory***	\$	39,856	39,856		
i. Recreation	\$	30,229	30,229		
j. Other (Specify)****	\$		210,043		
See Attached Schedule					
5K. Total Resident Care Expenditures (5a - 5j)	\$	768,242	768,242		

^{*} 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)
	0		
Central Supply- Gloves	\$ 16,244	觀基	
Central Supply- Other Medical Supplies	\$ 110,159	73 192	
Central Supply- Office Supplies	\$ 255		1300 F 1400 2500 July 1
Central Supply- Wipes	\$ 3,577		製譜
Central Supply- Other Supplies	\$ 33,644	06965 32 62364 5	(明 1 明 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Central Supply- Rental Expense	\$ 44,888	7 Th	
Medical Records- Office Supplies	\$ 1,276	85.	通量
			沙里 隨
		脚 温温	
		"我想	門職
		湖湖, 淮	製鋼
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· · · · · · · · · · · · · · · · · · ·		描。	斯里
		表。 生	The lates and the lates are th
Total Other Resident Care	\$ 210,043	\$ -	\$

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

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

Name of Facility Stamford Acquisition I, d/b/a Cassena Care at Stamford, LLC	Cassena Care at Stamf	ord, LLC		License No. 1084-C	Report for Year Ended 9/30/2016	1			Page 21	of 37
		Deloted ** to Owners	Ourners							
		Operators, Officers	Officers		•		Total Cost/	Total Cost/Page Ref.**	<u>.</u>	
				•	•					
Name of Individual or Company	Address	Yes	Š	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
PointClickCare	Suite 155 Bloomington, Minnesota, 55431	0	0	N/A	Software	29,297			161	16 m11
	North Billerica, MA	C	G	N/A	Documention	676.73			71	16 m 11
I irton Starring	20 Unda Aug # 110			W/NI	Iondana	20,243			OT	1111
HealthCare Services Group	Vernon, CT 06066	0	•	N/A	Dietary Services	863,168			18	2b
,	30 Hyde Ave # 110,									
HealthCare Services Group	Vernon, CT 06066	0	0	N/A	Laundry Services	320,112			19 4b	4p
HealthCare Services Group	30 Hyde Ave # 110, Vernon, CT 06066	0	•	N/A	Housekeeping	330,923			20 4p	4b
	19 Wheeler St, New									
All American Waste, LLC	Haven, CT 06512	0	0	N/A	Waste Removal	28,851			22	J9
City Carting & Recycling	39 Woodland Ave, Stamford, CT 06902	0	0	N/A	Recycling	16,643			22	19
	3710 Main St,						ŀ			
Optimum	Bridgeport, CT 06606	0	0	N/A	Cable/Internet	23,072			20	Şi
Brian Capone Land Services	27 Diamonderest Ln, Stamford, CT 06903	0	•	N/A	Land Services	10,653			22	6f
Smartliny	Floor, Edison, NJ, 08837	•	0	N/A	Workforce Management	22.416			191	16 m11
		0	0							
		0	0				:			
		0	0							
		0	0							
			,]

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

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

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility License No.	Report for Ye	ear Ended		Page	of
Stamford Acquisition I, d/b/a Cassena Care at 1084-C	9/30/2016				37
Item	Total	CCNH	RHNS	(Specify	/)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 99,243	99,243			
b. Heat	\$ 218,593	218,593			
c. Light & Power	\$ 16,368	16,368			
d. Water	\$ 62,599	62,599			
e. Equipment Lease (Provide detail on page 6)	\$ 8,316	8,316			
f. Other (itemize)	\$ 101,419	101,419			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 506,538	506,538			
7. Depreciation (complete schedule page 23*)		_			
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 945	945			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 10,650	10,650			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 11,595	11,595			
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$ 1,147	1,147			
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$ 1,147	1,147			
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$ 1,093,753	1,093,753			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 109,016	109,016			
c. Personal property taxes	\$				
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$ 1,215,511	1,215,511			

^{*} 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)
· · · · · · · · · · · · · · · · · · ·	0		
Plant- Consulting Services	\$ 11,554	3	
Plant- Purchased Services	\$ 28,328	ar Galance	Fall Control
Plant- Contracted Services	\$ 61,057	The little	
Elevator Certificates	\$ 480	1914年	27 100 150 mm
			(4) P. A. B.
	Page.		機能能
			1 1 1
· 大學		183	
	111111		THE AN
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	Harten H		
	清清		
		1214 1654s	
Total Other Repairs and Maintenance	\$ 101,419	-	\$

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

			חבחובר	Dept ectation Schedure	annan					
Name of Facility Stamford Acquisition I Abbs Cassena Care at Stamford		110	License No.	ن ا		Report for Year Ended 9/30/2016	papu		Page	of 37
						Accumulated				
			Historical			Depreciation to	Method of			
			Cost Exclusive	•.	Cost to Be	Beginning of	Computing	Oseful	Depreciation	
Property Item			of Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements									7 Say Ga	
 Acquired prior to this report period 										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)									
A-4. Subtotal										
B. Building and Building Improvements										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)		165,795		165,795		S/L	Var.	945	
B-4. Subtotal										945
C. Non-Movable Equipment										
1. Acquired prior to this report period									924.01	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)									
C-4. Subtotal						Control of the contro				
	Is a mileage									
-	logbook	Date of	Historical	٠		Accumulated	0 1 1 1 1 1			
	maintained?	Acquisition	ss S	Less		Depreciation to	Method of			
	Yes No	Month Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment										
and year of each vehicle)		i.								
a.										_m_
р.										
c.										
d.						The second of the second		September of the second		
2. Movable Equipment										
a. Acquired prior to this report period										
b. Disposals (attach schedule)										
c. Acquired during this report period										
(attach schedule)		Var. Var.	98,157		98,157		S/L	Var.	10,650	
D-3. Subtotal										10,650
E. Total Depreciation										11,595

SEE RATE COMPUTATION REPORT FOR HISTORICAL ASSET VALUES

Stamford Acquisition I, d/b/a Cassena Care at Stamford, LLC 9/30/2016

Schedule of Land Improvements Acquired during this report period

		Userui	
Description of Item	Cost	Life	Depreciation
Control Control Control Control		110	
10.00 中国40.00 产产40.00		建铜 提	
		31144	
	E		4.00.000
	No. 1865	1448	or regular
Contraction of the contract of	DE HINE		1000
# 1947 # 2#PREF - GARES CONTROL STATE OF STATE	\$ -		\$
The second control of			
		3.53	25.45
	71 Jan Jill	HUSEL .	
		Marie I.	
A STATE OF THE STA	48.10		
		14.12%	e de
	19	46	200
Land Improvement	\$ -	137	\$ -
	Land Improvement	Land Improvement S.	Description of Item Cost Life Land Improvement Same and the second se

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Var.	See Attached	\$ 165,795	Var.	\$ 945
10.0			CHIPPED III	
AGE:	大学 法判据 表	1000 新港		i e
			1 A #	ing to
			建 基	
			1980.3	
Total additions for	Building Improvement	\$ 165,795	Y	\$ 945
Deletions:				
		N. J. Britan		100
			748 4	15.4
			#770 EN	
10.00		150	BEEN.	
alem.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7778 B	
Char	火 湖南 三龍 金			Bittin - Ba
Total deletions for	Building Improvement	S -	ART C	\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

	Donated of Mari	Cost	Useful Life	Depreciation
Acquisition Date Additions:	Description of Item	Cost	Life	Depreciation
11001101131		198		
â.			48.33	
45 to 10 to		- FA		
10 Sign - CM - 11 sign	HE 1845 1945 1945		学 福斯	
Contraction		100		
Total additions for	Non-Movable Equipmen	S -		S -
Deletions:				
	·		CONT.	
9-1-1-2				
E. Appl				
				1.11.50
Total deletions for l	Non-Movable Equipmen	\$ -		\$

^{*}Ties to Page 23, Line C3

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

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

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

Schedule of Movable Equipment Acquired during this report peric

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Var.	See Attached	\$ 98,157	Var.	\$ 10,650
70				
150				0.55
		-W		
		180		
		18		Since the second
Total additions for	Movable Equipmen	\$ 98,157	14	\$ 10,650
Deletions:				
	等。 第二章		1.00	104 10450.00
SPEAKER		- 75		
194 46 8		2000		1010
11 年 報		1986	1996	
- Milli		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e ildi	
Total deletions for	Movable Equipmen	S		\$ -

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

Schedule of Leasehold Improvements Acquired during this report periods

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			7.64	
排行 化特别				
		0.419	ii.	lei .
380			344	1946
1 海海	· 中部		Single Control	胡椒 。
			Para.	1000
Total additions for	Leasehold Improvemen	S -	1800 17.45	\$ -
Deletions:				
Light (d)		開門	. It is	AL.
i Silli di L	"大"。 第二章	(B)	11/2/19	
		三番 横		
		11 25		
344		(編)	Wa .	412
772胜	TO BE SHOWN THE STATE OF THE ST	Perfect.	Maria .	
Total deletions for	Leasehold Improvemen	\$ -		\$ -

^{*}Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Stamford Acquisition SNFF Depreciation Schedule 9/30/16

Date of Historical Cost to be Net Book (in 2016 2016 Depr Description Classification Acquisition Cost Depreciated months) Acum Value Land Land Total Land Land Building Improvements 2016 Acquisitions Walk in freezer Furnishing and enstabling new partition with 42" doors and safety glass Zoning enalysis Environmental Testing Electrical Wring and Lighting Automated Doors Building Improvements Building Improvements Building Improvements Building Improvements Building Improvements Building Improvements 9/30/2016 9/30/2016 9/30/2016 5/31/2016 9/18/2016 9,363 12,793 1,400 7,975 16,000 2,478 9,363 12,793 1,400 7,975 16,000 2,478 26 36 4 360.00 360.00 360.00 360.00 360.00 360.00 360.00 26 36 4 111 44 62 9.337 12,758 1,396 7,864 15,956 2,416 111 44 62 1/15/2016 1 0 51 Permit re: renovation Building Improvement 8/16/2016 200 168 9/16/2016 167 360.00 360.00 360.00 Wood Panels, reception & nursing stations, cabinets, picture boards Building Impro 9/23/2016 18,300 51 18,249 18,300 170 495 495 750 385 895 650 7,643 15,000 15,000 7,975 24,426 487 1,006 2,777 1,559 2,596 1,239 Building Improvements Building Improvements Building Improvements 10/7/2015 164 481 170 495 495 750 385 895 650 7,643 15,000 6 14 14 21 11 25 18 64 42 42 155 6 14 14 21 11 25 18 64 42 42 155 10/7/2015 12/8/2015 12/8/2015 12/8/2015 12/9/2015 12/17/2015 12/17/2015 installation of cold water fancet 481 729 374 870 632 7,579 14,958 installation of cold water faucet
installation of cold water faucet
Kitchen kink drain replacement
Installation of shut off and supply line for kitchen faucet 360.00 360.00 360.00 360.00 360.00 360.00 360.00 360.00 360.00 360.00 360.00 360.00 360.00 360.00 360.00 Building Improvements
Building Improvements
Building Improvements
Building Improvements
Building Improvements
Building Improvements installation of new drainage pipe Installation of boiler room copper line Construction Supplies 7/25/2016 Construction Supplies
Patio
Patio
Patio
Patio
Patio
Construction Supplies - Tiles, wood
Crite and Barrel
Building Supplies - 2.2 NDF Sq Edge 64, SC Fiber Skimcost
Building Supplies - 2.8 NDF Sq Edge 64, SC Fiber Skimcost
Building Supplies - Will angels
Building Supplies - Will angels Budding Improvements
Building Improvements 9/18/2016 9/27/2016 3/21/2016 15,000 7,975 24,426 487 1,006 2,777 1,559 2,596 1,239 14,958 7,820 8/21/2016 8/6/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 136 136 24,290 486 1,003 2,769 1,554 2,589 1,235 1,325 Furniture Furnismer
Building Supplies - Wall angle
Building Supplies - beige tile
Building Supplies - Marjam
Building Supplies - Marjam
Building Supplies Tile
Building Supplies - Cement
Building Supplies - Prime
Building Supplies - Marjam
Building Supplies - Marjam Building Improvements
Building Improvements 1,329 1.329 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 679 8,053 677 8,053 1,771 905 202 69 562 360.00 360.00 22 22 5 8.031 8,053 1,771 905 202 69 562 8,031 1,766 903 202 69 561 360.00 360.00 360.00 360.00 165,795 164,851 Total 2016 Acquisitions TOTAL BUILDING IMPROVEMENTS 165.795 165,795 945 945 164,851 Moveable Equipment Movable Equipment
Movable Equipment
Movable Equipment
Movable Equipment
Movable Equipment
Movable Equipment
Movable Equipment
Movable Equipment
Movable Equipment
Movable Equipment
Movable Equipment
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Movable Equipment
Movable Equipment 1,260 1,058 1,095 10,848 36.00 36.00 36.00 1,260 1,058 1,095 10,848 315 235 243 1,808 1,462 648 95 83 64 108 54 129 212 62 66 66 66 212 135 56 46 44 240 315 235 243 1,808 1,808 1,462 648 95 83 64 108 54 129 212 945 823 852 9,040 9,040 4,387 1/11/2016 2/16/2016 Telephone System Telephone System 2/19/2016 4/14/2016 Video Surveilance 36.00 Video Surveilance
Computers
Computers
Computers
Computers
installation of cold water faucet
Installation of cold water faucet
Installation of boths off and supply line for kitchen faucet
Installation of bother moun cooper line
Thereon Excinites and 4/14/2016 4/14/2016 1/7/2016 1/8/2016 2/5/2016 12/1/2015 12/1/2015 9/20/2016 10.848 10.848 36.00 5,850 4,317 711 495 385 650 3,250 5,850 4,317 711 495 385 650 3,250 857 1,414 36.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 3,669 616 413 321 542 3,196 728 1,202 Installation of boiler of Therapy Equipment Wandergard Wandergard Bods Mattresses Bods Mattresses Movable Equipment
Movable Equipment 1/21/2016 857 1,414 1/25/2016 1/25/2016 6/27/2016 12/3/2015 12/14/2015 12/14/2015 9/30/2016 9/30/2016 6/20/2016 8/2/2016 928 2,223 974 398 3,981 12,749 1,618 928 62 371 162 66 66 212 135 56 46 4 866 1,853 811 331 3,914 12,537 1,483 782 1,337 2,223 974 398 3,981 12,749 1,618 838 1,384 225 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 838 1,384 225 HDTV1 High Def 16 Channel DVR hard drive or outside can 40" LED to with mount and install, transmitter/receiver Movable Equipment Movable Equipment 222 1,362 309 10,578 2,837 1,265 459 976 261 1,712 1,569 1,465 447 Video Surveilance Air Curtain Heater Wayfair Computers Walmart - equipment clinton training stairs mitton Computers wall decor 14 twivel chairs Movable Equipment Movable Equipment Movable Equipment 240 41 1,397 315 21 8 17 4 29 27 25 1/22/2016 1,602 350 11,975 3,153 1,286 467 992 266 1,741 3/8/2016 3/8/2016 3/8/2016 4/7/2016 9/1/2016 9/1/2016 9/1/2016 350 11.975 3,153 1,286 467 992 266 1,741 1,596 1,490 455 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 60.00 41 1,397 315 21 8 17 4 29 27 25 8 Movable Equipment
Movable Equipment 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 9/1/2016 14 swivel chain 1,596 1,490 455 2,531 3,157 313 (1,573) Mavable Equipment Mavable Equipment
12 chairs
mirrors
plants
meganite glue and stone canvas
Therapy Equipment
Mavable Equipment 60.00 60.00 60.00 60.00 60.00 8 42 53 2,489 3,104 308 (1,547) 2,531 3,157 313 (1,573) 42 53 5 98,157 10,650 98,157 10,650 87,506 Total 2016 Acquisitions 87,506 Total Movable Equipment 10,650 98.157 98,157 10,650 165,795 98,157 165,795 9**8**,157 945 10,650 164,851 87,506 Building Improvements Movable Equipment 252,357 263,952 263,952 11,595 11,595 TOTAL Financial Statement Cost Report Values 11,595 252,357 263,952

Ties to coreresponding pages of Medicaid Cost Report

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

Amortization Schedule*

Name of Facility		F	License No.		Report for Year Ended	r Ended		Page	Jo
Stamford Acquisition I, d/b/a Cassena Care at Stamford, I	at Stamford,	ΊĽ	1084-C		9/30/2016			24	37
					Accumulated				
	Date of	<u></u>			Amort. to				
	Acquisition	ion			Beginning of	Basis for			
			Length of	Cost to Be	Year's	Computing	Rate	Rate Amortization	
Item	Month Y	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A. Organization Expense									
1. Organization Expense	11	15		10,145		S/L		1,147	
2.								o L.	推 题
3.								0.610.413	
A-4. Subtotal									1,147
B. Mortgage Expense								4267070	
1.									
2.									
3.								SM*COO	
B-4. Subtotal									
C. Leasehold Improvements and Other	I.								
1. Acquired prior to this report period	d								
2. Disposals (attach schedule)									
3. Acquired during this report period									
(attach schedule)							e right is one		
C-4. Subtotal									
D. Total Amortization									1,147
* Cturicht line mothed mist be need									

* 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.

SEE RATE COMPUTATION REPORT FOR HISTORICAL ASSET VALUES

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

Name of Facility Stamford Acquisition I, d/b/a Cassena	License No. 1084-C	Report for Year En	ded			of 37
	100.0	773072010				
11. Property Questionnaire						
Part A						
Is the property either owned by the	ne Facility	Yes	0	NIO	If "Yes," complete P	
or leased from a Related Party?*					If "No," complete Pa	art C.
*If any owner or operator of this fac						
business association to any person or related party transaction.	or organization from whom	buildings are leased, the	n it is considered a			
Description		Total				
Date Land Purchased		11/16/15				
Date Structure Completed		1			1951	
3. If NOT Original Owner, Date	e of Purchase	11/16/15	L.L.	3.0		
4. Date of Initial Licensure		1			Midden	
5. Total Licensed Bed Capacity		156				
6. Square Footage		45,146				
7. Acquisition Cost						
a. Land		905,000				
b. Building		8,145,000		Marie and		
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	:
1. Financing					1 200	
a. Type of Financing (e.g., f	ixed, variable)	Fixed	Fixed			
b. Date Mortgage Obtained		11/16/15	11/16/15			
c. Interest Rate for the Cost	Year	4.00%	4.50%			
d. Term of Mortgage (numb	er of years)	10	7			
e. Amount of Principal Borr	owed	905,000	8,145,000		·	
 f. Principal balance outstand 	ding as of 09/30/2016	92,000	7,139,200		The second secon	
Complete if Mortgage was l	Refinanced					
During Current Cost Ye	ear	MA II				1
g. Type of Financing (e.g., f	ixed, variable)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (numb						
k. Amount of Principal Borr						
l. Principal Outstanding on			<u> </u>			
Part C - Arms-Length Leas				1	1	
Name and Address of Lesso	or Pr	operty Leased	Date of Lease	Term of Lease	Annual Amount of	Lease
			ļ	 		
				ĺ		
			<u> </u>	1	<u> </u>	

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

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

Name of Facility License No.		Report for Ye	ar Ended		Page of
Stamford Acquisition I, d/b/a Cassena 1084-C		9/30/2016			26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest A. Building, Land Improvement & Non-Movable Equipment					
First Mortgage Name of Lender	Rate				
Address of Lender					
Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
Third Mortgage	\$				
Name of Lender	Rate	100			
Address of Lender		2.5 26/M - 64K			
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					154.3E
B. CHEFA Loan Information					A sa
1. Original Loan Amount	\$		3.0		LÍ É
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 Facilit		License No.		Report for Y	ear Ended		Page	of
Stamford Acqui	sition I, d/b/a Cass	1084-C		9/30/2016			27	37
	Ite	am.		Total	CCNH	RHNS	(Snoo	:4.7
	100		rought Forward:		CCNH	KIINS	(Spec	шу)
12. C. Mova	ble Equipment	Subtotal's Di	Tought Torward.					
	itomotive Equipme	nt	\$					
	Item	Rate	Amount	THE STATE OF THE S				
Lender								
Address of Lend								
Address of Lene	ICI							
2. Ot	her (Specify)		\$			15 (14 to 15 (14		egaibaird
	Item	Rate	Amount					
Lender								
A dduses of Lorent	1							
Address of Lend	ier				1.0			
В	Item	Rate	Amount					
]	110111	Ruic	7 Milouni					
Lender								
Address of Lend	ler					£		
12. C. 3. To	tal Movable Equip	ment Interest		Milio Albumada, B				
	pense (C1 + 2)		\$		•			
	Interest Expense (Specify)	\$	22,129	22,129			
Work	ing Capital Interest							
					Estate Control of the	regit regits		
	Interest Expense (1	2B7 + 12C3 + 12D	D) \$	22,129	22,129			
14. Insurance	maa on Dusussuts (l.	wildings only)	ф	15 201	15 001			
	ance on Property (bance on Automobile		<u> </u>	15,201	15,201	-	+	
							+	
c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$					75,383			
	e and Extended Co		\$					
	her (Specify)		\$					
14d T-4-17		on (14n 1 1 -)	<u>-</u>	00.504	00.704			
	rance Expenditur Expenditures (A-1.		<u> </u>		90,584		+	
13. I Olai All I	Experimentes (A-1.	mru C-14)	<u> </u>	13,040,/12	15,646,712		<u> </u>	

D. Adjustments to Statement of Expenditures

	me of Facility Microsoft Acquisition I, d/b/a Cassena Care at Stamford, LLC License No. 1084-C		Report for Year 9/30/2016	Page 28	of 37				
Stam	IOIU A	lequis	ition 1, d/b/a Cassena Care at Stainford, LLC	_	Total	9/30/2010		20	
Itam	Page	I ina			Amount of				
No.			Item Description		Decrease	CCNH	RHNS	(Sne	ecify)
			es and Wages		Decrease	CONT		(5)	
1 uge 1.	10-2		Outpatient Service Costs	\$					January 12 25 18 28
2.			Salaries not related to Resident Care	-\$					
3.	10	Λ12α	Occupational Therapy	-\$	423,200	423,200			
4.	10	A12g	Other - See attached Schedule	-\$	423,200	423,200			
	13 - 1	Profes	sional Fees	Ψ					
5.	13-1	l	Resident Care Physicians **	\$			####### 54121##		M45141574546504444
6.			Occupational Therapy	\$		1		· · · · · ·	
7.			Other - See attached Schedule	\$					
	s 15 &	16 -	Administrative and General	_			WT HEET		
8.		<u> </u>	Discriminatory Benefits	\$				· · · · · · · · · · · · · · · · · · ·	
9.			Bad Debts	\$					
10.	15	1e	Accounting & Legal	\$	31,665	31,665			
11.			Telephone	\$		<u> </u>			
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life					i de la composición	
			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				4177211851		
			conferences or seminars outside the						
	İ		continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m2/3	Unallowable Advertising *	\$	24,055	24,055		<u></u>	
19.	15	j	Income Tax / Corporate Business Tax	\$	6,691	6,691			
20.	16	m10	Fund Raising / Contributions	\$	1,812	1,812			
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$		ļ			
23.			Other - See attached Schedule	\$	6,992	6,992	Service of the servic		
	18 - 1	Dietar	y Expenditures				enen	500	
24.			Meals to employees, guests and others						
			who are not residents	\$	HEROOFE STOCKER HERBERKER PERSONS	e British in Septimina de Septimina de British de Septimina de Septimi			No. of the supplemental states
	19 - 1	Launa	ry Expenditures			: 672. 1 4.231. 2 78640			
25.			Laundry services to employees, guests						
	<u> </u>		and others who are not residents	\$		WT911176FELINIA RESIDENCE	ggggggargan i canning		
		House	keeping Expenditures				31 31 31 32 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
26.			Housekeeping services to employees, guests						
	L		and others who are not residents	\$	40.4.45	1		-	
			Subtotal (Items 1 - 26)) \$	494,415	494,415		<u> </u>	

^{*} 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)
	Tall .			13.5	鐵工具
100			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			144	Sille.	開新祖 。
			145 (24) 2 151	ACIL.	
	100		3.4		
	14 10	[編集 2			14
	198	(T) 1.1 (12) 4 (2) 4 (2) (13) (13) (13) (13) (13) (13) (13) (13		200	90/1888
Total Othe	r Salaries /	Adjustment	\$ -	\$ -	S -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	100		WARE .		· · · · · · · · · · · · · · · · · · ·
			William.	(1)	3
100	į.				
	Market 1	THE PARTY OF THE P	100	リ連動	
					96.90
				7	7,3
	2. 赚款				
	7.7	重型 特限 - 200g - 30g -	Section 1	(1) (1)	
Total Othe	r Fees Adj	ustments	\$ -	S	\$

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Activities- Other Benefits	\$ 424		Fillige.
15	1a9	Admissions- Other Benefits	\$ 130		74
16	17	Admin - Meals and Entertainment (Disallowed)	\$ 6,399	100	一种
16	m13	Admin - Penalties	\$ 39		
519H286	AND SUPERIOR		107 JAN	4-0 (Mill)	
	1000	100 mg	737		16 di
Total Othe	r A&G Ad	justments	\$ 6,992	S -	\$ 4

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

			D. Adjustments to Statement	 			r <u> </u>	
	e of Fa			cense No.	Report for Y	ear Ended	Page	of
Stam	ford A	cquis	ition I, d/b/a Cassena Care at Stamford, LL	1084-C	9/30/2016		29	37
				Total			İ	
Item	Page	Line		Amount of				
No.	No.	No.	Item Description	Decrease	CCNH	RHNS	(S ₁	pecify)
			Subtotals Brought Forward \$	494,415	494,415	40.00 A 10.00 A 10.00 A 10.00 A	Thirties to take the same	econtra en antesti como e e a a a a a a a a a a a a a a a a a
Page			nt Care Supplies***	- (集)膜				
27.			Prescription Drugs \$		412,220			
28.		5d	Ambulance/Limousine \$	+	3,200			
29.		5f	X-rays, etc	 	28,105			
30.	20	5h	Laboratory \$		39,856			
31.			Medical Supplies					
32.	20	5e2	Oxygen (non emergency)	 	12,786			
33.			Occupational Therapy \$					
34.			Other - See Attached Schedule	17,580	17,580	(The last of the		hadinin along till til an og state og state og state og state og state og state og state og state og state og
-	22 - N	Mainte	enance and Property					
35.			Excess Movable Equipment Depreciation				16.10	
			See Attached Schedule	The Address of Year Management and the International Section (1997)		emerican construction and	Dorman Male	
36.			Depreciation on Unallowable					
			Motor Vehicles					
37.			Unallowable Property and Real			400		
			Estate Taxes					
38.	<u></u>		Rental of Building Space or Rooms					
39.			Other - See Attached Schedule	1,147	1,147			
Page	27 - I	nsura	ince		aleat			
40.			Mortgage Insurance					
41.			Property Insurance	5			17.17.17	
Othe	r - Mis	scella	neous					
42.			Research or Experimental Activities		l			
43.			Radio and Television Revenue	1			1	
44.			Vending Machine Revenue					
45.			Purchase Discounts and Allowances	S				
46.			Duplications of functions or services	S				
47.	l		Expenditures made for the protection,					
			enhancement or promotion of the		Bar.			
			providers interest					
48.			Interest Income on Accounts Rec	S				
49.			Other (include personnel and other					
			costs unrelated to resident care) - See		7 15 7 E			
			Attached Schedule	1,233	1,233			
Not 1	For Pr	ofit P	roviders Only			to settlement		
50.			Building/Non Movable Eq. Depreciation					
1			Unallowable Building Interest -					
			See Attached Schedule	5	237220077-550000			
51.	Total	Amo	unt of Decrease (Items 1 - 50)	1,010,542	1,010,542			

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Excess Cable Expense (See attachment)	\$ 17,580	740	P 10 MA
12.0		17. 有體 建			
			PAR NO.		4 15 15
				di Ta	第二個。
94				6 - 66	
11/31			Ship in	Part Mark	事
		THE STATE OF THE S	100		.8b
		是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			4 小
					all the second
Total Othe	r Ancillary	Costs	\$ 17,580	\$ -	S = -

Schedule of Excess Movable Equipment Depreciation

Page Ref Line R	Ref Description	CCNH	RHNS	(Specify)
4.3				j) j)
				Figi
		4	, 5 87	429
		\$		Tal. 55.
A STATE				
		The Mills	Age out	
			The sale.	77.48
			FORT FORE	調整
				Ti-
Total Excess Mova	able Equipment Depreciation	S -	\$ -	s -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
24	Ál	Amortization	\$ 1,147	, Fi	
	75 W			100	
	76				
				- 40	144.0
			ista saka		
The sale					Fifther a
466			7 1 1	Par	23
Total Othe	r Property	Adjustments	\$ 1,147	\$ -	S -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Other Miscellaneous Income (Disallowed)	\$ 262	Alpha Milian	1
30	IV8	Medical Records Income (Disallowed)	\$ 290		9 4
30	IV8	Rebates and Refunds (Disallowed)	\$ 681		70
i i					168
				Section Application	Jille We
			State of the state	i deline	1 提 4
4 - 4	Gia.		(B)	4.	福祉
	Sec. 5		腦的 华。5.	14	- P\$1
		The state of the s	The Market		- 智格
7. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Maria Commission (S.)			
Total Other	r Adjustme	ents D	\$ 1,233	s -	\$

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			# wh	(0.5)	器 進一
7 1944			A 1945		7.0 T
					38 91 1 2
110000	PM - 123				
	70 - B		州門福 斯	r Shir	連盟
		推	F	e and	1986
			1,269	760	- 174 <u>1</u>
					4.
			ere e		15
Su lis					44.4
Total Unal	owable Bu	ilding Interest	IS 10 -	\$ -	S -

Cassena care of Norwalk Disallowance Schedule for Cable TV 9/30/2016

Pg. 29b

Total Cable TV Expense reclamment 105	ssed to	\$ <u>Amount</u> 20,726	C TB Linked
Annual Allowable Amount		\$ 3,600	A
Days in Cost Report Year		319	
319/365		0.8740	В
Total Allowable Cost	(A x B)	\$ 3,146	D
Disallowed Cable TV	(C - D)	\$ 17,580	-

F. Statement of Revenue

r. Statement of Re					T2	
			Page	of 37		
Stamford Acquisition I, d/b/a Cassena Car 1084-C		9/30/2016			30	3/
Itom		Total	CCNH	RHNS	(Spec	(.
I. Resident Room, Board & Routine Care Revenue	\dashv	Total	CCNII	MINS	(Spec	11y)
	¢	15,115,707	15,115,707			200
a. Medicaid Residents (CT only) b. Medicaid Room and Board Contractual Allowance **	D	(6,746,063)	(6,746,063)			
Medicaid Room and Board Contractual Anowaite a. Medicaid (All other states)	\$	(0,740,003)	(0,740,003)			
b. Other States Room and Board Contractual Allowance **	\$	_				
3. a. Medicare Residents (all inclusive)	<u>\$</u>	4,499,183	4,499,183			
b. Medicare Room and Board Contractual Allowance **	\$	1,280,154	1,280,154			
A. a. Private-Pay Residents and Other	\$	2,144,115	2,144,115		 	_
b. Private-Pay Room and Board Contractual Allowance **	\$		(300.800)		 	
II. Other Resident Revenue	_	(900,000)	268.30			
a. Prescription Drugs - Medicare	\$	1936 - 19364946 1936			1823 n. 500 c. z	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
b. Prescription Drugs - Medicare Contractual Allowance **	\$				 	
c. Prescription Drugs - Non-Medicare	\$					-
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
a. Medical Supplies - Medicare		–				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	857,724	857,724			
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$	225,161	225,161			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	229,702	229,702		-	
b. Speech Therapy - Medicare Contractual Allowance **	\$.,,		1	
c. Speech Therapy - Non-Medicare	\$	67,757	67,757			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	988,157	988,157			
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$	268,263	268,263			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$			•		
6. a. Other (Specify) - Medicare	\$	(2,021,716)	(2,021,716)			
b. Other (Specify) - Non-Medicare	\$	(543,844)	(543,844)			
III. Total Resident Revenue (Section I. thru Section II.)	\$	16,063,500	16,063,500			
IV. Other Revenue*				T		
1. Meals sold to guests, employees & others	\$		de la company de	diagnostica de la companya de la co		HARMANA NATIONAL
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$		1,233			
V. Total Other Revenue (1 thru 8)	\$		1,233			
VI. Total All Revenue (III+V)	\$					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		16,064,733	16,064,733	l		

^{*} 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)
	()	0		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
30 II 6a	Laboratory - Part A	\$ 378,646	0.00	
30 II 6a	Radiology - Diagnostic Part A	\$ 25,210		要
30 II 6a	Pharmacy - Medicare Part A	\$ 290,628		
30 II 6a	Medicare 2% Reduction	\$ (87,982)	THE COLUMN	
30 II 6a	Ancillary Allowance - Part A	\$ (2,585,400)	1356	攤
30 II 6a	Ancillary Allowance - Part B	\$ (38,481)	欁	
30 II 6a	Ancillary Allow -ISNIP Pt B	\$ (4,337)	1 1	
Total Oth	er Resident Revenue - Medicare	\$ (2,021,716)	S -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0	14 766	a Tita
30 H 6b	Laboratory - Private	\$ 7,148	144 贈	
30 II 6b	Laboratory - Medicaid	\$ 7,094		
30 II 6b	Laboratory - 3rd Party Insuran	\$ 382		
30 II 6b	Pharmacy - Private	\$ 5,452		
30 П 6Ъ	Pharmacy - Medicaid	\$ 3,519		
30 II 6b	Pharmacy -3rd Party Insurance	\$ 6,688		1160)
30 II 6b	Ancillary Allowance - Medicaid	\$ (132,957)		
30 II 6b	Ancilary Allowance - 3rd Party	\$ (441,170)	Silver and	
Total Oth	er Resident Revenue	\$ (543,844)	S -	S -

Interest Income

Account

Page Ref Account	Bal	ance CCNH_	RHNS	(Specify)
	1	TO TO	HYTELE HYTELE	7. 持續
· 建二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	建	新山	PER .	THE PARTY.
3	(C. 1917)	力 10世 日 7世	1 10 1	一直開
計學第一 "	海 糖 掛	1 10		100
Total Interest Income	¥ 35 GH2	S = -	\$ -	\$ - ·

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0	Way -	SAGET:
30 IV 8	Medical Records Income (Disallowed)	\$ 290	78	學數。
30 IV 8	Rebates and Refunds (Disallowed)	\$ 681		
30 IV 8	Other Miscellaneous Income (Disallowed)	\$ 262		
100	19 19 19 19 19 19 19 19 19 19 19 19 19 1			
	The state of the s	APP TO SERVE		
		1.74		
100		24.0		
		18 P. P. P. J. P.	G. Japan	
h ins		100	1.14	
Total Oth	er Revenue	\$ 1,233	\$ +	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Pa	age of
Stamford Acquisition I, d/b/a Cassen	a (1084-C	9/30/2016	3	1] 37
	Account			Amount
Assets	-	·		·
A. Current Assets				
1. Cash (on hand and in bank	s)		\$	326,974
2. Resident Accounts Receiva			\$	2,909,665
3. Other Accounts Receivable	(Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	110,109
a. Prepaid Expenses		1,604		
b. Prepaid Insurance		108,505		11
c				
d.	· · · · · · · · · · · · · · · · · · ·			
6. Interest Receivable			\$	
7. Medicare Final Settlement			\$	
8. Other Current Assets (item:	ize)	5 224	\$	5,324
Exchange		5,324		
				某些 机
A-9. Total Current Assets (Lines A	1 thru 8)	·	\$	3,352,072
B. Fixed Assets				
1. Land		<u></u>	\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Deprecia		- -	164.051
3. Buildings	*Historical Cost	165,795	\$	164,851
	Accum. Deprecia	tion 945 Net		<u> </u>
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Deprecia	tion Net		
5. Non-Movable Equipment	*Historical Cost		 \$	
	Accum. Deprecia			07.506
6. Movable Equipment	*Historical Cost	98,157	\$	87,506
	Accum. Deprecia	tion 10,650 Net		
7. Motor Vehicles	*Historical Cost	··	\$	
	Accum. Deprecia	tion Net	<u> </u>	<u></u> -
8. Minor Equipment-Not Dep	preciable		\$	
9. Other Fixed Assets (itemize	e)		\$	(15,492)
F/S to C/R Variance	•	(15,492)		
B-10. Total Fixed Assets (Lines	B1 thru 9)		\$	236,865

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended		Page	of
Stam	ıforc	d Acquisition I, d/b/a Cassena	1084-C	9/30/2016		32	37
			Account		L	Amo	
			··-····	Total Brought Forward	\$		3,588,937
C.		asehold or like property record	ed for Equity Purpose	es.			
		Land		<u></u>	\$		
	2.	Land Improvements	*Historical Cost		١.		
			Accum. Depreciatio	n Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost	· · · · · · · · · · · · · · · · · · ·			
			Accum. Depreciatio	n Net	\$		
	5.	Movable Equipment	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciatio	n Net	\$		
		Minor Equipment-Not Deprec			\$		
C-8		tal Leasehold or Like Propert	ies (C1 thru 7)		\$		
D.		vestment and Other Assets					
	1.	Deferred Deposits			\$		
	2.	Escrow Deposits	* ***		\$		
	3.	Organization Expense	*Historical Cost	10,145			
			Accum. Depreciation	n 1,147 Net	\$		8,998
		Goodwill (Purchased Only)			\$		
	5.	Investments Related to Reside	ent Care (temize)		\$	***************************************	
			•				
	6.	Loans to Owners or Related I	Parties (itemize)		\$	and the second s	
		Name and Address	Amount	Loan Date			
	7	Other Assets (itemize)	<u> </u>		\$		60,259
	<i>,</i> .	Due to Prior Owner		60,259			
		Due to 11101 O WHO!					11
							Wale III
D-8	To	tal Investments and Other Ass	sets (Lines D1 thru 7)	\$	antriikinisteeti	69,257
		tal All Assets (Lines A9 + B1)			\$	-	3,658,194

^{*} 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 Fa	cility		License No.	Report for Year	Ended	Page	of
Stamford A	cquisi	tion I, d/b/a Cassena Care at	1084-C	9/30/2016		33	37
		I	Account			An	nount
Liabilities		-					
Α.	Cu	rrent Liabilities			İ		
	1.	Trade Accounts Payable					689,644
	2.	Notes Payable (itemize)			9		
							a.
	2	Loons Davidhlo for Cavinne	ant Comment requires) (itamira)	5		
	٥.	Loans Payable for Equipme Name of Lender	Purpose	Amount	Date Due		100 MILITARY & 100
		Name of Lender	Turpose	Allouit	Date Due		
•			1				
					Marine Control		
						15	
	4.	Accrued Payroll (Exclusive	9		334,639		
	5.	Accrued Payroll (Owners a		only)	9		
	6.	Accrued Payroll Taxes Pay				<u> </u>	12,964
	7.	Medicare Final Settlement					
	8.	Medicare Current Financin	* '		9		
	9.	Mortgage Payable (Current		1 . In		<u> </u>	
		. Interest Payable (Exclusive	of Owner and/or R	elated Parties)		<u> </u>	
		. Accrued Income Taxes*				<u> </u>	902.002
	12	Other Current Liabilities (it		062 4 15			802,093
		Accrued Vacation/Sick Time	412,	863 Accrued Expenses	171,762		
		Garnishee Payable		(55) Accrued User Fee 124)	217,788		
		401K Payable Child Support Payable		141)			
Δ_13	3 To	tal Current Liabilities (Line		141)			1,839,340
Λ-1.	, IU	tal Carrent Linointes (Line				ν	1,007,070

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

G. Balance Sheet (cont'd)

Name of Facility	License No.				of
Stamford Acquisition I, d/b/a Cassena Care		9/30/2016		34	37
	Account			Aı	nount
	ght Forward:		1,839,340		
Liabilities (cont'd)					
B. Long-Term Liabilities	<i>(</i>		\$		
1. Loans Payable-Equipment					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	ated Parties (itemize)		\$		711,324
Name and Address of Lender	Amount	Loan I	Date	1624	
					Hik
Stamford Acquisition II,					
LLC	711,324	Various			
			100 100 100		
					k û i
	<u> </u>				
4. Other Long-Term Liabilitie	es (itemize)	-0.2 0.3 3	\$		705,000
Line of Credit		705,000			
B-5. Total Long-Term Liabilities ((ines R1 thru 4)		\$		1,416,324
C. Total All Liabilities (Lines A-	13 + B-5)		\$		3,255,664
C. 10001110 Discounting (Lines II					J,2JJ,00T

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

	ne of Facility License No. Report for Year Ended 9/30/2016	Pa 3	age	of 37
Stai	Account		Amount	31
A.	Reserves			
	Reserve for value of leased land	\$	·	
	Reserve for depreciation value of leased buildings and appurtenances to be amortized	\$		
	3. Reserve for depreciation value of leased personal property (Equity)	\$		
	4. Reserve for leasehold real properties on which fair rental value is based	\$		
	5. Reserve for funds set aside as donor restricted	\$		
	6. Total Reserves	\$		
B.	Net Worth			
	1. Owner's Capital	\$		
	2. Capital Stock	\$		
	3. Paid-in Surplus	\$		
	4. Treasury Stock	\$		
	5. Cumulated Earnings	\$		
	6. Gain or Loss for Period 11/16/2015 thru 9/30/2016	\$	40	02,530
	7. Total Net Worth	\$	4(02,530
C.	Total Reserves and Net Worth	\$	4	02,530
D.	Total Liabilities, Reserves, and Net Worth	\$	3,6	58,194

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Stamford Acquisition I, d/b/a Ca	ssena C: 1084-C	9/30/2016		36	37
Account				Aı	mount
A. Balance at End of Prior Pe	riod as shown on Report o	f 09/30/2015		\$	
B. Total Revenue (From State				\$	16,064,733
C. Total Expenditures (From	Statement of Expenditures	Page 27)		\$	15,662,203
D. Net Income or Deficit				\$	402,530
E. Balance					402,530
F. Additions					- 10 m
Additional Capital Con	, ,				
Expenses per Page					
F/S to C/R Variance	•				
Rounding	(1)			i i	
Expenses Page 36	Ln C 15,662,203				136
2. Other (<i>itemize</i>)					
					一根基
					198
F-3. Total Additions				\$	and the experience of the control of
G. Deductions					
1. Drawings of Owners/C	perators/Partners (Specify)		\$	
Name and Address (N	o., City, State, Zip)	Title	Amount		
				44.	
2. Other Withdrawings (S	pecify)			\$	
Purp		Amo	ount		
	<u></u>		-		
3. Total Deductions		<u> </u>		\$	Man A. C. L
H. Balance at End of Period	09/3	0/16		\$	402,530
11. Datanee at Lita of Tenou	07/3	0/10		1*	102,000

I. Preparer's/Reviewer's Certification

Name of Facility	ame of Facility License No. Report for Year Ended		Page of		
Stamford Acquisition I, d/b/a Cassena Care	1084-C	9/30/2016 37			
	Check appropriate category				
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)			
	Preparer/Reviewer Certificat	tion			
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.					
Signature of Preparer	Title PRINCIPAL	Date Signed 2/13/17			
Printed Name of Preparer Matthew S. Bavolack					
Addres Address		Phone Number			
1555 Long Wharf Drive New Haven CT 065	11	203-781-9600			

Subject to the attached accountants' consulting report



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Cassena Care at Stamford, LLC for the year ended September 30, 2016, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Cassena Care at Stamford, LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Cassena Care at Stamford, LLC and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT February 11, 2017



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

Stamford Acquisition I, d/b/a Cassena Care at Stamford, LLC Facility Name Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary. 1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21? Explanation: 2. Are the methods of allocating costs consistent with cost year 2015? If not, explain the reporting change. **Explanation:** 3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation. **Explanation:** 4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report. Explanation:

Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?
Yes No Explanation:	6. During cost year 2016, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No Explanation:	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No Explanation:	8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No No Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No The No Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No V Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No Explanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2015?
Yes No V Explanation:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No V Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No Ves No Explanation:	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No No Explanation:	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No V Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No Explanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Client: Engagement: Period Ending:	Cassena Care of Stamford Medicald - Cassena Care of Stamfo 9/30/2016	rd III	
Trial Balance;	AL01 - TB-CCNH		16 MB2 (c. 15 Mars)
Account	Description	ADJ JE Ref#	RJE FINAL
		9/30/2016	9/30/2016
1011.000	Cash - Operating Account	324,184.00	324,184.00
1012.000	Cash - Payroll Checking	(210.00)	(210.00)
1014.000	Petty Cash	3,000.00	3,000.00
1031.000	A/R Medicare Part A	551,029.00	551,029.00
1031.200	A/R Medicare Part B Snf	58,314.00	58,314.00
1032.000	A/R Medicaid Snf	1,214,241.00	1,214,241.00
1032.300	A/R Nami	41,305.00	41,305.00
1032.400	A/R Pending Medicaid	57,823.00	57,823.00
1033.000	A/R Private	126,976.00	126,976.00
1034.000	A/R Hospice	20,790.00	20,790.00
1034.500	A/R-3Rd Party Ins/Co-Ins	791,283.00	791,283.00
1034.501	A/R MANAGED MEDICARE	(4,050.00)	(4,050.00)
1034.600	A/R VA	51,954.00	51,954.00
1083.200	Patient Refund Exchange	3,795.00	3,795.00 1,635.00
1083.300	Exchange - Other	1,635.00 (106.00)	(106.00)
1083.400	Exchanges - Patient Funds	60,259.00	60,259.00
1086.000 1120.000	Due to/from Prior Operator Prepaid Expenses	35,285.00	35,285.00
1120.000	Prepaid Insurance	28,996.00	28,996.00
1127.000	Prepaid Insurance - W.C.	45,828.00	45,828.00
1170.000	Leasehold Imp 15 Year	189,789.00	189,789.00
1190.100	Mme - 5 Year	70,182.00	70,182.00
1190.110	Mme 10 Year	3,981.00	3,981.00
1270.000	Leasehold ImprovAcc Amort.	(12,653.00)	(12,653.00)
1290.000	Mme - Accum Dep - General	(14,434.00)	(14,434.00)
1361.100	Start Up Costs	10,145.00	10,145.00
1365.000	Amortization Of Start Up Costs	(1,147.00)	(1,147.00)
2012.040	Line Of Credit	(705,000.00)	(705,000.00)
2021.000	Accounts Payable - Trade	(689,644.00)	(689,644.00)
2031.000	Accrued Payroll	(334,639.00)	(334,639.00)
2032.000	Accrued Sick And Vacation	(412,863.00)	(412,863.00)
2036.000	Fica Payable	(8,582.00)	(8,582.00)
2041.010	Sui Payable	(4,077.00)	(4,077.00)
2041.020	Futa Payable	(305.00)	(305.00)
2049.000	Garnishee Payable	55.00	55.00
2049.010	401K Payable	124.00	124.00
2049.030	Child Support Payable	141.00	141.00
2056.000	Accrued Expenses	(389,550.00)	(389,550.00)
2116.000	Due To Related Party -Landlord	(711,324.00)	(711,324.00)
3020.000	Room and Board - Private	(1,208,250.00)	(1,208,250.00)
3020.100	R & B - Medicare Part A	(3,688,488.00)	(3,688,488.00)
3020.300	R & B - Medicaid	(15,115,707.00)	(15,115,707.00)
3020.400	R & B - Hospice	(147,465.00)	(147,465.00) (306,365.00)
3020.500	R & B - 3rd Party Insurance	(396,365.00) (810,695.00)	(396,365.00) (810,695.00)
3020.501 3020.600	Room and Board - Mgd Medicare R & B - VA	(343,005.00)	(343,005.00)
		(343,003.00)	(7,148.00)
4210.000 4210.100	Laboratory - Private Laboratory - Part A	(378,646.00)	(378,646.00)
4210.100	Laboratory - Medicaid	(7,094.00)	(7,094.00)
4210.500	Laboratory - 3rd Party Insuran	(382.00)	(382.00)
4240.100	Radiology - Diagnostic Part A	(25,210.00)	(25,210.00)
000		(,)	, , , , , , , , , , , , , , , , , , , ,

Account Description						7:11 PM
4270.000 Pharmacy - Private (5.452.00) (290.828.00) (290.828.00) (270.100 Pharmacy - Medicare Part A (290.628.00) (290.828.00) (3.519.00) (3.519.00) (4270.500 Pharmacy - Medicare Part A (290.628.00) (6.888.00)	Account	Description	ADJ	JE Ref#	RJE	FINAL
4270, 100 Pharmacy - Medicare Part A (200,628,00) (3,519,00)			9/30/2016			9/30/2016
4270.300 Pharmary'- Medicaid (3,519.00) (3,519.00) (6,688.00) (6,688.00) (6,688.00) (5,43.00) (54.3.00) (54.3.00) (54.3.00) (54.3.00) (54.3.00) (54.3.00) (54.3.00) (54.3.00) (33.3.00) P.T. Income - Medicare Part A (802,785.00) (80.27.85.00) (40.5.41	4270.000	Pharmacy - Private	(5,452.00)			(5,452.00)
4270.500 Pharmacy-3rd Party Insurance (6,888.00) (6,888.00) (543.00) (543.00) (433.0100 P.T. Income - Private (543.00) (543	4270.100	Pharmacy - Medicare Part A	(290,628.00)			(290,628.00)
4270.500 Pharmacy-3rd Party Insurance (6.688.00) (6.688.00) (543.00) (433.0100 P.T. Income - Private (543.00) (543.00) (543.00) (303.0100 P.T. Income - Medicare Part A (802.765.00) (802.765.00) (405.959.00) (45.959	4270.300	Pharmacy - Medicaid	(3,519.00)			(3,519.00)
4330,100 P.T. Income - Medicare Part A (802,785.00) (60,995.00) (64,995.00) (64,995.00) (64,995.00) (64,995.00) (64,995.00) (330,300) P.T. Income - Medicare Part B (44,9541.00) (47,5077.00) (17,5077.00) (175,077.00)	4270.500		(6,688.00)			(6,688.00)
4330.200 P.T. Income - Medicaird (49,541.00) (49,541.0	4330.000	· · · · · · · · · · · · · · · · · · ·	(543.00)			(543.00)
4330_300 P.T. Income - Medicaid (49,541.00) (49,541.00) 4340_000 O.T. Income - Private (1,178.00) (175.077.00) 4340_100 O.T. Income - Medicare Part A (899,828.00) (893,829.00) 4340_200 O.T. Income - Medicare Part B (893,829.00) (89,329.00) 4340_300 O.T. Income - Medicare Part B (89,724.00) (69,724.00) 4340_500 O.T. Income - Sird Party Ins. (207,361.00) (207,361.00) 4350_100 S.T Private (2,086.00) (2,086.00) 4350_100 S.T Private (2,086.00) (2,086.00) 4350_200 S.T Medicare Part B (41,379.00) (183,333.00) 4350_500 S.T. Income - Medicaid (13,079.00) (13,079.00) 585_000 S.T. Income - Sir Party Ins. (52,582.00) (52,582.00) 588_000 Medical Records Income (290.00) (280.00) 5715_000 Rebates and Refunds (681.00) (681.00) 5721_000 Chebates and Refunds (681.00) (681.00) 5721_000 R	4330.100	P.T. Income - Medicare Part A	(802,765.00)			(802,765.00)
4330,500 P.T. Income - 3rd Party Ins. (175,077.00) (175,077.00) 4340,000 O.T. Income - Private (1,178.00) (1,178.00) 4340,100 O.T. Income - Medicare Part B (893,828.00) (893,828.00) 4340,200 O.T. Income - Medicare Part B (89,329.00) (80,329.00) 4340,500 O.T. Income - Medicare Barty Ins. (207,361.00) (207,361.00) 4350,000 S.T Private (2,088.00) (2,086.00) 4350,100 S.T Medicare Part A (188,323.00) (188,323.00) 4350,200 S.T Medicare Part B (4),379.00) (4),379.00 4350,500 S.T Income - Medicaid (13,079.00) (13,079.00) 4350,500 S.T. Income - Medicaid (13,079.00) (20,000) 4350,500 S.T. Income - Medicaid (88.100) (681.00) 508,500 Medical Records Income (290.00) (290.00) 517,500 Rebates and Refunds (681.00) (681.00) 517,900 Other Miscellaneous Income (290.00) (282.00) 521,100 <t< td=""><td>4330.200</td><td>P.T. Income - Medicare Part B</td><td>(54,959.00)</td><td></td><td></td><td>(54,959.00)</td></t<>	4330.200	P.T. Income - Medicare Part B	(54,959.00)			(54,959.00)
4340,000 O.T. Income - Private	4330.300	P.T. Income - Medicaid	(49,541.00)			(49,541.00)
4340,100 O.T. Income - Medicare Part B (88,329,00) (88,329,00) 4340,200 O.T. Income - Medicare Part B (88,329,00) (88,329,00) 4340,300 O.T. Income - Medicare (59,724,00) (20,7361,00) (20,7361,00) 4350,000 S.T Medicare Part A (188,322,00) (188,323,00) 4350,100 S.T Medicare Part B (41,379,00) (41,379,00) 4350,300 S.T. Income - Medicalid (13,079,00) (13,079,00) 4350,300 S.T. Income - 3rd Party Ins. (52,592,00) (62,592,00) 5085,000 Medical Records Income (290,00) (280,00) 5175,000 Rebates and Refunds (681,00) (681,00) 5179,000 Other Miscellaneous Income (262,00) (282,00) 521,100 R. & B. Allowance - Medicare A (1,419,594,00) (1,419,594,00) 521,101 Medicar Revolucion 87,982,00 6,785,716,00 521,500 R. & B. Allowance - Medicare (4,419,594,00) (1,419,594,00) 521,501 R. & B. Allowance - Medicare (4,788,716,00) 6,785,716,00 <	4330.500	P.T. Income - 3rd Party Ins.	(175,077.00)			(175,077.00)
4340.200 O.T. Income - Medicaire Part B (83.228.00) (88.329.00) 4340.300 O.T. Income - Medicaid (59.724.00) (59.724.00) 4340.500 O.T. Income - Medicaid (207.361.00) (207.361.00) 4350.000 S.T Frivate (2.086.00) (2.086.00) 4350.200 S.T Medicare Part B (41.379.00) (41.379.00) 4350.300 S.T. Income - Medicaid (13.079.00) (62.592.00) 4350.500 S.T. Income - Medicaid (13.079.00) (62.592.00) 5085.000 Medical Records Income (290.00) (280.00) 5179.000 Other Miscellaneous Income (282.00) (282.00) 5521.000 R & B Allowance - Private 7,605.00 7,605.00 5521.101 R & B Allowance - Medicaid A (1419.594.00) (1419.594.00) 5521.200 R & B Allowance - Medicaid A (788.716.00) 6,758.716.00 5521.501 R & B Allowance - Medicaid A (788.716.00) 6,758.716.00 5521.502 R & B Allowance - Medicaid A (788.716.00) 6,758.716.00 5521.503 R & B Allowance - Medicaid A (788.716.00	4340.000	O.T. Income - Private	(1,178.00)			(1,178.00)
4340.300 O.T. Income - Medicaid (59.724.00) (27.361.00) 4360.500 S.T Income - 3rd Party Ins. (207.361.00) (207.361.00) 4350.000 S.T Medicare Part A (188.323.00) (188.323.00) 4350.300 S.T Medicare Part B (41.379.00) (41.379.00) 4350.300 S.T. Income - Medicaid (13.079.00) (13.079.00) 4350.500 S.T. Income - 3rd Party Ins. (52.592.00) (52.592.00) 5085.000 Medical Records Income (290.00) (290.00) 5179.000 Other Miscallaneous Income (262.00) (262.00) 5521.000 R. B. B. Allowance - Private 7,605.00 7,605.00 5521.101 Medicare 2% Reduction 87,982.00 87,982.00 5521.201 R. B. B. Allowance - Medicare A (14.19.594.00) (14.19.594.00) 5521.502 R. B. B. Allowance - Medicare B (5,758.716.00 6,758.716.00 5521.503 R. B. B. Allowance - Medicare B (5,758.716.00 6,758.716.00 5521.505 R. B. B. Allowance - Medicare B (39,440.00 139,440.00	4340.100	O.T. Income - Medicare Part A	(899,828.00)			(899,828.00)
4340.500 O. T. Income - 3rd Party Ins. (207,381.00) (207,381.00) 4350.000 S.T Private (2,086.00) (2,086.00) 4350.100 S.T Medicare Part A (188,323.00) (188,323.00) 4350.200 S.T. Income - Medicaid (13,079.00) (13,079.00) 4350.500 S.T. Income - 3rd Party Ins. (52,592.00) (52,592.00) 5085.000 Medical Records Income (290.00) (290.00) 5175.000 Medical Records Income (260.00) (262.00) 5521.000 Rébates and Refunds (681.00) (681.00) 5521.001 R & B Allowance - Medicare A (1,419.594.00) (14.49.594.00) 5521.101 R & B Allowance - Medicaid 6,758.716.00 6,758.716.00 5521.201 R & B Allowance - Medicaid 6,758.716.00 6,758.716.00 5521.101 Medicare 2% Reduction 87,982.00 6,758.716.00 5521.502 R & B Allowance - Medicaid 6,758.716.00 6,758.716.00 5521.503 R & B Allowance - Medicaid 6,758.716.00 6,758.716.00 5	4340.200	O.T. Income - Medicare Part B	(88,329.00)			(88,329.00)
4350.000 S.T Private (2,086.00) (2,086.00) (4350.100 S.T Medicare Part B (41,379.00) (41,379.00) (41,379.00) (4350.500 S.T Medicare Part B (41,379.00) (41,379.00) (43,379.00)	4340.300	O.T. Income - Medicaid	(59,724.00)			(59,724.00)
4350.100 S.T Medicare Part B (18.823.200) (18.8323.00) 4350.200 S.T Medicare Part B (41,379.00) (31,079.00) 4350.300 S.T. Income - Medicaid (13,079.00) (31,079.00) 4350.500 S.T. Income - Medicaid (13,079.00) (22,000) 5055.000 Medical Records Income (290.00) (280.00) 5175.000 Rebates and Refunds (681.00) (681.00) 5179.000 Other Miscellaneous Income (282.00) (262.00) 5521.100 R & B Allowance - Medicare A (1,419.594.00) (1,419.594.00) 5521.101 R & B Allowance - Medicaid 6,758,716.00 6,758,716.00 5521.300 R & B Allowance - Medicaid 6,758,716.00 6,758,716.00 5521.501 R & B Allowance - Medicaid 6,758,716.00 6,758,716.00 5521.502 R & B Allowance - Medicaid 6,758,716.00 6,758,716.00 5521.503 R & B Allowance - Mgd Medicare 139,440.00 139,440.00 5521.505 R & B Allowance - Mgd Medicare 139,440.00 149,030.00 149,030.00	4340.500	O.T. Income - 3rd Party Ins.	(207,361.00)			(207,361.00)
4350.200 S.T. Income - Medicaid (13,79.00) (31,379.00) 4350.300 S.T. Income - Medicaid (13,079.00) (52,592.00) (52,592.00) 5085.000 Medical Records Income (290.00) (290.00) (52,592.00) 5175.000 Rebates and Refunds (881.00) (681.00) (50,00) 5179.000 Other Miscellaneous Income (262.00) (262.00) (262.00) 5521.100 R & B Allowance - Private 7,605.00 7,605.00 7,605.00 5521.101 Medicare 2% Reduction 87,982.00 87,982.00 87,982.00 5521.101 Medicare 2% Reduction 87,982.00 67,58,716.00 67,58,716.00 5521.300 R & B Allowance - Medicaid 67,58,716.00 67,58,716.00 65,125.00 5521.501 R & B Allowance - 3rd Party Ins 110,221.00 110,221.00 110,221.00 5521.505 R & B Allowance - Mgd Medicare 139,440.00 139,440.00 139,440.00 5521.505 Capitation Revenue (49,030.00) 149,030.00) 152,550.00 5527.506	4350.000	S.T Private	(2,086.00)			(2,086.00)
4350,300 S.T. Income - Medicaid (13,079.00) (33,079.00) 4350,500 S.T. Income - 3rd Party Ins. (52,592.00) (52,592.00) 5085,000 Medical Records Income (290.00) (290.00) 5175,000 Rebates and Refunds (881.00) (681.00) 5179,000 Other Miscellaneous Income (262.00) (262.00) 5521,100 R. & B. Allowance - Medicare A (1,419,594.00) (1,419,594.00) 5521,101 Medicare 2% Reduction 87,982.00 87,982.00 5521,300 R. & B. Allowance - Medicaid 6,758,716.00 6,758,716.00 5521,501 R. & B. Allowance - Hospice 65,125.00 65,125.00 65,125.00 5521,501 R. & B. Allowance - Mgd Medicare 110,221.00 110,221.00 110,221.00 5521,505 Capitation Revenue (49,030.00) (49,030.00) (49,030.00) (49,030.00) 12,653.00 5527.50 Ancillary Allowance - Part A 2,585,400.00 2,585,400.00 5527.20 Ancillary Allowance - Part A 2,585,400.00 2,585,400.00 2,585,400.00 38,481.00 <td< td=""><td>4350.100</td><td>S.T Medicare Part A</td><td>(188,323.00)</td><td></td><td></td><td>(188,323.00)</td></td<>	4350.100	S.T Medicare Part A	(188,323.00)			(188,323.00)
4350.500 S.T. Income - 3rd Party Ins. (52,592.00) (52,592.00) 5085.000 Medical Records Income (290.00) (290.00) 5175.000 Rebates and Refunds (881.00) (681.00) 5179.000 Cher Miscellaneous Income (262.00) (262.00) 5521.100 R & B A Allowance - Medicare A (1,419,594.00) (1,419,594.00) 5521.101 Medicare 2% Reduction 87,982.00 87,982.00 5521.101 Medicare 2% Reduction 87,982.00 87,982.00 5521.400 R & B Allowance - Medicaid 6,758,716.00 6,758,716.00 5521.501 R & B Allowance - Hospice 65,125.00 65,125.00 5521.502 R & B Allowance - Medicaire 139,440.00 110,221.00 5521.503 R & B Allowance - Medicaire 139,440.00 139,440.00 5521.505 Capitation Revenue (49,030.00) (12,653.00) 5527.500 Medicaid Retros - Prior Year (12,653.00) 12,2653.00) 5527.501 Ancillary Allowance - Jay Allowance - Medicaid 132,957.00 138,481.00 38,481.00 <td>4350.200</td> <td>S.T Medicare Part B</td> <td>(41,379.00)</td> <td></td> <td></td> <td>(41,379.00)</td>	4350.200	S.T Medicare Part B	(41,379.00)			(41,379.00)
5085.000 Medical Records Income (290.00) (290.00) 5175.000 Ebates and Refunds (681.00) (282.00) 5179.000 Other Miscellaneous Income (262.00) (262.00) 5521.000 R & B Allowance - Private 7,605.00 7,605.00 5521.100 R & B Allowance - Medicare A (1,419,594.00) (14,19,594.00) 5521.101 Medicare 2% Reduction 87,982.00 87,982.00 5521.300 R & B Allowance - Medicaid 6,788,716.00 6,758,716.00 5521.400 R & B Allowance - Hospice 65,125.00 65,125.00 5521.500 R & B Allowance - Hospice 65,125.00 110,221.00 5521.501 R & B Allowance - Hospice 139,440.00 139,440.00 5521.502 Capitation Revenue (49,030.00) 149,030.00) 5521.503 Capitation Revenue (12,653.00) 117,849.00 5525.300 Medicaid Retros - Prior Year (12,653.00) 117,849.00 5527.201 Ancillary Allowance - Part A 2,585,400.00 2,585,400.00 5527.202 <td< td=""><td>4350.300</td><td>S.T. Income - Medicaid</td><td>(13,079.00)</td><td></td><td></td><td>(13,079.00)</td></td<>	4350.300	S.T. Income - Medicaid	(13,079.00)			(13,079.00)
5175.000 Rebates and Refunds (681.00) (681.00) 5179.000 Other Miscellaneous Income (262.00) (262.00) 5521.000 R. & B. Allowance - Private 7.605.00 7.605.00 5521.101 R. & B. Allowance - Medicare A (1,419,594.00) (1,419,594.00) 5521.101 Medicare 2% Reduction 87,982.00 8.788,716.00 5521.400 R. & B. Allowance - Medicaid 6,758,716.00 6,758,716.00 5521.400 R. & B. Allowance - Hospice 65,125.00 65,125.00 5521.501 R. & B. Allowance - Hospice 65,125.00 110,221.00 5521.507 R. & B. Allowance - Mgd Medicare 139,440.00 139,440.00 5521.507 R. & B. Allowance - Mgd Medicare 139,440.00 139,440.00 5521.507 R. & B. Allowance - Mgd Medicare 149,030.00) 149,030.00) 5521.508 R. & B. Allowance - Port A 117,849.00 117,849.00 5522.509 Medicaid Retros - Prior Year 1(12,653.00) 2,585,400.00 5527.201 Ancillary Allowance - Part B 3,841.00 38,481.00	4350.500	S.T. Income - 3rd Party Ins.	(52,592.00)			(52,592.00)
5179.000 Other Miscellaneous Income (262.00) (262.00) 5521.000 R & B Allowance - Private 7,605.00 7,605.00 5521.101 R & B Allowance - Medicare A (1,419,594.00) (1,419,594.00) 5521.101 Medicare 2% Reduction 87,982.00 87,882.00 5521.300 R & B Allowance - Medicaid 6,758,716.00 65,725.00 5521.500 R & B Allowance - Hospice 65,125.00 65,125.00 5521.500 R & B Allowance - 3rd Party Ins 110,221.00 110,221.00 5521.501 R & B Allowance - 3rd Party Ins 110,221.00 110,221.00 5521.505 Capitation Revenue (49,030.00) (49,030.00) 5521.500 R & B Allowance - VA 117,849.00 117,849.00 5525.500 Medicaid Retros - Prior Year (12,653.00) (12,653.00) 5527.100 Ancillary Allowance - Part B 38,481.00 3,8481.00 5527.201 Ancillary Allowance - Part B 38,481.00 3,8481.00 5527.202 Ancillary Allowance - 3rd Party 41,170.00 441,170.00	5085.000	Medical Records Income	(290.00)			(290.00)
5521.000 R & B Allowance - Private 7,605.00 7,605.00 5521.100 R & B Allowance - Medicare A (1,419,594.00) (1,419,594.00) 5521.101 Medicare 2% Reduction 87,982.00 87,982.00 5521.300 R & B Allowance - Medicaid 6,758,716.00 6,758,716.00 5521.300 R & B Allowance - Mogher Party Ins 110,221.00 110,221.00 5521.501 R & B Allowance - Mgd Medicare 139,440.00 139,440.00 5521.501 R & B Allowance - Mgd Medicare 139,440.00 (49,030.00) 5521.505 Capitation Revenue (49,030.00) (49,030.00) 5521.500 R & B Allowance - VA 117,849.00 117,849.00 5521.500 Medicaid Retros - Prior Year (12,653.00) (12,653.00) 5527.100 Ancillary Allowance - Part A 2,585,400.00 2,585,400.00 5527.201 Ancillary Allowance - Part B 4,337.00 4,337.00 5527.201 Ancillary Allowance - Medicaid 132,957.00 132,957.00 5527.300 Ancillary Allowance - 3rd Party 41,170.00 41,170.00	5175.000	Rebates and Refunds	(681.00)			(681.00)
5521.100 R & B Allowance - Medicare A (1,419,594.00) (1,419,594.00) 5521.101 Medicare 2% Reduction 87,982.00 87,982.00 5521.300 R & B Allowance - Medicaid 6,758,716.00 6,758,716.00 5521.400 R & B Allowance - Hospice 65,125.00 65,125.00 5521.500 R & B Allowance - Mgd Medicare 139,440.00 110,221.00 5521.501 R & B Allowance - Mgd Medicare 139,440.00 139,440.00 5521.505 Capitation Revenue (49,030.00) (49,030.00) 5521.600 R & B Allowance - VA 117,849.00 117,849.00 5525.300 Medicaid Retros - Prior Year (12,653.00) (12,653.00) 5527.201 Ancillary Allowance - Part A 2,565,400.00 2,585,400.00 5527.202 Ancillary Allowance - Part B 38,481.00 38,481.00 5527.203 Ancillary Allowance - Medicaid 132,957.00 43,337.00 4,337.00 5527.500 Ancillary Allowance - Medicaid 132,957.00 36,648.00 35,648.00 5527.500 Ancillary Allow - Mages 35	5179.000	Other Miscellaneous Income	(262.00)			(262.00)
5521.101 Medicare 2% Reduction 87,982.00 87,982.00 5521.300 R & B Allowance - Hospice 65,725,716.00 6758,716.00 5521.500 R & B Allowance - Hospice 65,125.00 65,125.00 5521.501 R & B Allowance - Jor Party Ins 110,221.00 110,221.00 5521.501 R & B Allowance - Myd Medicare 139,440.00 139,440.00 5521.505 Capitation Revenue (49,030.00) (49,030.00) 5521.500 R & B Allowance - VA 117,849.00 117,849.00 5525.300 Medicaid Retros - Prior Year (12,653.00) (12,653.00) 5527.100 Ancillary Allowance - Part B 38,481.00 38,481.00 5527.201 Ancillary Allowance - Medicaid 132,957.00 132,957.00 5527.500 Ancillary Allowance - Medicaid 132,957.00 132,957.00 5527.500 Ancillary Allowance - Srd Party 441,170.00 441,170.00 6011.010 Nsg Admin- Supervisor Wages 35,648.00 35,648.00 6011.011 Nsg Admin- Mayes 106,660.00 106,660.00 <	5521.000	R & B Allowance - Private	7,605.00			7,605.00
5521.300 R & B Allowance - Medicaid 6,758,716.00 6,758,716.00 5521.400 R & B Allowance- Hospice 65,125.00 65,125.00 5521.500 R & B Allowance - Mgd Medicare 110,221.00 110,221.00 5521.501 R & B Allowance - Mgd Medicare 139,440.00 139,440.00 5521.505 Capitation Revenue (49,030.00) (49,030.00) 5521.600 R & B Allowance - VA 117,849.00 117,849.00 5525.300 Medicaid Retros - Prior Year (12,653.00) (12,653.00) 5527.100 Ancillary Allowance - Part B 38,481.00 38,481.00 5527.201 Ancillary Allowance - Medicaid 132,957.00 132,957.00 5527.300 Ancillary Allowance - Medicaid 132,957.00 132,957.00 5527.500 Ancillary Allowance - 3rd Party 441,170.00 441,170.00 6011.010 Nsg Admin - Supervisor Wages 35,648.00 35,648.00 6011.011 Nsg Admin - ADON Wages 106,660.00 106,660.00 6011.014 Nsg Admin - Clerical Wages 73,548.00 73,548.00 <tr< td=""><td>5521.100</td><td>R & B Allowance - Medicare A</td><td>(1,419,594.00)</td><td></td><td></td><td>(1,419,594.00)</td></tr<>	5521.100	R & B Allowance - Medicare A	(1,419,594.00)			(1,419,594.00)
5521,400 R & B Allowance - Hospice 65,125.00 165,125.00 165,125.00 165,125.00 1521,500 110,221.00 110,221.00 110,221.00 110,221.00 110,221.00 139,440.00 139,440.00 139,440.00 5521.50 R & B Allowance - Mgd Medicare (49,030.00) (49,030.00) (49,030.00) 5521.60 R & B Allowance - VA 117,849.00 117,849.00 117,849.00 117,849.00 5525.300 Medicaid Retros - Prior Year (12,653.00) (12,653.00) (12,653.00) 5527.20 Ancillary Allowance - Part B 2,585,400.00 2,585,400.00 33,481.00 38,481.00 38,481.00 38,481.00 38,481.00 38,481.00 38,481.00 38,481.00 38,481.00 38,481.00 35,585.00 43,37.00 43,37.00 43,37.00 43,37.00 43,37.00 43,2957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.00 132,957.0	5521.101	Medicare 2% Reduction	87,982.00			87,982.00
5521.500 R & B Allowance - 3rd Party Ins 110,221.00 110,221.00 5521.501 R & B Allowance - Mgd Medicare 139,440.00 139,440.00 5521.505 Capitation Revenue (49,030.00) (49,030.00) 5521.600 R & B Allowance - VA 117,849.00 117,849.00 5525.300 Medicaid Retros - Prior Year (12,653.00) (12,653.00) 5527.100 Ancillary Allowance - Part A 2,585,400.00 2,585,400.00 5527.201 Ancillary Allowance - Part B 38,481.00 38,481.00 5527.201 Ancillary Allowance - Medicaid 132,957.00 4,337.00 5527.300 Ancillary Allowance - Medicaid 132,957.00 42,377.00 5527.500 Ancillary Allowance - 3rd Party 441,170.00 441,170.00 6011.010 Nsg Admin - Supervisor Wages 35,648.00 35,648.00 6011.011 Nsg Admin - ADON Wages 106,660.00 106,660.00 6011.020 Nsg Admin - Row Coord Wages 47,385.00 354,096.00 6011.030 Nsg Admin - Row Wages 354,096.00 354,096.00 <t< td=""><td>5521.300</td><td>R & B Allowance - Medicaid</td><td>6,758,716.00</td><td></td><td></td><td>6,758,716.00</td></t<>	5521.300	R & B Allowance - Medicaid	6,758,716.00			6,758,716.00
5521.501 R & B Allowance - Mgd Medicare 139,440.00 139,440.00 5521.505 Capitation Revenue (49,030.00) (49,030.00) (49,030.00) 5521.600 R & B Allowance - VA 117,849.00 117,849.00 117,849.00 117,849.00 117,849.00 117,849.00 5525.300 Medicaid Retros - Prior Year (12,653.00) 2,585,400.00 2,585,400.00 2585,400.00 2585,400.00 38,481.00 38,481.00 38,481.00 38,481.00 38,481.00 38,481.00 4,337.00 4,337.00 4,337.00 43,37.00 5527.201 Ancillary Allowance - Part B 4,337.00 4,337.00 43,37.00 35,648.00 5527.500 Ancillary Allowance - Medicaid 132,957.00 132,957.00 132,957.00 132,957.00 441,170.00 441,170.00 441,170.00 441,170.00 441,170.00 6011.01 Nsg Admin- Supervisor Wages 35,648.00 35,648.00 35,648.00 35,648.00 6011.01 Nsg Admin - ADON Wages 106,660.00 47,385.00 47,385.00 6011.01 Nsg Admin - RN Wages 354,096.00 354,096.00 354,096.00 6011.00 Nsg Admin - Reruiting Fest	5521.400	R & B Allowance- Hospice	65,125.00			65,125.00
5521.505 Capitation Revenue (49,030.00) 5521.600 R & B Allowance - VA 117,849.00 5525.300 Medicaid Retros - Prior Year (12,653.00) 5527.100 Ancillary Allowance - Part A 2,585,400.00 5527.200 Ancillary Allowance - Part B 38,481.00 5527.201 Ancillary Allowance - Medicaid 132,957.00 5527.300 Ancillary Allowance - Medicaid 132,957.00 5527.500 Ancillary Allowance - 3rd Party 441,170.00 6011.010 Nsg Admin- Supervisor Wages 35,648.00 6011.011 Nsg Admin - ADON Wages 106,660.00 6011.014 Nsg Admin - Insvc Coord Wages 47,385.00 6011.030 Nsg Admin- RN Wages 354,096.00 6011.060 Nsg Admin- Clerical Wages 73,548.00 6011.170 Nsg Admin- SUI 4,776.00 6011.171 Nsg Admin- FUI 841.00 6011.280 Nsg Admin- Su Alges 6,500.00 6011.281 Nsg Admin- Su Alges 6,500.00 6011.2820 Nsg Admin - Recruiting Fees 6,500.00	5521.500	R & B Allowance -3rd Party Ins	110,221.00			110,221.00
5521.600 R & B Allowance - VA 117,849.00 117,849.00 5525.300 Medicaid Retros - Prior Year (12,653.00) (12,653.00) 5527.100 Ancillary Allowance - Part A 2,585,400.00 2,585,400.00 5527.200 Ancillary Allowance - Part B 38,481.00 38,481.00 5527.201 Ancillary Allowance - Medicaid 132,957.00 4,337.00 5527.300 Ancillary Allowance - 3rd Party 441,170.00 441,170.00 6011.010 Nsg Admin - Supervisor Wages 35,648.00 35,648.00 6011.011 Nsg Admin - Supervisor Wages 106,660.00 106,660.00 6011.014 Nsg Admin - Insvc Coord Wages 47,385.00 354,096.00 6011.030 Nsg Admin - RN Wages 354,096.00 354,096.00 6011.060 Nsg Admin - Clerical Wages 73,548.00 73,548.00 6011.170 Nsg Admin - SUI 4,776.00 4,776.00 6011.271 Nsg Admin - FUI 841.00 841.00 6011.280 Nsg Admin - Nursing Sup Agency 1,757.00 1,757.00 6011.280	5521.501	R & B Allowance - Mgd Medicare	139,440.00			
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5527.200 Ancillary Allowance - Part B 38,481.00 38,481.00 5527.201 Ancillary Allow - ISNIP Pt B 4,337.00 4,337.00 5527.300 Ancillary Allowance - Medicaid 132,957.00 132,957.00 5527.500 Ancillary Allowance - 3rd Party 441,170.00 441,170.00 6011.010 Nsg Admin - Supervisor Wages 35,648.00 35,648.00 6011.011 Nsg Admin - ADON Wages 106,660.00 106,660.00 6011.014 Nsg Admin - Insvc Coord Wages 47,385.00 47,385.00 6011.030 Nsg Admin - RN Wages 354,096.00 354,096.00 6011.060 Nsg Admin - RN Wages 73,548.00 73,548.00 6011.160 Nsg Admin - FICA 43,471.00 43,471.00 6011.171 Nsg Admin - SUI 4,776.00 4,776.00 6011.280 Nsg Admin - FUI 841.00 841.00 6011.281 Msg Admin - Recruiting Fees 6,500.00 6,500.00 6011.290 Nsg Admin - Consulting 14,100.00 14,100.00 6011.883 Nsg Admin - Contracted Services<	5525.300					• • • • • • • • • • • • • • • • • • • •
5527.201 Ancillary Allow -ISNIP Pt B 4,337.00 4,337.00 5527.300 Ancillary Allowance - Medicaid 132,957.00 132,957.00 5527.500 Ancilary Allowance - 3rd Party 441,170.00 441,170.00 6011.010 Nsg Admin- Supervisor Wages 35,648.00 35,648.00 6011.011 Nsg Admin - ADON Wages 106,660.00 106,660.00 6011.014 Nsg Admin - Insvc Coord Wages 47,385.00 47,385.00 6011.030 Nsg Admin - RN Wages 354,096.00 354,096.00 6011.060 Nsg Admin - RN Wages 73,548.00 73,548.00 6011.160 Nsg Admin - FICA 43,471.00 43,471.00 6011.170 Nsg Admin - SUI 4,776.00 4,776.00 6011.171 Nsg Admin - FUI 841.00 841.00 6011.280 Nsg Admin - Nursing Sup Agency 1,757.00 1,757.00 6011.281 Msg Admin - Recruiting Fees 6,500.00 6,500.00 6011.290 Nsg Admin - Consulting 14,100.00 14,100.00 6011.883 Nsg Admin - Contracted Services <td>5527.100</td> <td>Ancillary Allowance - Part A</td> <td></td> <td></td> <td></td> <td></td>	5527.100	Ancillary Allowance - Part A				
5527.300 Ancillary Allowance - Medicaid 132,957.00 5527.500 Ancilary Allowance - 3rd Party 441,170.00 6011.010 Nsg Admin- Supervisor Wages 35,648.00 6011.011 Nsg Admin - ADON Wages 106,660.00 6011.014 Nsg Admin - Insvc Coord Wages 47,385.00 6011.030 Nsg Admin - RN Wages 354,096.00 6011.060 Nsg Admin - RN Wages 73,548.00 6011.160 Nsg Admin - FICA 43,471.00 6011.170 Nsg Admin - FUI 4,776.00 6011.171 Nsg Admin - SUI 4,776.00 6011.280 Nsg Admin - Recruiting Fees 6,500.00 6011.281 Msg Admin - Recruiting Fees 6,500.00 6011.290 Nsg Admin - Consulting Services 28,437.00 6011.290 Nsg Admin - Contracted Services 217.00 6011.883 Nsg Admin - Conferences and Sem 525.00 6020.030 SNF - RN Wages 595,086.00 6020.040 SNF - RN Wages 1,306,850.00 6020.050 SNF - Aides Wages 2,237,213.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>						•
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6011.285 Msg Admin - Recruiting Fees 6,500.00 6,500.00 6011.290 Nsg Admin - Consulting Services 28,437.00 28,437.00 6011.299 Nsg Admin - Other Consulting 14,100.00 14,100.00 6011.680 Nsg Admin - Contracted Services 217.00 217.00 6011.883 Nsg Admin - Conferences and Sem 525.00 525.00 6020.030 SNF - RN Wages 595,086.00 595,086.00 6020.040 SNF - LPN Wages 1,306,850.00 1,306,850.00 6020.050 SNF - Aides Wages 2,237,213.00 2,237,213.00	6011.171	Nsg Admin- FUI	841.00			
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6020.160 SNF- FICA 299,547.00 299,547.00		=				
	6020.160	SNF- FICA	299,547.00			299,547.00

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Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2016			9/30/2016
6020.170	SNF- SUI	38,225.00			38,225.00
6020.171	SNF- FUI	7,764.00			7,764.00
6020.340	SNF- Agency - RN's	251,521.00			251,521.00
6020.350	SNF- Agency - LPN's	155,335.00			155,335.00
6020.360	SNF- Agency - CNA's	91,598.00			91,598.00
7200.410	Central Supply- Oxygen	12,786.00			12,786.00
7200.430	Central Supply- Nutritional S	6,963.00			6,963.00
7200.460	Central Supply- Gloves	16,244.00			16,244.00
7200.490	Central Supply- Other Medical	110,159.00			110,159.00
7200.550	Central Supply- Office Suppli	255.00			255.00
7200.570	Central Supply- Wipes	3,577.00			3,577.00
7200.590	Central Supply- Other Supplies	33,644.00			33,644.00
7200.730	Central Supply- Rental Expense	44,888.00			44,888.00 1,170.00
7200.883	Central Supply- Conferences a	1,170.00			39,856.00
7210.680	Lab- Contracted Services X Ray- Contracted Services	39,856.00 28,105.00			28,105.00
7240.680	Activities- Supervisor Wages	52,030.00		1,263.00	53,293.00
7260.010 7260.020	Activities- Supervisor Wages Activities- Tech Wages	6,611.00		(5,890.50)	720.50
7260.020	Activities- Aides Wages	86,349.00		(1,263.00)	85,086.00
7260.030	Activities- Environamental Wa	1,708.00		(1,200.00)	1,708.00
7260.160	Activities- FICA	9,768.00			9,768.00
7260.170	Activities- SUI	1,558.00			1,558.00
7260.171	Activities- FUI	335.00			335.00
7260.250	Activities- Other Benefits	424.00			424.00
7260.590	Activities- Other Supplies	454.00			454.00
7260.670	Activities- Purchased Services	3,359.00			3,359.00
7260.882	Activities- Travel	25.00			25.00
7260.890	Activities- Books and Periodi	100.00			100.00
7270.290	Pharmacy- Consulting Services	10,350.00		10,929.00	21,279.00
7270.440	Pharmacy- Drugs - Medicare Pa	324,119.00			324,119.00
7270.441	Pharmacy- Drugs - Medicaid	(17,624.00)			(17,624.00)
7270.444	Pharmacy- Drugs - HMO	105,269.00			105,269.00
7270.445	Pharmacy - Drugs - Hospice	456.00			456.00
7270.450	Pharmacy- Medicine Cabinet Dr	31,803.00			31,803.00 5,550.00
7290.290	Dental- Consulting Services	5,550.00		(8,623.00)	134,174.00
7330.010	PT- Supervisor Wages	142,797.00 243,504.00		(0,023.00)	243,504.00
7330.020 7330.050	PT- Tech Wages PT- Aides Wages	166,107.00		(3,840.00)	162,267.00
7330.050	PT- FICA	37,736.00		(0,040.00)	37,736.00
7330.170	PT- SUI	3,566.00			3,566.00
7330.171	PT- FUI	662.00			662.00
7330.299	PT - Other Consulting	7,500.00			7,500.00
7340.020	OT- Tech Wages	63,473.00		(797.13)	62,675.87
7340.050	OT- Aides Wages	349,991.00		10,533.13	360,524.13
7340.160	OT- FICA	28,761.00			28,761.00
7340.170	OT- SUI	2,936.00			2,936.00
7340.171	OT- FUI	551.00			551.00
7350.020	ST - Wages	115,815.00		2,727.00	118,542.00
7350.160	ST - FICA	7,824.00			7,824.00
7350.170	ST - SUI	573.00			573.00
7350.171	ST - FUI	128.00			128.00
7381.010	Social Services- Supervisor W	55,544.00			55,544.00
7381.020	Social Services- Tech Wages	52,502.00			52,502.00
7381.160	Social Services- FICA	7,739.00			7,739.00
7381.170	Social Services- SUI	1,134.00			1,134.00

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Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2016			9/30/2016
7381.171	Social Services- FUI	174.00		_	174.00
7381.299	Social Services - Other Consul	3,800.00			3,800.00
7381.680	Social Services- Contracted S	632.00			632.00
7390.060	Medical Records- Clerical Wag	21,938.00			21,938.00
7390.160	Medical Records- FICA	1,784.00			1,784.00
7390.170	Medical Records- SUI	375.00			375.00
7390.171	Medical Records- FUI	70.00			70.00
7390.550	Medical Records- Office Suppl	1,276.00			1,276.00
7420.270	Physician Fees	12,552.00		(11,891.00)	661.00
7420.290	Medical Director- Consulting	33,750.00			33,750.00
7430.012	Utilization Review - QA Wages	4,902.00			4,902.00
7430.020	Utilization Review- Tech Wages	260,758.00		5,890.50	266,648.50
7430.160	Utilization Review- FICA	19,857.00			19,857.00
7430.170	Utilization Review- SUI	2,126.00			2,126.00
7430.171	Utilization Review- FUI	435.00			435.00
7430.290	Utilization Review- Consultin	9,753.00			9,753.00
8212.010	Dietary- Dept Head Wages	13,285.00			13,285.00
8212.011	Dietary - Supervisors Wages	730.00			730.00
8212.020	Dietary- Tech Wages	27,621.00			27,621.00
8212.021	Dietary - Dietitian Wages	71,280.00			71,280.00
8212.070	Dietary- Environamental Wages	70,839.00			70,839.00 14,634.00
8212.160	Dietary- FICA	14,634.00 863.00			863.00
8212.170 8212.171	Dietary- SUI Dietary- FUI	851.00			851.00
8212.171	Dietary- Consulting Services	854,149.00			854,149.00
8212.299	Dietary - Other Consulting	2,100.00			2,100.00
8212.460	Dietary - Gloves	644.00			644.00
8212.501	Dietary Groceries	43,700.00			43,700.00
8212.502	Dietary- Dairy	15,739.00			15,739.00
8212.503	Dietary- Meat and Fish	15,853.00			15,853.00
8212.504	Dietary- Bakery	4,362.00			4,362.00
8212.505	Dietary- Produce	3,590.00			3,590.00
8212.510	Dietary- Tabeware	1,961.00			1,961.00
8212.540	Dietary- Cleaning Supplies	664.00			664.00
8212.590	Dietary- Other Supplies	10,183.00			10,183.00
8212.670	Dietary- Purchased Services	483.00			483.00
8212.680	Dietary- Contracted Services	8,536.00			8,536.00
8212.730	Dietary- Rental Expense	8,367.00			8,367.00
8212.890	Dietary- Books and Periodicals	180.00			180.00
8220.010	Plant- Supervisor Wages	(2,762.00)			(2,762.00)
8220.070	Plant- Environamental Wages	76,304.00			76,304.00
8220.160	Plant- FICA	5,732.00			5,732.00
8220.170	Plant- SUI	750.00			750.00
8220.171	Plant- FUI	159.00			159.00
8220.290	Plant- Consulting Services	11,554.00			11,554.00
8220.590	Plant- Other Supplies	22,518.00			22,518.00
8220.630	Plant- Repairs and Maintenance	76,725.00 43 163 00		(1/1 83/4 00)	76,725.00 28,328.00
8220.670	Plant- Purchased Services	43,162.00		(14,834.00)	61,057.00
8220.680	Plant - Amort I easehold Imp	61,057.00 12,653.00			12,653.00
8220.690 8220.691	Plant - Amort. Leasehold Imp. Plant - Depreciation -MME	14,434.00			14,434.00
8220.695	Plant - Mortgage Costs	1,147.00			1,147.00
8220.710	Plant - Building Rent	478,116.00			478,116.00
8220.713	Plant- Building Rent Escalator	615,637.00			615,637.00
8220.740	Plant - Electricity	16,368.00			16,368.00
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Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2016			9/30/2016
8220.750	Plant - Gas	179,378.00			179,378.00
8220.760	Plant - Water and Sewer	62,599.00			62,599.00
8220.770	Plant - Oil	39,215.00			39,215.00
8220.810	Plant - Property Insurance	15,201.00			15,201.00
8220.830	Plant - Real Estate Taxes	109,016.00			109,016.00
8220.850	Plant- Dues and Subscriptions	480.00			480.00
8240.010	Housekeeping- Supervisor Wages	7,060.00			7,060.00
8240.070	Housekeeping- Environamental	62,518.00			62,518.00
8240.160	Housekeeping- FICA	7,123.00			7,123.00
8240.170	Housekeeping- SUI	232.00			232.00
8240.171	Housekeeping- FUI	559.00			559.00
8240.290	Housekeeping- Consulting Serv	330,923.00			330,923.00 2,507.00
8240.460 8240.540	Housekeeping- Gloves Housekeeping- Cleaning Suppli	2,507.00 9,056.00			9,056.00
8240.570	Housekeeping- Wipes	2,890.00			2,890.00
8240.590	Housekeeping- Other Supplies	5,818.00			5,818.00
8250.070	Laundry- Environamental Wages	28,941.00			28,941.00
8250.160	Laundry- FICA	2,692.00			2,692.00
8250.170	Laundry- SUI	82.00			82.00
8250.171	Laundry- FUI	211.00			211.00
8250.290	Laundry- Consulting Services	320,112.00			320,112.00
8250.380	Laundry - Diapers	44,141.00			44,141.00
8250.381	Laundry - Undergarments	24,180.00			24,180.00
8250.530	Laundry - Linen and Bedding	12,865.00			12,865.00
8270.670	Ambulance	3,200.00			3,200.00
8311.060	Fiscal- Clerical Wages	72,475.00			72,475.00
8311.160	Fiscal- FICA	4,891.00			4,891.00
8311.170	Fiscal- SUI	375.00			375.00
8311.171	Fiscal- FUI	84.00			84.00
8311.290	Fiscal- Consulting Services	2,077.00			2,077.00
8311.299	Fiscal - Other Consulting	145,780.00		(7.005.00)	145,780.00
8311.310	Fiscal Contracted Services	31,460.00		(7,985.00) (3,925.36)	23,475.00
8311.680	Fiscal Contracted Services	26,681.00 35,490.00		(2,681.30)	22,755.64 32,808.70
8311.730	Fiscal- Rental Expense	24.00		(2,001.30)	24.00
8311.882 8321.010	Fiscal- Travel Admissions - Dept Head Wages	123,657.00			123,657.00
8321.060	Admissions - Clerk Wages	81,549.00			81,549.00
8321.160	Admissions - FICA Expense	13,935.00			13,935.00
8321.170	Admissions - SUI	1,688.00			1,688.00
8321.171	Admissions - FUI	280.00			280.00
8321.250	Admissions- Other Benefits	130.00			130.00
8321.299	Admissions - Other Consulting	7,500.00			7,500.00
8321.670	Admissions- Purchased Services	3,650.00			3,650.00
8351.010	Admin- Supervisor Wages	107,935.00		16,057.00	123,992.00
8351.012	Admin - Human Resources	1,842.00		896.00	2,738.00
8351.060	Admin- Clerical Wages	56,109.00			56,109.00
8351.160	Admin- FICA	11,542.00			11,542.00
8351.170	Admin- SUI	1,556.00			1,556.00
8351.171	Admin- FUI	302.00			302.00
8351.285	Admin - Recruiting Fees	5,000.00			5,000.00
8351.290	Admin- Consulting Services	3,281.00			3,281.00
8351.293	Admin - Legal Consulting	21,100.00		(40.050.00)	21,100.00
8351.295	Admin - Member Fees	72,441.00		(16,953.00)	55,488.00
8351.299	Admin - Other Consulting	30,200.00		7 005 00	30,200.00
8351.300	Admin- Legal Fees	29,761.00		7,985.00	37,746.00

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Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2016			9/30/2016
8351.550	Admin- Office Supplies	12,521.00			12,521.00
8351.552	Admin - Paper	1,750.00			1,750.00
8351.590	Admin- Other Supplies	20,577.00			20,577.00
8351.591	Admin - Other Supp. Residents	558.00			558.00
8351.670	Admin- Purchased Services	956.00			956.00
8351.680	Admin- Contracted Services	11,482.00		(5,892.00)	5,590.00
8351.730	Admin- Rental Expense	1,709.00		(1,709.48)	(0.48)
8351.810	Admin - General Insurance	75,383.00			75,383.00
8351.820	Admin - Working Capital Int.	22,129.00			22,129.00
8351.830	Admin - Licenses and Taxes	1,263.00			1,263.00
8351.835	Admin - Sales Tax	39,221.00			39,221.00
8351.841	Admin - Telephone	31,267.00		(623.00)	30,644.00
8351.842	Admin - LLC Tax	6,941.00			6,941.00
8351.850	Admin- Dues and Subscriptions	13,507.00		(8,375.00)	5,132.00
8351.860	Admin- Printing and Duplicati	668.00		, ,	668.00
8351.880	Admin - Travel	1,892.00			1,892.00
8351.881	Admin - Auto Expense	112.00			112.00
8351.882	Admin- Bank Charges	16,611.00		97.00	16,708.00
8351.883	Admin- Conferences and Worksh	2,258.00			2,258.00
8351.890	Admin- Books and Periodicals	16.00			16.00
8351.911	Admin - Postage	9,237.00			9,237.00
8351.912	Admin - Marketing	21,947.00			21,947.00
8351.914	Admin - Charitable Contrib	1,812.00			1,812.00
8351.916	Admin - Advertising Yellow Pgs	2,108.00			2,108.00
8351.917	Admin - Meals and Entertain	6,399.00			6,399.00
8351.919	Admin - Parties and Gifts	5,863.00			5,863.00
8351.920	Admin - Penalties	39.00			39.00
8381.680	Reception- Contracted Services	56,343.00			56,343.00
8460.160	FICA Expense	15,205.00			15,205.00
8460.170	SUI Expense	35,600.00			35,600.00
8460.171	FUI Expense	18,467.00			18,467.00
8460.180	Health Insurance	194,442.00			194,442.00
8460.200	Workers Compensation Expense	374,355.00			374,355.00
8460.210	Union Pension Expense	229,516.00			229,516.00
8460.240	Union Welare and Legal	570,652.00			570,652.00
8460.245	Union Education	24,483.00		962.00	25,445.00
8460.246	Dental Insurance	9,955.00			9,955.00
8460.249	Employee Fingerprinting	3,039.00			3,039.00
9009.000	NYS Assessment	769,542.00			769,542.00
Macum 112	Leases	0.00		8,316.14	8,316.14
Marcum 101	Chamber of Commerce Dues	0.00			0.00
Marcum 102	CAHCF Dues	0.00		8,278.00	8,278.00
Marcum 105	Cable TV	0.00		20,726.00	20,726.00
Marcum 111	Cell Phone Expense	0.00		623.00	623.00
Total	·	0.00			0.00
	Net (Income) Loss	0.00		0.00	0.00

Client:	Cassena Care of Stamford	
Engagement:	Medicaid - Cassena Care of Stamford	
Period Ending:	9/30/2016	
Trial Balance:	A.01 - TB-CCNH	
Workpaper:	A.03 - TB-CCNH Combined Detail LS	
Account	Description	FINAL
	·	9/30/2016
Group : [10-A]	Salaries and Wages	
Subgroup : [1]	Operators/Owners	
8351.295	Admin - Member Fees	55,488.00
Subtotal [1]	Operators/Owners	55,488.00
oubtom: [1]		
Subgroup : [2]	Administrators	
8351.010	Admin- Supervisor Wages	123,992.00
Subtotal [2]	Administrators	123,992.00
Subgroup : [4]	Other Administrative Salaries	
8311.060	Fiscal- Clerical Wages	72,475.00
8321.010	Admissions - Dept Head Wages	123,657.00
8321.060	Admissions - Clerk Wages	81,549.00
8351.012	Admin - Human Resources	2,738.00
8351.060	Admin- Clerical Wages	56,109.00
Subtotal [4]	Other Administrative Salaries	336,528.00
	Distance Western	
Subgroup : [5C]	Dietary Workers	12 205 00
8212.010	Dietary- Dept Head Wages	13,285.00
8212.011	Dietary - Supervisors Wages	730.00
8212.020	Dietary- Tech Wages	27,621.00
8212.021	Dietary - Dietitian Wages	71,280.00
8212.070	Dietary- Environamental Wages	70,839.00
Subtotal [5C]	Dietary Workers	183,755.00
Subgroup : [6B]	Other Housekeeping Workers	
8240.010	Housekeeping- Supervisor Wages	7,060.00
8240.070	Housekeeping- Environamental	62,518.00
Subtotal [6B]	Other Housekeeping Workers	69,578.00
Subgroup : [7B]	Other Maintenance Workers	
8220.010	Plant- Supervisor Wages	(2,762.00)
8220.070	Plant- Environamental Wages	76,304.00
Subtotal [7B]	Other Maintenance Workers	73,542.00
Castom [r D]		10,012.00
Subgroup : [8B]	Other Laundry Workers	

8250.070	Laundry- Environamental Wages	28,941.00
Subtotal [8B]	Other Laundry Workers	28,941.00
Subgroup : [12A]	Director of Nurses/Assistant Director	
6011.010	Nsg Admin- Supervisor Wages	35,648.00
6011.011	Nsg Admin - ADON Wages	106,660.00
Subtotal [12A]	Director of Nurses/Assistant Director	142,308.00
Subgroup : [12B1]	RNs - Direct Care	
6020.030	SNF- RN Wages	595,086.00
Subtotal [12B1]	RNs - Direct Care	595,086.00
Subgroup : [12B2]	RNs - Administrative	
6011.014	Nsg Admin - Insvc Coord Wages	47,385.00
6011.030	Nsg Admin- RN Wages	354,096.00
6011.060	Nsg Admin- Clerical Wages	73,548.00
7430.012	Utilization Review - QA Wages	4,902.00
7430.020	Utilization Review- Tech Wages	266,648.50
Subtotal [12B2]	RNs - Administrative	746,579.50
Subgroup : [12C1]	LPNs - Direct Care	
6020.040	SNF- LPN Wages	1,306,850.00
Subtotal [12C1]	LPNs - Direct Care	1,306,850.00
Subgroup : [12D]	Aides and Attendants	
6020.050	SNF- Aides Wages	2,237,213.00
Subtotal [12D]	Aides and Attendants	2,237,213.00
Subgroup : [12E]	Physical Therapists	
7330.010	PT- Supervisor Wages	134,174.00
7330.020	PT- Tech Wages	243,504.00
7330.050	PT- Aides Wages	162,267.00
Subtotal [12E]	Physical Therapists	539,945.00
Out 14051	Casaah Thamaniata	
Subgroup : [12F]	Speech Therapists	118,542.00
7350.020 Subtotal [12F]	ST - Wages Speech Therapists	118,542.00
Subtotal [12F]	Speech therapists	110,342.00
Subgroup : [12G]	Occupational Therapists	
7340.020	OT- Tech Wages	62,675.87
7340.050	OT- Aides Wages	360,524.13
Subtotal [12G]	Occupational Therapists	423,200.00
Subgroup : [12H]	Recreation Workers	

7260.010	Activities- Supervisor Wages	53,293.00
7260.020	Activities- Tech Wages	720.50
7260.050	Activities- Aides Wages	85,086.00
7260.070	Activities- Environamental Wa	1,708.00
Subtotal [12H]	Recreation Workers	140,807.50
Subgroup : [12M]	Social Workers/Case Management	
7381.010	Social Services- Supervisor W	55,544.00
7381.020	Social Services- Tech Wages	52,502.00
Subtotal [12M]	Social Workers/Case Management	108,046.00
0.1	0.11	
Subgroup : [120]	Other	04 000 00
7390.060	Medical Records- Clerical Wag	21,938.00
Subtotal [120]	Other	21,938.00
Total [10-A]	Salaries and Wages	7,252,339.00
	Jananios ana Magos	7,202,000.00
Group : [13-B]	Professional Fees	
Subgroup : [2]	Dentist	
7290.290	Dental- Consulting Services	5,550.00
Subtotal [2]	Dentist	5,550.00
		·
Subgroup : [3]	Pharmacist	
7270.290	Pharmacy- Consulting Services	21,279.00
Subtotal [3]	Pharmacist	21,279.00
Subgroup : [8A]	Medical Director	
7420.290	Medical Director- Consulting	33,750.00
Subtotal [8A]	Medical Director	33,750.00
Subgroup : [11A1]	RN's - Direct Care	
6020.340	SNF- Agency - RN's	251,521.00
Subtotal [11A1]	RN's - Direct Care	251,521.00
		201,027.00
Subgroup : [11A2]	RN's - Administrative	
6011.280	Nsg Admin- Nursing Sup Agency	1,757.00
6011.290	Nsg Admin- Consulting Services	28,437.00
6011.680	Nsg Admin- Contracted Services	217.00
7420.270	Physician Fees	661.00
7430.290	Utilization Review- Consultin	9,753.00
Subtotal [11A2]	RN's - Administrative	40,825.00
		_
Subgroup : [11B1]	LPN's - Direct Care	
6020.350	SNF- Agency - LPN's	155,335.00

Subtotal [11B1]		155,335.00
Subgroup : [11C]	Aides	
6020.360	SNF- Agency - CNA's	91,598.00
Subtotal [11C]	Aides	91,598.00
Total [13-B]	Professional Fees	599,858.00
Group : [15]	Expenditures Other than Salaries	
Subgroup : [1A1]	Workmen's Compensation	
8460.200	Workers Compensation Expense	374,355.00
Subtotal [1A1]	Workmen's Compensation	374,355.00
Subgroup : [1A3]	Unemployment Insurance	
6011.170	Nsg Admin- SUI	4,776.00
6011.171	Nsg Admin- FUI	841.00
6020.170	SNF- SUI	38,225.00
6020.171	SNF- FUI	7,764.00
7260.170	Activities- SUI	1,558.00
7260.171	Activities- FUI	335.00
7330.170	PT- SUI	3,566.00
7330.171	PT- FUI	662.00
7340.170	OT- SUI	2,936.00
7340.171	OT- FUI	551.00
7350.170	ST - SUI	573.00
7350.171	ST - FUI	128.00
7381.170	Social Services- SUI	1,134.00
7381.171	Social Services- FUI	174.00
7390.170	Medical Records- SUI	375.00
7390.171	Medical Records- FUI	70.00
7430.170	Utilization Review- SUI	2,126.00
7430.171	Utilization Review- FUI	435.00
8212.170	Dietary- SUI	863.00
8212.171	Dietary- FUI	851.00
8220.170	Plant- SUI	750.00
8220.171	Plant- FUI	159.00
8240.170	Housekeeping- SUI	232.00
8240.171	Housekeeping- FUI	559.00
8250.170	Laundry- SUI	82.00
8250.171	Laundry- FUI	211.00
8311.170	Fiscal- SUI	375.00
8311.171	Fiscal- FUI	84.00
8321.170	Admissions - SUI	1,688.00
8321.171	Admissions - FUI	280.00

8351.170	Admin- SUI	1,556.00
8351.171	Admin- FUI	302.00
8460.170	SUI Expense	35,600.00
8460.171	FUI Expense	18,467.00
Subtotal [1A3]	Unemployment Insurance	128,288.00
Subtotal [1AS]	onemployment insurance	120,200.00
Subgroup : [1A4]	Social Security (FICA)	
6011.160	Nsg Admin- FICA	43,471.00
6020.160	SNF- FICA	299,547.00
7260.160	Activities- FICA	9,768.00
7330.160	PT- FICA	37,736.00
7340.160	OT- FICA	28,761.00
7350.160	ST - FICA	7,824.00
7381.160	Social Services- FICA	7,739.00
7390.160	Medical Records- FICA	1,784.00
7430.160	Utilization Review- FICA	19,857.00
8212.160	Dietary- FICA	14,634.00
8220.160	Plant- FICA	5,732.00
8240.160	Housekeeping- FICA	7,123.00
8250.160	Laundry- FICA	2,692.00
8311.160	Fiscal- FICA	4,891.00
8321.160	Admissions - FICA Expense	13,935.00
8351.160	Admin- FICA	11,542.00
8460.160	FICA Expense	15,205.00
Subtotal [1A4]	Social Security (FICA)	532,241.00
Subgroup : [1A5]	Health Insurance	404.440.00
8460.180	Health Insurance	194,442.00
8460.240	Union Welare and Legal	570,652.00
8460.246	Dental Insurance	9,955.00
Subtotal [1A5]	Health Insurance	775,049.00
Subgroup : [1A7]	Pensions	
8460.210	Union Pension Expense	229,516.00
Subtotal [1A7]	Pensions	229,516.00
Subgroup : [1A9]	Other	
7260.250	Activities- Other Benefits	424.00
8321.250	Admissions- Other Benefits	130.00
8460.245	Union Education	25,445.00
Subtotal [1A9]	Other	25,999.00
Subgroup : [1D]	Accounting and Auditing	
Subgroup . [ID]		
8311.290	Fiscal- Consulting Services	2,077.00

8311.310	Fiscal- Audit Fees	23,475.00
Subtotal [1D]	Accounting and Auditing	25,552.00
		_
Subgroup : [1E]	Legal	
8351.300	Admin- Legal Fees	37,746.00
Subtotal [1E]	Legal	37,746.00
Subgroup : [1G]	Office Supplies	
8351.550	Admin- Office Supplies	12,521.00
8351.552	Admin - Paper	1,750.00
8351.590	Admin- Other Supplies	20,577.00
8351.591	Admin - Other Supp. Residents	558.00
8351.860	Admin- Printing and Duplicati	668.00
Subtotal [1G]	Office Supplies	36,074.00
O become PALIAN	Talankan and Talanash	
Subgroup : [1H1]	Telephone and Telegraph	20.044.00
8351.841	Admin - Telephone	30,644.00
Subtotal [1H1]	Telephone and Telegraph	30,644.00
Subgroup : [1H2]	Cellular Phones and Beepers	
Marcum 111	Cell Phone Expense	623.00
Subtotal [1H2]	Cellular Phones and Beepers	623.00
Subgroup : [1J]	Corporation Business Taxes	
8351.842	Admin - LLC Tax	6,941.00
Subtotal [1J]	Corporation Business Taxes	6,941.00
Cubarana i IdK21	Other	
Subgroup : [1K2]	Other Admin - Sales Tax	20 221 00
8351.835		39,221.00
Subtotal [1K2]	Other	39,221.00
Subgroup : [1K3]	Resident Day User Fee	
9009.000	NYS Assessment	769,542.00
Subtotal [1K3]	Resident Day User Fee	769,542.00
Total [15]	Expenditures Other than Salaries	3,011,791.00
Group : [16]	Expenditures Other than Salaries (cont'd)	- Admin. and Genera
Subgroup : [2]	Holiday Parties for Staff	
8351.919	Admin - Parties and Gifts	5,863.00
Subtotal [2]	Holiday Parties for Staff	5,863.00
Subgroup : [4]	Employee Travel	
7260.882	Activities- Travel	25.00

8311.882	Fiscal- Travel	24.00
8351.880	Admin - Travel	1,892.00
Subtotal [4]	Employee Travel	1,941.00
Subgroup : [5]	Education Expense	505.00
6011.883	Nsg Admin- Conferences and Sem	525.00
7200.883	Central Supply- Conferences a	1,170.00
8351.883	Admin- Conferences and Worksh	2,258.00
Subtotal [5]	Education Expense	3,953.00
Subgroup : [6]	Automobile Expense	
8351.881	Admin - Auto Expense	112.00
Subtotal [6]	Automobile Expense	112.00
Subgroup : [7]	Other	
8351.917	Admin - Meals and Entertain	6,399.00
Subtotal [7]	Other	6,399.00
Subgroup : [M2]	Advertising Telephone Directory	
8351.916	Admin - Advertising Yellow Pgs	2,108.00
Subtotal [M2]	Advertising Telephone Directory	2,108.00
		.
Subgroup : [M3]	Advertising Other	
8351.912	Admin - Marketing	21,947.00
Subtotal [M3]	Advertising Other	21,947.00
Subgroup : [M7]	Postage	
8351.730	Admin- Rental Expense	(0.48)
8351.911	Admin - Postage	9,237.00
		9,236.52
Subtotal [M7]	Postage	9,230.32
Subgroup : [M8]	Dues and Membership Fees to Professional	Associations
Marcum 102	CAHCF Dues	8,278.00
Subtotal [M8]	Dues and Membership Fees to Profess	8,278.00
Cubanaua - FMOX	Cubaccintiana	
Subgroup : [M9]	Subscriptions	E 122.00
8351.850	Admin- Dues and Subscriptions	5,132.00
Subtotal [M9]	Subscriptions	5,132.00
Subgroup : [M10]	Contributions	
8351.914	Admin - Charitable Contrib	1,812.00
Subtotal [M10]	Contributions	1,812.00
Subgroup : [M11]	Services Provided by Contract	

8311.680	Fiscal- Contracted Services	22,755.64
8311.730	Fiscal- Rental Expense	32,808.70
8321.670	Admissions- Purchased Services	3,650.00
8351.290	Admin- Consulting Services	3,281.00
8351.670	Admin- Purchased Services	956.00
8381.680	Reception- Contracted Services	56,343.00
Subtotal [M11]	Services Provided by Contract	119,794.34
Subgroup : [M12]	Administrative Management Services	
6011.299	Nsg Admin - Other Consulting	14,100.00
7330.299	PT - Other Consulting	7,500.00
7381.299	Social Services - Other Consul	3,800.00
8212.299	Dietary - Other Consulting	2,100.00
8311.299	Fiscal - Other Consulting	145,780.00
8321.299	Admissions - Other Consulting	7,500.00
8351.293	Admin - Legal Consulting	21,100.00
8351.299	Admin - Other Consulting	30,200.00
Subtotal [M12]	Administrative Management Services	232,080.00
ountous [m:=]		
Subgroup : [M13]	Other	
6011.285	Msg Admin - Recruiting Fees	6,500.00
7381.680	Social Services- Contracted S	632.00
8212.890	Dietary- Books and Periodicals	180.00
8351.285	Admin - Recruiting Fees	5,000.00
8351.830	Admin - Licenses and Taxes	1,263.00
8351.882	Admin- Bank Charges	16,708.00
8351.890	Admin- Books and Periodicals	16.00
8351.920	Admin - Penalties	39.00
8460.249	Employee Fingerprinting	3,039.00
Subtotal [M13]	Other	33,377.00
Total [16]	Expenditures Other than Salaries (cont	452,032.86
Group : [18]	Dietary Basis for Allocation of Costs	
Subgroup : [2A1]	Raw Food	
8212.501	Dietary- Groceries	43,700.00
8212.502	Dietary- Dairy	15,739.00
8212.503	Dietary- Meat and Fish	15,853.00
8212.504	Dietary- Bakery	4,362.00
8212.505	Dietary- Produce	3,590.00
Subtotal [2A1]	Raw Food	83,244.00
		
Subgroup : [2A2]	Non-Food Supplies	
7200.430	Central Supply- Nutritional S	6,963.00

8212.460	Dietary - Gloves	644.00
8212.510	Dietary- Tabeware	1,961.00
8212.540	Dietary- Cleaning Supplies	664.00
8212.590	Dietary- Other Supplies	10,183.00
8212.730	Dietary- Rental Expense	8,367.00
Subtotal [2A2]	Non-Food Supplies	28,782.00
Subgroup : [2B]	Purchased Services	
8212.290	Dietary- Consulting Services	854,149.00
8212.670	Dietary- Purchased Services	483.00
8212.680	Dietary- Contracted Services	8,536.00
Subtotal [2B]	Purchased Services	863,168.00
Total [18]	Dietary Basis for Allocation of Costs	975,194.00
Group : [19]	Laundry-Basis for Allocation of Costs	
Subgroup : [3B]	Purchased Services	
8250.290	Laundry- Consulting Services	320,112.00
Subtotal [3B]	Purchased Services	320,112.00
Cubiciai [CD]		020,112100
Subgroup : [3D]	Other	
0050 000	Laundry - Diapers	44,141.00
8250.380	Laditary Diapero	, , , , , , , , , , , , , , , , , , ,
8250.380 8250.381	Laundry - Undergarments	24,180.00
8250.381	Laundry - Undergarments	24,180.00
8250.381 8250.530	Laundry - Undergarments Laundry - Linen and Bedding	24,180.00 12,865.00
8250.381 8250.530 Subtotal [3D] Total [19]	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs	24,180.00 12,865.00 81,186.00 401,298.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20]	Laundry - Undergarments Laundry - Linen and Bedding Other	24,180.00 12,865.00 81,186.00 401,298.00
8250.381 8250.530 Subtotal [3D] Total [19]	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis f Purchased Services	24,180.00 12,865.00 81,186.00 401,298.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis f	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B]	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis f Purchased Services Housekeeping- Consulting Serv	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs 330,923.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis f Purchased Services Housekeeping- Consulting Serv	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs 330,923.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290 Subtotal [4B]	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis f Purchased Services Housekeeping- Consulting Serv Purchased Services	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs 330,923.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290 Subtotal [4B] Subgroup : [4D]	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis f Purchased Services Housekeeping- Consulting Serv Purchased Services Other	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs 330,923.00 330,923.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290 Subtotal [4B] Subgroup : [4D] 8240.460	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis f Purchased Services Housekeeping- Consulting Serv Purchased Services Other Housekeeping- Gloves	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs 330,923.00 330,923.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290 Subtotal [4B] Subgroup : [4D] 8240.460 8240.540	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Purchased Services Housekeeping- Consulting Serv Purchased Services Other Housekeeping- Gloves Housekeeping- Cleaning Suppli	24,180.00 12,865.00 81,186.00 401,298.00 For Allocation of Costs 330,923.00 330,923.00 2,507.00 9,056.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290 Subtotal [4B] Subgroup : [4D] 8240.460 8240.540 8240.570	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Purchased Services Housekeeping- Consulting Serv Purchased Services Other Housekeeping- Gloves Housekeeping- Cleaning Suppli Housekeeping- Wipes	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs 330,923.00 330,923.00 2,507.00 9,056.00 2,890.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290 Subtotal [4B] Subgroup : [4D] 8240.460 8240.540 8240.570 8240.590 Subtotal [4D]	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis f Purchased Services Housekeeping- Consulting Serv Purchased Services Other Housekeeping- Gloves Housekeeping- Cleaning Suppli Housekeeping- Wipes Housekeeping- Other Supplies Other	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs 330,923.00 330,923.00 2,507.00 9,056.00 2,890.00 5,818.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290 Subtotal [4B] Subgroup : [4D] 8240.460 8240.540 8240.570 8240.590 Subtotal [4D] Subgroup : [5A2]	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Purchased Services Housekeeping- Consulting Serv Purchased Services Other Housekeeping- Gloves Housekeeping- Cleaning Supplithousekeeping- Wipes Housekeeping- Other Supplies Other Purchased from	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs 330,923.00 330,923.00 2,507.00 9,056.00 2,890.00 5,818.00 20,271.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290 Subtotal [4B] Subgroup : [4D] 8240.460 8240.540 8240.570 8240.570 8240.590 Subtotal [4D] Subgroup : [5A2] 7270.440	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Purchased Services Housekeeping- Consulting Serv Purchased Services Other Housekeeping- Gloves Housekeeping- Cleaning Suppli Housekeeping- Wipes Housekeeping- Other Supplies Other Purchased from Pharmacy- Drugs - Medicare Pa	24,180.00 12,865.00 81,186.00 401,298.00 For Allocation of Costs 330,923.00 330,923.00 2,507.00 9,056.00 2,890.00 5,818.00 20,271.00
8250.381 8250.530 Subtotal [3D] Total [19] Group : [20] Subgroup : [4B] 8240.290 Subtotal [4B] Subgroup : [4D] 8240.460 8240.540 8240.570 8240.590 Subtotal [4D] Subgroup : [5A2]	Laundry - Undergarments Laundry - Linen and Bedding Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Purchased Services Housekeeping- Consulting Serv Purchased Services Other Housekeeping- Gloves Housekeeping- Cleaning Supplithousekeeping- Wipes Housekeeping- Other Supplies Other Purchased from	24,180.00 12,865.00 81,186.00 401,298.00 for Allocation of Costs 330,923.00 330,923.00 2,507.00 9,056.00 2,890.00 5,818.00 20,271.00

7270.445	Pharmacy - Drugs - Hospice	456.00
Subtotal [5A2]	Purchased from	412,220.00
Subgroup : [5B]	Medicine Cabinet Drugs	
7270.450	Pharmacy- Medicine Cabinet Dr	31,803.00
Subtotal [5B]	Medicine Cabinet Drugs	31,803.00
Subgroup : [5D]	Ambulance/Limousine	
8270.670	Ambulance	3,200.00
Subtotal [5D]	Ambulance/Limousine	3,200.00
Subgroup : [5E2]	Oxygen - Other	
7200.410	Central Supply- Oxygen	12,786.00
Subtotal [5E2]	Oxygen - Other	12,786.00
Subgroup : [5F]	X-Rays and related radiological	
7240.680	X Ray- Contracted Services	28,105.00
Subtotal [5F]	X-Rays and related radiological	28,105.00
Subgroup : [5H]	Laboratory	20.056.00
7210.680	Lab- Contracted Services	39,856.00
Subtotal [5H]	Laboratory	39,856.00
Subgroup : [5l]	Recreation	
7260.590	Activities- Other Supplies	454.00
7260.670	Activities- Purchased Services	3,359.00
7260.890	Activities- Books and Periodi	100.00
8351.680	Admin- Contracted Services	5,590.00
Marcum 105	Cable TV	20,726.00
Subtotal [5l]	Recreation	30,229.00
Subgroup : [5J]	Other	16,244.00
7200.460	Central Supply- Gloves	110,159.00
7200.490 7200.550	Central Supply- Other Medical Central Supply- Office Suppli	255.00
7200.570	Central Supply- Office Suppli Central Supply- Wipes	3,577.00
7200.570	Central Supply- Whees Central Supply- Other Supplies	33,644.00
7200.730	Central Supply- Sental Expense	44,888.00
7390.550	Medical Records- Office Suppl	1,276.00
Subtotal [5J]	Other	210,043.00
and the same of th		
Total [20]	Housekeeping and Resident Care Basi	1,119,436.00
Group : [22]	Maintenance and Property	

Subgroup : [6A]	Repairs and Maintenance	
8220.590	Plant- Other Supplies	22,518.00
8220.630	Plant- Repairs and Maintenance	76,725.00
Subtotal [6A]	Repairs and Maintenance	99,243.00
Subgroup : [6B]	Heat	
8220.750	Plant - Gas	179,378.00
8220.770	Plant - Oil	39,215.00
Subtotal [6B]	Heat	218,593.00
Subgroup : [6C]	Light & Power	
8220.740	Plant - Electricity	16,368.00
Subtotal [6C]	Light & Power	16,368.00
Subgroup : [6D]	Water	
8220.760	Plant - Water and Sewer	62,599.00
Subtotal [6D]	Water	62,599.00
Subgroup : [6E]	Equipment Lease	
Macum 112	Leases	8,316.14
Subtotal [6E]	Equipment Lease	8,316.14
		<u> </u>
Subgroup : [6F]	Other	
8220.290	Plant- Consulting Services	11,554.00
8220.670	Plant- Purchased Services	28,328.00
8220.680	Plant- Contracted Services	61,057.00
8220.850	Plant- Dues and Subscriptions	480.00
Subtotal [6F]	Other	101,419.00
Subgroup : [7B]	Building & Building Improvements	
8220.690	Plant - Amort. Leasehold Imp.	12,653.00
Subtotal [7B]	Building & Building Improvements	12,653.00
ountotal [12]		12,000.00
Subgroup : [7D]	Movable Equipment	
8220.691	Plant - Depreciation -MME	14,434.00
Subtotal [7D]	Movable Equipment	14,434.00
Subgroup : [8A]	Organization Expense	
8220.695	Plant - Mortgage Costs	1,147.00
	Organization Expense	1,147.00
Subtotal [8A]	Organization Expense	1,147.00
Subgroup : [9]	Rental Payments	
8220.710	Plant - Building Rent	478,116.00
8220.713	Plant- Building Rent Escalator	615,637.00

Subtotal [9]	Rental Payments	1,093,753.00
Subgroup : [10B]	Real estate taxes paid by lessor	
8220.830	Plant - Real Estate Taxes	109,016.00
Subtotal [10B]	Real estate taxes paid by lessor	109,016.00
• •	. ,	-
Total [22]	Maintenance and Property	1,737,541.14
Group : [27]	Interest and Insurance	
Subgroup : [12D]	Other Interest Expense	
8351.820	Admin - Working Capital Int.	22,129.00
Subtotal [12D]	Other Interest Expense	22,129.00
Subgroup : [14A]	Insurance on Property	
8220.810	Plant - Property Insurance	15,201.00
Subtotal [14A]	Insurance on Property	15,201.00
Subgroup : [14C1]	Umbrella	
8351.810	Admin - General Insurance	75,383.00
Subtotal [14C1]	Umbrella	75,383.00
		·- <u>-</u>
Total [27]	Interest and Insurance	112,713.00
Group : [30]	Statement of Revenue	
Subgroup : [1A]	Medicaid Residents (CT only)	
3020.300	R & B - Medicaid	(15,115,707.00)
Subtotal [1A]	Medicaid Residents (CT only)	(15,115,707.00)
Subgroup : [1B]	Medicaid room and board contractual allow	<i>y</i> ance
5521.300	R & B Allowance - Medicaid	6,758,716.00
5525.300	Medicaid Retros - Prior Year	(12,653.00)
Subtotal [1B]	Medicaid room and board contractual a	6,746,063.00
	<u> </u>	
Subgroup : [3A]	Medicare Residents (All inclusive)	
3020.100	R & B - Medicare Part A	(3,688,488.00)
3020.501	Room and Board - Mgd Medicare	(810,695.00)
Subtotal [3A]	Medicare Residents (All inclusive)	(4,499,183.00)
Subgroup : [3B]	Medicare room and board contractual allov	vance
5521.100	R & B Allowance - Medicare A	(1,419,594.00)
5521.501	R & B Allowance - Mgd Medicare	139,440.00
Subtotal [3B]	Medicare room and board contractual :	(1,280,154.00)
Subgroup : [4A]	Private-pay residents and other	

3020.000	Room and Board - Private	(1,208,250.00)
3020.400	R & B - Hospice	(147,465.00)
3020.500	R & B - 3rd Party Insurance	(396,365.00)
3020.600	R & B - VA	(343,005.00)
5521.505	Capitation Revenue	(49,030.00)
Subtotal [4A]	Private-pay residents and other	(2,144,115.00)
	_	
Subgroup : [4B]	Private-pay room and board contractual	allowance
5521.000	R & B Allowance - Private	7,605.00
5521.400	R & B Allowance- Hospice	65,125.00
5521.500	R & B Allowance -3rd Party Ins	110,221.00
5521.600	R & B Allowance - VA	117,849.00
Subtotal [4B]	Private-pay room and board contractua_	300,800.00
Cubanaua : F7A1	Physical Therapy - Medicare	
Subgroup : [7A] 4330.100	P.T. Income - Medicare Part A	(802,765.00)
4330.200	P.T. Income - Medicare Part B	(54,959.00)
Subtotal [7A]	Physical Therapy - Medicare	(857,724.00)
Subtotal [/A]	- Involcat Therapy - Medicale	(037,724.00)
Subgroup : [7C]	Physical Therapy - Non-medicare	
4330.000	P.T. Income - Private	(543.00)
4330.300	P.T. Income - Medicaid	(49,541.00)
4330.500	P.T. Income - 3rd Party Ins.	(175,077.00)
Subtotal [7C]	Physical Therapy - Non-medicare	(225,161.00)
Subgroup : [8A]	Speech Therapy - Medicare	
4350.100	S.T Medicare Part A	(188,323.00)
4350.200	S.T Medicare Part B	(41,379.00)
Subtotal [8A]	Speech Therapy - Medicare	(229,702.00)
oubtour [oA]		(220). 02.007
Subgroup : [8C]	Speech Therapy - Non-medicare	
4350.000	S.T Private	(2,086.00)
4350.300	S.T. Income - Medicaid	(13,079.00)
4350.500	S.T. Income - 3rd Party Ins.	(52,592.00)
Subtotal [8C]	Speech Therapy - Non-medicare	(67,757.00)
Subgroup : [9A]	Occupational Therapy - Medicare	
4340.100	O.T. Income - Medicare Part A	(899,828.00)
4340.200	O.T. Income - Medicare Part B	(88,329.00)
	Occupational Therapy - Medicare	(988,157.00)
Subtotal [9A]		(300, 137.00)
Subgroup : [9C]	Occupational Therapy - Non-medicare	
4340.000	O.T. Income - Private	(1,178.00)
4340.300	O.T. Income - Medicaid	(59,724.00)

4340.500	O.T. Income - 3rd Party Ins.	(207,361.00)
Subtotal [9C]	Occupational Therapy - Non-medicare	(268,263.00)
Subgroup : [10A]	Other - Medicare	
4210.100	Laboratory - Part A	(378,646.00)
4240.100	Radiology - Diagnostic Part A	(25,210.00)
4270.100	Pharmacy - Medicare Part A	(290,628.00)
5521.101	Medicare 2% Reduction	87,982.00
5527.100	Ancillary Allowance - Part A	2,585,400.00
5527.200	Ancillary Allowance - Part B	38,481.00
5527.201	Ancillary Allow -ISNIP Pt B	4,337.00
Subtotal [10A]	Other - Medicare	2,021,716.00
Subgroup : [10B]	Other - Non-medicare	
4210.000	Laboratory - Private	(7,148.00)
4210.300	Laboratory - Medicaid	(7,094.00)
4210.500	Laboratory - 3rd Party Insuran	(382.00)
4270.000	Pharmacy - Private	(5,452.00)
4270.300	Pharmacy - Medicaid	(3,519.00)
4270.500	Pharmacy -3rd Party Insurance	(6,688.00)
5527.300	Ancillary Allowance - Medicaid	132,957.00
5527.500	Ancilary Allowance - 3rd Party	441,170.00
Subtotal [10B]	Other - Non-medicare	543,844.00
Subtotal [10b]	Culei - Non-inedicale	343,044.00
Subgroup : [18]	Other Revenue	
5085.000	Medical Records Income	(290.00)
5175.000	Rebates and Refunds	(681.00)
5179.000	Other Miscellaneous Income	(262.00)
Subtotal [18]	Other Revenue	(1,233.00)
Total [30]	Statement of Revenue	(16,064,733.00)
Group : [31-32]	Assets	
Subgroup : [A1]	Cash	
1011.000	Cash - Operating Account	324,184.00
1012.000	Cash - Payroll Checking	(210.00)
1014.000	Petty Cash	3,000.00
Subtotal [A1]	Cash	326,974.00
Subgroup : [A2]	Resident Accounts Receivable	
1031.000	A/R Medicare Part A	551,029.00
1031.200	A/R Medicare Part B Snf	58,314.00
1032.000	A/R Medicaid Snf	1,214,241.00
1032.300	A/R Nami	41,305.00

1032.400	A/R Pending Medicaid	57,823.00
1033.000	A/R Private	126,976.00
1034.000	A/R Hospice	20,790.00
1034.500	A/R-3Rd Party Ins/Co-Ins	791,283.00
1034.501	A/R MANAGED MEDICARE	(4,050.00)
1034.600	A/R VA	51,954.00
Subtotal [A2]	Resident Accounts Receivable	2,909,665.00
Subgroup : [A5]	Prepaid Expenses	
1120.000	Prepaid Expenses	35,285.00
1121.000	Prepaid Insurance	28,996.00
1127.000	Prepaid Insurance - W.C.	45,828.00
Subtotal [A5]	Prepaid Expenses	110,109.00
Subgroup : [A8]	Other Current Assets	
1083.200	Patient Refund Exchange	3,795.00
1083.300	Exchange - Other	1,635.00
1083.400	Exchanges - Patient Funds	(106.00)
Subtotal [A8]	Other Current Assets	5,324.00
Subgroup : [B4]	Leasehold Improvements	
1170.000	Leasehold Imp 15 Year	189,789.00
1270.000	Leasehold ImprovAcc Amort.	(12,653.00)
Subtotal [B4]	Leasehold Improvements	177,136.00
Subgroup : [B6]	Movable Equipment	
1190.100	Mme - 5 Year	70,182.00
1190.110	Mme 10 Year	3,981.00
1290.000	Mme - Accum Dep - General	(14,434.00)
Subtotal [B6]	Movable Equipment	59,729.00
Subgroup : [D3]	Organization Expense	
1361.100	Start Up Costs	10,145.00
1365.000	Amortization Of Start Up Costs	(1,147.00)
Subtotal [D3]	Organization Expense	8,998.00
Subgroup : [D6]	Loans to Owners or Related Parties	
1086.000	Due to/from Prior Operator	60,259.00
Subtotal [D6]	Loans to Owners or Related Parties	60,259.00
Total [31-32]	Assets	3,658,194.00
Group : [33-34]	Liabilities	
Subgroup : [A1]	Trade Accounts Payable	

2021.000	Accounts Payable - Trade	(689,644.00)
Subtotal [A1]	Trade Accounts Payable	(689,644.00)
Subgroup : [A4]	Accrued Payroll	
2031.000	Accrued Payroll	(334,639.00)
2032.000	Accrued Sick And Vacation	(412,863.00)
Subtotal [A4]	Accrued Payroli	(747,502.00)
Subgroup : [A6]	Accrued Payroll Taxes Payable	
2036.000	Fica Payable	(8,582.00)
2041.010	Sui Payable	(4,077.00)
2041.020	Futa Payable	(305.00)
Subtotal [A6]	Accrued Payroll Taxes Payable	(12,964.00)
Subgroup : [A12]	Other Current Liabilities	55.00
2049.000	Garnishee Payable	55.00
2049.010	401K Payable	124.00
2049.030	Child Support Payable	141.00
2056.000	Accrued Expenses	(389,550.00)
Subtotal [A12]	Other Current Liabilities	(389,230.00)
Subgroup : [B3]	Loans from Owners or Related Parties	
2116.000	Due To Related Party -Landlord	(711,324.00)
Subtotal [B3]	Loans from Owners or Related Parties	(711,324.00)
Subgroup : [B4]	Other Long-Term Liabilities	
2012.040	Line Of Credit	(705,000.00)
Subtotal [B4]	Other Long-Term Liabilities	(705,000.00)
Total [33-34]	Liabilities	(3,255,664.00)
	NET (INCOME) LOSS	0.00
	Sum of Account Groups	0.00

Cassena Care of Stamford Client: Medicaid - Cassena Care of Stamford Engagement: Period Ending: 9/30/2016 Trial Balance: A.01 - TB-CCNH H.00 - Reclassifying Journal Entries Report Workpaper: W/P Ref Debit Credit Account Description Reclassifying Journal Entries Reclassifying Journal Entries JE # 1
To reclass dues/bank fees from subscriptions E.06 8351.882 Admin- Bank Charges 97.00 Marcum 102 CAHCF Dues 8.278.00 8,375.00 Admin- Dues and Subscriptions 8351.850 Marcum 101 Chamber of Commerce Dues 8,376.00 8,375.00 Reclassifying Journal Entries JE#3 E.11 To reclass cable/internet from 8220.670 to 8351.670 and then reclass just cable from account 8351.680 to Marcum 105 8351.680 Admin- Contracted Services 14,834.00 Marcum 105 20,726.00 14.834.00 8220.670 Plant- Purchased Services 20,726.00 8351.680 Admin- Contracted Services 35,560.00 Reclassifying Journal Entries JE # 4 N.01 To reclass cell phone expense to the appropriate line Marcum 111 Cell Phone Expense 623.00 623.00 8351.841 Admin - Telephone 623.00 623,00 Reclassifying Journal Entries JE # 5 E.01 To reclass Legal from Accounting 8351 300 Admin-Legal Fees 7.985.00 7,985.00 8311.310 Fiscal- Audit Fees 7,985.00 7,985.00 Total Reclassifying Journal Entries JE # 6 To allocate Director of Rehab H.01 7340 020 OT- Tech Wages 9,736.00 7350 020 ST - Wages 2,727.00 PT- Supervisor Wages 12,463.00 7330.010 12,463.00 12,463.00 Reclassifying Journal Entries JE # 7 Reclass Mispostings to 7420.270 E.13 10,929.00 7270.290 Pharmacy- Consulting Services 962.00 Union Education 8460.245 7420.270 Physician Fees 11,891.00 Total 11.891.00 11,891,00 Reclassifying Journal Entries JE # 8 To Reclass Leases D.20 8,316.14 Macum 112 Leases 8311.680 Fiscal- Contracted Services 2.302.76 1.622.60 8311.680 Fiscal- Contracted Services 2,681.30 8311.730 Fiscal- Rental Expense 1,709.48 8351,730 Admin- Rental Expense 8,316.14 8,316.14 Reclassifying Journal Entries JE#9 1.01a Salary Reclasses per Client 1,263.00 7260.010 Activities- Supervisor Wages 7330.010 PT- Supervisor Wages 3,840.00 7340.050 OT- Aides Wages 10,533.13 7430.020 Utilization Review- Tech Wages 5,890.50 896.00 8351.012 Admin - Human Resources 5,890.50 Activities- Tech Wages 7260.020 1,263.00 7260.050 Activities- Aides Wages 7330.050 PT- Aides Wages 3.840.00 10.533.13 7340.020 OT- Tech Wages 896.00 8351.295 Admin - Member Fees 22,422.63 22,422.63 Total Reclassifying Journal Entries JE # 10 To allocate Seidner to Administrator 8351.010 Admin- Supervisor Wages 16,057.00 16,057.00 8351.295 Admin - Member Fees 16,057.00 16,057.00 Total Reclassifying Journal Entries 123,692.77 123,692.77

Total All Journal Entries 123,692.77 123,692.77



Workpaper Index:

400.2

Prepared By:

Reviewed By:

2/13/2017

Workpaper Date: Run Date:

2/13/2017

Provider Name:

Stamford Acquisition I, LLC, d/b/a Cassena Care at Stamford, LLC

Provider Number: Period Ended:

10843

9/30/16

Name of Workpaper:

VHCL CKLST

VEHICLE COMPLIANCE CHECKLIST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

		Yes	No	Support Filed at?	Finding Issued?
1	Are all vehicles registered and insured in the facility's name? Request insurance cards and current vehicle registration.				
2	Are all purchase and lease agreements made in the facility's name?				
3	Were mileage logs obtained for facility vehicles claimed for reimbursement				
4	Were the number of vehicles allowed for reimbursement determined?			-	
5	Was personal use of the facility vehicles determined?				
6	Has the maximum cost allowed for depreciation purposes or the maximum allowablemonthly lease expense been determined?	-			
7	Were all newly acquired vehicle additions for the cost years specified to supporting invoices and cancelled checks verified?				
8	Were all motor vehicle additions physically inspected?				

Conclusion: