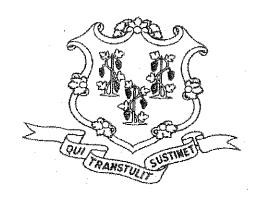
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2016

	Rest-Home wit Supervision on (RHNS) Report for Yea 9/30/2016	ly		NurseFac-Aid	
G088	Supervision on (RHNS) Report for Yea	ly			
	Supervision on (RHNS) Report for Yea	ly			
	Supervision on (RHNS) Report for Yea	ly			
	Supervision on (RHNS) Report for Yea	ly			
	1 -	r Ending			
CCNH 2314-CCNH	RHNS 234-RH	Nı	ırseFac-Aid AIDS	s M	edicare Provider 07-5436
CC 23143	CNH		INS	IC	CF-IID
Date Received	^		Signed a	nd Notarized	Date Received
105000					
	Date	Date Sequence N	Date Sequence Number	Date Sequence Number Signed a	Date Sequence Number Signed and Notarized

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General Information

Name of Facility (as licensed) Chestnut Point Car	x Center	2314	-CCNH	Report for Year End		of 37
	Admin	istrator's/Own	er's Certifica	ition		
MISREPRESENTATI COST REPORT MAY FEDERAL LAW.						
I HEREBY CERTIFY Cost Report and support cost report period begins and that to the best of the books and records	orting schedules nning <u>ぐん</u> 。 my knowledge a	prepared for <u>hes</u>	and ending e, correct, and o	Cusc Facility in Sept. 30, complete statement pr	ame, for the	
I hereby certify that I hav of Resident Statistics, Sta this Facility in accordance specified above.	atements of Repor	ted Expenditures, St	tatements of Rev	enues and the related Ba	alance Sheet of	
I have read this Report knowledge under the po this Report as a basis f incurred to provide resi been retained as require	enalty of perjury for securing reim ident care in this	I also certify that bursement for Title Facility. All supp	t all salary and a e XIX and/or of porting records :	non-salary expenses p her State assisted resi for the expenses recor	resented in dents were ded have	
Signed (Administrator)		Date	Signed Own		Date /	
		3/7/17	Theres	t illeght	2/10/	17
Printed Name (Administrator) Tohn Kolend	a		Printed Name	5. Welaht		
Subscribed and Sworn	State of	Date	Signed (Notar	· -	Comm. Exp	oires
o before me: John Kolenda	CT	2/7/17	Justoc	21Herello	11,30	2,19
Address of Notary Public	c.1 o		.0			
11 Iroquois Rd E	inteld, C	T 06087	·*	2/18/19	2. 2. 2. 2. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	h
(Notary Seal)			Die Brij For	nda Walsh Ida Walsh Chris Wri 341 Bid	dary Public - way Commissi February 2	on Expire
				341 Bid. Nanelus	well st ter, CT	06040

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
Chestnut Point Care Center, LLC				10/1/2015	9/30/2016
Address of Facility 171 Main Street, East Windsor, CT 06088					
Report Prepared By		Phone Nun		Date	
iCare		860-570-2	140	2/15/2016	
Item		Total	CCNH	RHNS	NurseFac- Aids
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$.,,
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Yea	ar Ended	Page	of
		860	-292-5394		9/30/2016		2	37
Name of Facility (as shown on license)			,		Street, City, Sta			
Chestnut Point Care Center, LLC		ı			East Windsor,	CT 0608		
	CCNH	0.7	RHNS		NurseFac-Aids			Provider No.
	2314-CCNH	234	-KH	AID	22		07-5436	
Type of Facility (Check appropriate box(es)	J	_						
Chronic and Convalescent			t Home with			NurseFac	c-Aids	
Nursing Home only (CCNH)		Sup	ervision only	(KHI	NS)			
Type of Ownership (Check appropriate box))							
O Proprietorship O LLC O	Partnership	0	Profit Corp.		Non-Profit Cor	p. O	Government	O Trust
				Date	e Opened	Date Clo	sed	
If this facility opened or closed during repor	t year provide:	:						
			-					
Has there been any change in ownership		_	Va-	_	Ma	T£ 1137 11	ovelske £41	
or operation during this report year?		O	Yes	<u> </u>	_No	<u>π Yes,"</u>	explain full	<u>у.</u>
Administrator								
Name of Administrator					Nursing Ho			
John Kolenda					Administrat	1	001943	
					License 1	Vo.:		
Other Operators/Owners who are assistant a	administrators	(full	or part time)	of thi		·		
Name					License 1	No.:		
	<u></u>							

General Information and Questionnaire Partners/Members

Name of Facility Chestnut Point Care Center, LI	LC.	License No. 2314-CCNH	Report for Y 9/30/2016	ear Ended	Page of 3 37
Legal Name of Part	nership/LLC	Business	Address	1 ' '	or Town(s) in egistered
Chestnut Point Care Center, L	LC	171 Main Stree Windsor, CT 0			
Name of Partners/Members	Business A	ddress		Title	% Owned
V. Robert Salazar	2500 18th Street, Suite CO 80211	200, Denver,	Member		31.3
David Sebbag	245 South Benton Stre Lakewood, CO 80226	et, Suite 100,	Member		21.4
Ari Krausz	245 South Benton Stre Lakewood, CO 80226	et, Suite 100,	Member		21.3
Solomon Melamed	245 South Benton Stre Lakewood, CO 80226	et, Suite 100,	Member		1
Christopher Wright	341 Bidwell Street, Ma 06040	anchester, Ct	Member		5
Premier First Investors	245 S. Benton Street, Lakewood, CO 80226		Member	Member	
Global World Investors	245 S. Benton Street, 1 80226	Lakewood, CO	Member		10

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	Inded	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016		3A	37
If this facility is owned or operated as a corpo					
Legal Name of Corporation	Busine	ess Address	State(s) in Wl	nich Incorp	orated
Name of Directors, Officers	Busine	ess Address	Title	No. S Held by	
h					
Names of Stockholders Owning at Least 10% of Shares	,				

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility Chestnut Point Care Center, LLC	License No. 2314-CCNH	Report for Year Ended 9/30/2016	Page of 3B 37
If this facility is owned or operated as an individual			
Own	er(s) of Facility		
	•		

	And a Marketing or a second or		
	1.04 PMH		

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Related Parties*

Name of Facility Chestnut Point Care Center, LLC		License No. 2314-CCNH	HNC	Report for Year Ended 9/3/2016		Page 4	of 37
		Also Provides Goods/Services to Non	vides		Indicate Where Costs are Included		Actual Cost to the
Name of Related Individual or Company	Business Address	Related Parties	arties %**	Description of Goods/Services Provided	in Annual Report	Cost	Related Party
Bidwell Care Center,	333 Bidwell St. Manchester,	₽		1005 014			
LLC	CT 06040			Shared Employees		1	•
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees		(200)	200
Chestnut Point Care	171 Main St. East Windsor,			I amdry Services	19	_	
Chestnut Point Care				0.1			
Farmington Care	20 Scott Swamp Rd.			Shared Employees	. 21	240	- (076)
Farmington Care	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees		446	(944)
Kettle Brook Care	96 Prospect Hill Rd. East Windsor CT 06088			Laundry Services	19 3	67.207	(67,207)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees		1,515	(515,1)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		(20)	20
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees		23,601	(23,601)
Westside Care	15 5			Shared Employees		(2,040)	2,040
Wintonbury Care	140 Park Ave. Bloomfield, CT 06002			Shared Employees		32	(32)
Secure Care Center	60 West Street, Rocky Hill, CT 06067			Shared Employees		2,169	(2,169)
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST	13 5,8,10	3.6	(369,846)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27 10,9,14	ļ <u>.</u>	(326,997)
iCare Management, LLC	_			Postage & Legal	16, 15 M.E	23,845	(23,845)
iCare Health Management M.C.				Shared EEs not part of memt aemt			(57,692)
6				Management Services, Direct			(58,291)
				Management Services, Indirect	20 5		(13,316)
				Management Services, Administrative	Ц		(156,898)
							, ,
							-
All 9 Care Centers.							
mgmt co, realty cos				Share Common 401k, Pension and Insurance plans, courier, legal and various other services	urance plans, courier,	legal and varic	ous other services

* 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	
Chestnut Point Care Center, LLC	2314-CC	NH	9/30/2016	5	37	
If the facility is licensed as CDH and/or RCH	or provides A	IDS or TBI	services with special Medicai	id rates, co	sts	
must be allocated to CCNH and RHNS as foll-			Ŷ			
Item			Method of Allocation	1		
Dietary		Number of	meals served to residents			
Laundry		Number of	pounds processed			
Housekeeping			square feet serviced			
			hours of routine care provide			
Nursing			classification, i.e., Director (or			
		Registered	Nurses, Licensed Practical N	urses, Aide	es and	
		Attendants				
Direct Resident Care Consultants		1	hours of resident care provide	ed by EAC	H	
			(See listing page 13)			
Maintenance and operation of plant		Square fee				
Property costs (depreciation)		Square fee				
Employee health and welfare		Gross sala				
Management services			te cost center involved			
All other General Administrative expenses			irect and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.						
1. In the preparation of this Report, were all costs allocated as required? O Yes O No If "No," explain fully why such allocation was not made.						
2. Explain the allocation of related company e	expenses and	attach copy	of appropriate supporting data	a		
	10 1' 11	T!4 1 !	-1: -tsta to man muncino bo	ama ooat o	antora?	
3. Did the Facility appropriately allocate and				ome cost co	CHUCKS?	
(e.g., Assisted Living, Home Health, Outpa	itient Service	s, Adult Day				
	• Yes	O No	If "No," explain fully why sunot made.	ich allocat	ion was	

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General Information and Questionnaire Leases (Excluding Real Property)

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

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Chestnut Point Care Center, LLC			2314-CCNH	9/30/2016			6 37
AND THE	Related * to	d * to	to happens of				
	OW	Owners,					
	Operators,	ators,				Annual	
	Offi	Officers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	Ņ	Description of Items Leased	Lease**	Lease	ofLease	Claimed
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno.	0	0	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	05/18/10	1 yr with automatic	15,740	15,740
MS-100,	0	0	Time Clocks and Payroll Punch Equip	06/01/10	60 Months	8,817	8,817
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	0	0	Copier	03/07/14	48 Months	7,527	7,527
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	0	0	Copier	04/10/14	48 Months	216	216
	0	•					
	0	0					1
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All Leased Vehicles?	eased Ve	hicles ?	• Yes	0	O No	Total ***	32,300

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

7	License No.	Report for Year Ended		Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
1.	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code			
1 O'Connor, Davies LLP		100 Great Meadow Road, Ste 401, Weth	iersfield, C	T 06109	
2					
3					
4	.1				
Services Provided by This Firm (de			*	2.60	2
1 Taxes, financial statements, accounting	g support			3,53	
2					
3			\$		
4			\$		
			Charge fo	r Services	Provided
			\$	3,53	3
	liture Portion of This Report? If Yo	es, Specify Expense Classification and Line No.			
O Yes O No	15D				
Legal Services Information			T=		
Name of Legal Firm or Independen				e Number	
1 iCare Health Management, LL	.C		860-570-		
2 Starble and Harris			860-678-		
3 Durant Nichols / Robinson &		And Cally Advantage (A)	860-275-	8200	
		, Murtha Cullina, Jackson Lewis))	960 (70	7775 0 07	O 570 0140
5 Starble and Harris, iCare Healt			80U-078-	1113 & 8t	60-570-2140
Address (No. & Street, City, State,					
1 341 Bidwell Street, Mancheste	CF C I				
32 Main Street, Avon, CT280 Trumbull St, Hartford, CT	r				
4	L				
5 32 Main Street, Avon, CT & 3	341 Bidwell Street Manche	ster CT			
Services Provided by This Firm (de					
1 Lease and contract issues, general lega	al advice, Labor Law		\$	21,14	7
2 Lease and contract issues, general legal	al advice, union funds advice		\$	6,28	7
3 Employment law, arbitrations, contract	et negotiations		\$	53	6
4 Employment Arbitrations, healthcare	law		\$	3,56	8
5 Collections			\$	1,86	9
			Charge fo	or Services	Provided
			\$	33,40	7
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	cs, Specify Expense Classification and Line No.			. •
	15E				
⊙ Yes O No					

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Schedule of Resident Statistics

Name of Facility			License No.	To.	-		Report fo	Report for Year Ended	l _p		Page	Jo
Chestaut Point Care Center, LLC			2314	2314-CCNH			9/30/2016	2			8	37
A CANADA						Period 10/1 Thru 6/30	1 Thru 6/	30		Period 7/1	Period 7/1 Thru 9/30) (
		Total	Total	Total				7. T				Mirros Enc
	Levels	CCNH	KHINS Level	Nurserac- Aids	Total	CCNH	RHINS	Nuiserau- Aids	Total	CCNH	RHNS	Aids
1. Certified Bed Capacity A On last day of PRHVIOUS remort nerind	Uy	85				58	2		09	28	2	
B. On last day of THIS report period	09	58	2		09	58	2		09	58	2	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	82	51	I	30	82	51	1	30	51	50		
B. As of midnight of THIS report period	51	50	1		51	50	1		51	50	7	
3. Total Number of Days Care Provided During Period												
A. Medicare	2,153	2,153			1,595	1,595			558	558		
B. Medicaid (Conn.)	15,317	14,952	365		11,517	11,244	273		3,800	3,708	92	
C. Medicaid (other states)												
D. Private Pay	1,083	1,083			938	938			145	145		
E. State SSI for RCH												
F. Other (Specify) Insurance	339	339			274	274			65	65		
G. Total Care Days During Period (3A thru F)	18,892	18,527	365		14,324	14,051	273		4,568	4,476	92	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds	-b (2)											
A. Medicaid Bed Reserve Days			·									
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	18,892	18,527	365		14,324	14,051	273		4,568	4,476	92	

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Schedule of Resident Statistics (Cont'd)

Name of Faci	lity	·		Licer	ise No.				Report	for Year	Ended		Page	of
Chestnut Poir		enter l			-CCNH				-	9/30/201			9	37
Chesthat I di	it Care (CHICI, I	LEC	2.01	r-coivii					-	•			5,
4. Were the	ere any c	hanges	in the certified b	ed ca	pacity du	ring t	he repo	rt yea	r?	0	Yes	•	No	
1	-	_	llowing informat		. ,	Ü	1	,						
1111			f Change		Cl	ange	in Bed	2		Car	pacity Afte	r Change		
						ange			,	Ca	pacity And	a Change		
Date of	CCNH	RHNS	NurseFac-Aids		Lost		(Gaine	a			Maria		
Change	(1)	(2)	(2)	(1)	(0)	(2)	(1)	(3)	(2)	CONTI	מיניים	NurseFac-	D 6	Cl
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Aids	Reason fo	or Change
			····											
	J													
5. If there v	was any	change	in certified bed o	apaci	ty during	the r	eport ye	ear (as	report	ed in iten	14 above)	provide the nun	nber of	
RESIDI	ENT DA	YS for	90 days followin	g the	change.									
			Change in Re	eider	nt Dave					l co	ONH	RHNS	NurseF	ac-Aids
1st chan	ae		Change in 10	231461	It Days						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TGETTE		
2nd char									•					
3rd char														
4th chan							NAT-MINISTER							
		lents an	d Rates on Septe	mber	30 of Co	st Ye	ar	1011						
			Medicare		Medi					S	elf-Pay		Other Stat	e Assisted
												NurseFac-		
	Item		CCNH	c	CNH	R	HNS	C	CNH	RE	HNS	Aids	R,C,H.	ICF-MR
No. of R		3	7		40		1		3					
Per Dier														
a. One l	bed rm.													
b. Two	bed rms		492.00		209,00		153,00		411.00					
c. Three	e or mor	e												
bed	rms.]											
						•								
													ļ	NurseFac-
7. Total Nu	umber o	f Physic	al Therapy Treat	ments	3					TO	TAL	CCNH	RHNS	Aids
A.	. Medica	are - Pai	t B								3,042	3,042		
В.			clusive of Part B)	ı										
			ce Treatments											
		torative	Treatments								1,070	1,070	ļ	
	. Other						,				6,187	6,187		
			l Therapy Treati								10,299	10,299		
			Therapy Treatn	ients							210	210		
A.	. Medica	are - Pai	rt B clusive of Part B)								219	219		
, B.			ce Treatments	ı										- A
			Treatments							ļ. [72	72		
C	Other	MINIALIYE	Treatments								425	425		
		Speech	Therapy Treatm	ents					****	 	716	716		
			ational Therapy		nents									
	. Medic										939	939		-
			clusive of Part B)	}										
1			ce Treatments								The state of the s			
			Treatments								730	730		
	. Other										4,759	4,759		
D	Total	Оссира	tional Therapy	Treat	ments						6,428	6,428		

Annual Report of Long-Term Care Facility

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Year		Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2016	Linded	10	37
			Yes	0	No	
Are time records maintained by all individuals receiving cor	mpensation?				NO	
			Total Cost at	nd Hours	1	I
			!		NurseFac-	
	COMIT	TT	DIBLE	Hanne	Aids	Llaura
Item	CCNH	Hours	RHNS	Hours	Aius	Hours
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
Administrator(s) (Complete also Sec. III		_				
of Schedule A1)	133,395	2,275				Sittle George (Chinese Constitution Constitu
3. Assistant Administrator (Complete also Sec. IV	133,373	2,213				
of Schedule A1)		4 11 10 14				
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	111,119	4,183				
5. Dietary Service	111,113	1,100				
a. Head Dictitian						
b. Food Service Supervisor	40,517	2,091				
c. Dietary Workers	140,983	10,713				
6. Housekeeping Service						
a. Head Housekeeper	54,185	1,939				
b. Other Housekeeping Workers	79,913	6,562			-	
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers						
8. Laundry Service						
a. Supervisor b. Other Laundry Workers	19,500	1,771				
9. Barber and Beautician Services	19,500	1,771				
10. Protective Services						
11. Accounting Services						
a. Head Accountant				- New York Andreas State of St		
b. Other Accountants			İ			<u> </u>
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	194,647	4,227				
b. RN			1000000			
1. Direct Care	303,623	8,609				
2. Administrative**	88,843	2,091				
c. LPN	4-1					
1. Direct Care	366,642	12,951				
2. Administrative**	50 6 000	25 110				1
d. Aides and Attendants	526,293	35,110	<u> </u>		-	
e. Physical Therapists	-		-		1	
f. Speech Therapists						
g. Occupational Therapists h. Recreation Workers	60,074	3,552			+	<u> </u>
i. Physicians	00,071	3,00%				
1. Medical Director						S CARLON CONTROL OF THE STREET
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
						ļ
j. Dentists				ļ	 	
k. Pharmacists		ļ				
l. Podiatrists	10.01=		<u> </u>	ļ	1	
m. Social Workers/Case Management	49,867	2,091	-	 	 	
n. Marketing						
o. Other (Specify)	15 207	1,055				
See Attached Schedule	15,397 2,184,997				+	
A-13. Total Salary Expenditures	2,104,99/	77,444	1	1	1	

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

^{**} Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RH	INS	NurseFa	ac-Aids
Position	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ -				\$ -	
MEDICAL RECORDS SALARIES	\$ 15,397	1,055			\$ -	
CENTRAL SUPPLY SALARIES	\$ -				\$ -	
Total	\$ 15,397	1,055	\$ -		\$ -	

Schedule of Other Fees (Page 13)

	CCM	кĦ	RH	INS	NurseF:	ac-Aids
Service	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 4,941	182			\$ -	
ADMISSIONS C/S LABOR	\$ 17,307	316			\$	
CENTRAL SUPPLY CONTRACT SERVICE	\$ 4,274	135			\$ -	
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 41,120	1,423			\$ -	
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 2,396	53			\$ -	
	1000 0000000000000000000000000000000000					
Total	\$ 70,039	2,108	\$ -		\$ -	

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*

		7	ASSISTAIL	Administra	ASSISTANT AGININISTRATORS AND OTHER NEIGHBER FAILURES	Nelaic	u raines		,	,	
Name of Facility				License No.		Report for	Report for Year Ended		Page	oţ	
Chestnut Point Care Center, LLC				2314-CCNH		9/30/2016			1.1	37	
		Salary Paid	q								
)		Fringe Benefits and/or Other		Tota!	Line Where		Total		
Name	CCNH	RHNS	NurseFac- Aids	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											
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).											
					•						
								·			
T. T. W. W. T. T. T. T. T. T. T. T. W. W. W. T. W. W. W. T. W.	1	and of some	E.11 informati	TT. Laboratory		, conjunction					

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

		T.	rssistam	r Adminisha	ASSISTABLE AUTHINISTIATORS AND OUTER INSTAULT ALLIES	TATION	ו מוווס			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page	of
Chestnut Point Care Center, LLC				2314-CCNH		9/30/2016			12	37
THE PARTY OF THE P		Salary Paid	-7-1							
				Fringe Benefits			I ine Where		Tota	
			NurseFac-	Payments	Full Description of	Total Hours	Claimed on	Name and Address of All	Hours	Compensation
Name	CCNH	RHINS	Aids	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
				same as employees less						
Brian Nyberg	75,327			union funds	Administrator	1,171 A2	A2			
				same as						
,	0			employees less			· ·			
John Kolenda	58,068			union funds	Administrator	1,104 AZ	A2			
				same as						
				union funds	Administrator		A2			
Section IV - Assistant										•
Administrators										
					** ************************************					

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

^{**} Include $\underline{\mathbf{all}}$ other employment worked during the cost year.

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

	License No.		Report for Y	ear Ended	Page	of
Chestnut Point Care Center, LLC	2314-0	CCNH	9/30/2016		13	37
			Total Cost	and Hours	1	
Item	CCNH	Hours	RHNS	Hours	NurseFac- Aids	Hours
*B. Direct care consultants paid on a fee						
for service basis in lieu of salary					1	
(For all such services complete Schedule B1)			ir.			
1. Dietitian	20,675	461				
2. Dentist	2 500			<u>'</u>		
3. Pharmacist	3,720	64			***************************************	
4. Podiatrist						-
5. Physical Therapy						
a. Resident Care	203,526	2,727				
b. Other						
6. Social Worker		training				
7. Recreation Worker	11,918	24+Cable				
8. Physicians	21.624	100				
a. Medical Director (entire facility)	21,600	137				
b. Utilization Review		***				
(Title 18 and 19 only) monthly meeting						A.I.W.IV-W-
c. Resident Care**						
 d. Administrative Services facility 1. Infection Control Committee 						
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)	6.001	40				
Physician Care Contract Services 9. Speech Therapist	6,991	40				
	20.757	404				
	30,757	404			<u> </u>	
b. Other 10. Occupational Therapist						
a. Resident Care	128,873	1,693				
b. Other	120,013	1,093			 	
11. Nurses and aides and attendants						
a. RN						
Direct Care	174,132	2,560				
2. Administrative***	15,808	326				
b. LPN	13,008	340				
1. Direct Care	15,446	353			100	
2. Administrative***	٠٠٠٠ ود.	333				
c. Aides	40,576	1,776				
d. Other	170,570	1,7,0		 		
12. Other (Specify)						
See Attached Schedule	70,039	2,108				
		,	4			

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

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

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

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service		* to Owners, rs, Officers No		nation of R	elationship
Omnicare	Pharmacy Consulting	0	0			
Tocuhpoints Therapy	Therapy	•	0	Common Own	nership	***************************************
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	•	0	Common Own	ership	
Healthdrive Physician Services	Audiology, Dental and Podiatry	0	•			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN, CNA)	0	0			
Dr Cagna Richard	Medical Director	0	0			***
		0	•			
		0	O			
		0	0			
		0	0			
		0	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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		0	0			
		0	0			
		0	0			

^{*} 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
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2016		15	37
Item			Total	CCNH	RHNS	NurseFac- Aids
1. Administrative and General						
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	106,723	106,723		
Disability Insurance		\$				
3. Unemployment Insurance		\$				
4. Social Security (F.I.C.A.)		\$	243,036	243,036		
5. Health Insurance		\$	142,379	142,379		
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$	and their land annual of the desired facilities to the femore and	and the state of t	Advantaged and county facilities of the principle of the county of the c	A the designation of the first of the designation o
7. Pensions (Non-Discriminatory)		\$	34,894	34,894		
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other (Specify)		\$	6,684	6,684		
See Attached Schedule					and the second	
b. Personal Retirement Plans, Pensions, and	-	\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
c. Bad Debts*		\$	55,683	55,683		
d. Accounting and Auditing		\$	3,533	3,533		
e. Legal (Services should be fully described	d on Page 7)	\$	33,407	33,407		
f. Insurance on Lives of Owners and	8 /	\$				
Operators (Specify)*		Ì				
g. Office Supplies		\$	13,427	13,427		
h. Telephone and Cellular Phones		·				
1. Telephone & Pagers		\$	14,030	14,030		
2. Cellular Phones		\$	447	447		
i. Appraisal (Specify purpose and		\$				
attach copy)*		Ċ				
j. Corporation Business Taxes (franchise t	ax)	\$	3.8			
k. Other Taxes (Not related to property - S		4		i di		
1. Income*	·················	\$				
2. Other (Specify)		\$				
See Attached Schedule		-				
3. Resident Day User Fee		\$	397,110	397,110	W. Carlotte	
Subtotal		\$	1,051,354	1,051,354		
* English should salf disallow the expense on Dage 20	of the Cost Deport		7 -7 1	(Carry Subto	1 0 1	

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

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

Chestnut Point Care Center, LLC 9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac- Aids
UNION TRAINING	\$ 6,684		\$ -
Total	\$ 6,684	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	NurseFac- Aids
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2016		16	37
						
						NurseFac-
Item			Total	CCNH	RHNS	Aids
Subtota	ls Brought Forwar	d:	1,051,354	1,051,354		
1. Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$		·		·
3. Gifts to Staff and Residents		\$				
4. Employee Travel		\$	606	606		
5. Education Expenses Related to Seminars an	d Conventions	\$	1,785	1,785		
6. Automobile Expense (not purchase or depre	eciation)	\$	608	608		
7. Other (Specify)		\$	244	244		
See Attached Schedule					100	
m. Other Administrative and General Expenses						
- 1. Advertising Help Wanted-(all-such expenses		\$	-2,630	- 2,630		
2. Advertising Telephone Directory (all such e	expenses)***	\$				
3. Advertising Other (Specify)***		\$	13,185	13,185		
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service	is supplied	\$		Olasowania, were recommended assumptions are not	uprincial according who were from which there is severe for 4 debets	
directly and not by contract or fee for service	e)***					
7. Postage		\$	3,330	3,330		
* 8. Dues and Membership Fees to Professional		\$	4,444	4,444	AND THE PROPERTY OF STREET, AND STREET,	nacomeny openingly molecule and a constraint
Associations (Specify)						
See Attached Schedule					100	1
8a. Dues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$,		
9. Subscriptions		\$				
10. Contributions***		\$	1,057	1,057	CONTRACTOR OF THE PROPERTY OF	
See Attached Schedule						
11. Services Provided by Contract (Specify and	-	\$	86,428	86,428		
Schedule C-2, Page 21 for each firm or ina	lividual)					
12. Administrative Management Services**		\$	156,898	156,898		
13. Other (Specify)		\$	23,525	23,525		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	1,346,095	1,346,095		

^{*} 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

			NurseFac-
Description	CCNH	RHNS	Aids
MEALS	\$ 244		\$ 111 111 111
			Barran Barra
	Persona salahan		
	Jacka province	Paragraphic and the second	
	(Salahan Angara)		
Total Other Travel and Entertainment	\$ 244	\$ -	\$ -

Schedule of Other Advertising

			NurseFac-
Description	CCNH	RHNS	Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 13,185		\$ -
Total Other Advertising	\$ 13,185	\$	\$ -

Schedule of Dues

Description	CCNH	RHNS	NurseFac- Aids
Dues			
CAHCF Dues	\$ 4,444.40		\$
OTHER DUES			
	120339744744	The State of the S	
	Property (Co.)		
			HARBEIT CAR
Total Dues	\$ 4,444	\$	\$

Schedule of Contributions

			NurseFac-
Description	CCNH	RHNS	Aids
contributions	\$ 1,057	AND AND AND	\$
		3454364	
Total Contributions	\$ 1,057	\$	S -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac- Aids
SOCIAL SERVICE SUPPLIES	\$ -		s -
SOC SVC MINOR EQUIPMENT	\$		\$
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,079		\$
EMPLOYEE RELATIONS	\$ 4,388	Alexander	\$
EMPLOYEE RELATIONS OTHER	\$ 1,687		\$
PERMITS & LICENSES	\$ 2,319		5 -
VOLUNTEER EXPENSE	\$ -	William Co.	\$
BANK FEES	\$ 11,811		\$ -
CMS REVISIT USER FEES	\$ -		8 -
PENALTIES	\$ 10		\$
LATE FEES	\$ 880		\$ -
INTERNET EXPENSES	\$ 1,350		\$ -
Rounding	\$ 0		\$
		WATER SAFE	
Total Other Administrative and General	\$ 23,525	\$	\$ 1000

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016	17 37
Name & Address of Individual or Company Supplying Service iCare Management, LLC/iCare Health Management, LLC	Cost of Management Service 156,898	Full Description of Mgmt. Service Provided Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Indicate Where Costs are Included in Annual Report Page #/Line # Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	58,291	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	13,316	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

^{*} 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)

				* T		- D	0 37	T 1 1	T	C
	e of Facility		icens				port for Y		Page	of
Cnes	stnut Point Care Center, LLC		23	14-	CCNH		9/30/2016	T	18	37
	Item				Total	,	CCNH	RHNS	Nurse	Fac-Aids
2.	Dietary a. In-House Preparation & Service 1. Raw Food		\$		117,649		117,649			
	2. Non-Food Supplies		\$		14,612	<u> </u>	14,612			
İ	3. Other (Specify)		\$		12,498		12,498			
	DIETARY SUPPLEMENTS	_	_							
	b. Purchased Services (by contract other		\$	3	400		400			
	than through Management Services) (Complete Schedule C-2 att. Page 21)							7		
	c. Management Services**		\$:						
	d. Other (Specify)		<u> </u>		3,130		3,130			
	DIETARY MINOR EQUIPMENT	_	Ψ							
2E.	Total Dietary Expenditures $(2a+b+c+d)$		\$	3	148,289		148,289			
2F.	Dietary Questionnaire Resident Meals: Total no. of meals served per da	ıv:*			Total		CCNH 155	RHNS	Nurse	Fac-Aids
Н.) Y				No			1	
I.) Y				No		If yes, specify amt.		
J.	Where is the revenue received reported in the Co	st R	Leport	t? (1	Page/Line I	tem))			
K.	Is cost of meals provided to persons other) Y		`		No		If yes, specify cost.		
L.) Y	es		•	No)	If yes, specify amt.		
M.	Where is the revenue received reported in the Co	st R	Leport	t? (I	Page/Line I	tem))			
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	ΣY	?es		•	No	•	If yes, specify cost.		
Ο.	Is any revenue collected from employees?) Y	es		•	No)	If yes, specify amt.		
P.	Where is the revenue received reported in the Co	st R	Leport	t? (I	Page/Line I	tem))	·-		

^{*} 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)

	e of Facility		License				ear Ended	Page	of
Ches	stnut Point Care Center, LLC		231	4-CCNH	9/30	0/2016		19	37
	Item			Total	CC	CNH	RHNS	Nurs	eFac-Aids
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Lbs. Amt. \$	5,210		5,210			
	 Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** 		Lbs. Amt. \$						
	3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			11 10011	Man Reference on the Control of the		
	4. Repair and/or purchase of linens.***		Lbs.						
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	66,947		66,947		11 us.	
	c. Management Services**		\$						
	d. Other (<i>Specify</i>) LAUNDRY SUPPLIES		\$	1,647	1,000	1,647			
3E.	Total Laundry Expenditures $(3a+b+c+d)$		\$	73,803		73,803			
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E?	0	Yes	•	No		If yes, specify cost.		
H.	Did you receive revenue from employees?	0	Yes	•	No		If yes, specify amt.		
Ĭ.	Where is the revenue received reported in the Co	st I	Report?		(Pa	ge/Line	Item)	u .	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	0	Yes	•	No		If yes, specify cost.	····	
K.	Did you receive revenue from these people?	0	Yes	•	No		If yes, specify amt.		
L.	Where is the revenue received reported in the Co	ost)	Report?		(Pa	ge/Line	Item)		

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

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

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

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

	ne of Facility		Repo	ort for Year E	nded	Page	of
Che	stnut Point Care Center, LLC	2314-CCNH	<u></u>	9/30/2016		20	37
	Item			Total	CCNH	RHNS	NurseFac- Aids
4.	Housekeeping	Sq. Ft. Serviced	··· [
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (<i>Mops</i> , pails, brooms, etc.)	Amt,	\$	14,445	14,445		
	b. Purchased Services (by contract other	Sq. Ft. Serviced	1				
	than through Management Services)	by Personnel	İ				•
	(Complete Schedule C-2 att. Page 21)	Amt,	\$				
	c. Management Services*		\$				
	d. Other (Specify)		\$				
	HOUSEKEEPING MINIR EQUIP	MENT				200	
4E.	Total Housekeeping Expenditures (4a +		\$	14,445	14,445		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***			9.555.6			
	1. Own Pharmacy		\$	CONTRACTOR STATE OF S		A STATE OF THE PARTY OF THE PAR	
	2. Purchased from		\$	84,336	84,336		
	OMNICARE PHARMACY		Ì				
	b. Medicine Cabinet Drugs		\$	8,184	8,184		
	c. Medical and Therapeutic Supplies		\$	27,027	27,027		
	d. Ambulance/Limousine***		\$	8,240	8,240		
	e, Oxygen				100		
	1. For Emergency Use		\$	2,925	2,925		
	2. Other***		\$				
	f. X-rays and Related Radiological		\$	2,526	2,526		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	6,043	6,043		
	i. Recreation		\$				
	j. Other (Specify)****		\$	168,226	168,226		
	See Attached Schedule						
5K	. Total Resident Care Expenditures (5a - 5	oj)	\$	307,507	307,507		

^{*} 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		seFac- Aids
NURSING ADMIN SUPPLIES	\$	583		\$	
NURSING MINOR EQUIP	\$	5,009		\$	-
MEDICAL RECORDS SUPPLIES	\$	64		\$	
MEDICAL RECORDS MINOR EQUIPMENT	\$	i i		\$	
MANAGEMENT ALLOCATIONS - DIRECT	\$	58,291		\$	5
NON-COVERED PPS DR. VISITS	\$	485		\$	
RESIDENT CARE SUPPLIES	\$			\$	
CENTRAL SUPPLY MINOR EQUIPMENT	\$	5,279		\$	
PERSONAL CARE SUPPLIES	\$	3,076		\$	<u>.</u>
INCONTINENCY SUPPLIES	\$	18,911		\$	
VACCINE RESIDENTS	\$	3,860		\$	
PATIENT SPECIAL NEEDS	\$	257		\$	
PHYSICAL THERAPY SUPPLIES	\$			\$	<u>-</u>
PHYSICAL THERAPY EQUIPMENT RENT	\$			\$	
PHYSICAL THERAPY MINOR EQUIPMENT	\$	÷.		\$	
OCCUPATIONAL THERAPY SUPPLIES	\$	-		\$	
OCCUPATIONAL THERAPY EQUIP RENTAL	\$	<u>.</u>		\$	
OCCUPATIONAL THERAPY MINOR EQUIP	\$			\$	
SPEECH THERAPY SUPPLIES	\$			S	
SPEECH THERAPY EQUIPMENT RENT	\$	•		\$	
SPEECH THERAPY MINOR EQUIPMENT	\$			\$	
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$	32,274		\$	
EQUIPMENT RENTAL: AIDS UNIT	\$	<u> </u>		\$	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$	645		\$	-
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$			\$	
HI LOW BED RENTAL & MATTRESSES	\$	164		\$	
IV THERAPY SUPPLIES	\$	18,685		\$	
IV THERAPY CONTRACT SERVICE	\$			\$	
MEDICAL WASTE CONTRACT SERVICE	\$	973		\$	
ACTIVITIES SUPPLIES	\$	4,412		\$	
ACTIVITIES MINOR EQUIPMENT	\$			\$	
MANAGEMENT ALLOCATION - INDIRECT	\$	13,316		\$	
ADMISSIONS SUPPLIES	\$			\$	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$			\$	
STRIKE COSTS NON REIMBURSABLE	\$	1,944		\$	
Total Other Resident Care	\$	168,226	\$ -	\$	

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

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

				License No. 2314-CCNH	Report for Year Ended 9/30/2016				Page 21	of 37
		Related ** to Owners, Operators, Officers	o Owners, Officers				Fotal Cost/	Total Cost/Page Ref.***	,	
Name of Individual or Company	Address	Yes	N _o	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	NurseFac- Aids	Pg	Line
Kettle Brook Care Center		0	0	VENDOR	Laundry Services	67,207			19	3b
		0	0	VENDOR					22	6F
Bioserve, Inc.		0	0	VENDOR	Medical Waste	973			22	6F
The Brickman Group/ PMC Landscaping		0	0	VENDOR	Snow Removal/Landscaping	11,194			22	6F
ycling	Box 415, Plainville, CT 06062	0	0	VENDOR	Trash removal	10,582		***************************************	22	6F
American Health Tech		0	0	VENDOR	Software Maintenance Contract	18,013			16	M11
ssing	P.O. Box 9001006, Louisville, KY 40290	0	0	VENDOR	Payroll Services	24,880			16	MII
National Datacare Corp		0	0	VENDOR	Resident Trust Software	2,423			16	M11
Prime Care Technologuy services		0	0	VENDOR	Computer Consulting Services	20,186			16	M11
Priotiry Express		0	0	VENDOR	Courier Services	2,168			16	M11
Point Right Inc		0	0	VENDOR	Nursing Software	4,680			16	M
7.7		0	0	VENDOR						
		0	0	VENDOR						
e depopularios and an experience of the second seco		0	0	VENDOR						

^{*} 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 Yo	ear Ended		Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016			22	37
Item		Total	CCNH	RHNS	NurseF	ac-Aids
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	24,060	24,060			
b. Heat	\$	8,789	8,789			
c. Light & Power	\$	48,909	48,909			
d. Water	\$	10,219	10,219			
e. Equipment Lease (Provide detail on pa	age 6) \$	32,300	32,300			
f. Other (itemize)	\$	41,815	41,815			
See Attached Schedule					-	
6g. Total Maint, & Operating Expense (6a-	6f) \$	166,092	166,092			
7. Depreciation (complete schedule page 23'	*)			"		
a_ Land Improvements	\$					
b. Building & Building Improvements	\$	2,240	2,240			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	33,370	33,370			
*7e. Total Depreciation Costs $(7a + b + c + d)$) \$	35,610	35,610			
8. Amortization (Complete att. Schedule Page	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	116,892	116,892			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d	.) \$	116,892	116,892			
9. Rental payments on leased real property le	ess					
real estate taxes included in item 10b	\$	242,064	242,064			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	56,283	56,283			
c. Personal property taxes	\$	8,913	8,913			
11. Total Property Expenses (7e + 8e + 9 +	10) \$	459,763	459,763			

^{*} 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	NurseFac-Aids
PLANT SUPPLIES	\$ 6,315		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 477		\$ -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,002		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 7,196		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 3,999		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 10,582		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 3,617		\$ -
PLANT MINOR EQUIPMENT	\$ 4,628		\$ -
RENT AUTO	\$		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 41,815	\$ -	\$ -

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

Name of Pacility Chestual Pacility Chest					Popromina Sancara	a comment					
State Stat	Name of Facility			License No.			Report for Year I	Inded	-	Page	of
	Chestnut Point Care Center, LLC			2314-C	CNH		9/30/2016			23	37
Projecty Remains Projecty Re				Historical Cost	Less		Accumulated Depreciation to	Method of			
Land Improvements				Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
1. Acquired during this report period (states) substituted and Besidence during this report period (states) substituted and Besidence during this report period (states) substituted and Besidence during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted by the substituted during this report period (states) substituted during this report period (states) substituted by the substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this report period (states) substituted during this s	Property Item			Land	Value	Depreciated	Year's Operations	\rightarrow	Life	for This Year	Totals
1. Acquired pincip dist protri period (artach schedule) 3. Acquired bincip fibis report period (artach schedule) 3.5 454 3.5 454 7.09 1,417 Subtoral and Building in provements 3.5 454 3.5 454 7.09 1,417 Labrands family far provided in the schedule 1.2 0.0											
2. Disposals (timed a keleciale) Boulding this report period (then-hischedde) Boulding this report period (then-hischedde) 2. Disposals (timed a keleciale) 3. Acquired during this report period (article) solution to the report period to the report period t	1. Acquired prior to this report period										
3. Acquired during this report period (attach schedule)	2. Disposals (attach schedule)										
Subport	3. Acquired during this report period (attac.	h schedule)									
Purishing and Building Improvements 25,434 25,434 709 1,417	A-4. Subtotal										
1. Acquired prior to this report period (attach schedule)											
2. Disposale (attach schedule) 65.921 65.9	1. Acquired prior to this report period			35,434		35,434	709			1,417	
Subtoral	2. Disposals (attach schedule)										
Non-Morable Equipment		sh schedule)		65,921		126,59				823	
Non-Movable Equipment Subtotal Equipment Subt	S										2,240
1. Acquired prior to this report period (attach schedule) 2. Disposals (lattach schedule) 3. Acquired during this report period (attach schedule) 4. Subtoral											
2. Disposals (attach schedule) Subtorial Subtorial during this report period (attach schedule) Subtorial logbook Available during this report period (attach schedule) Description of the subtool				12,016		12,016	12,017				
3. Acquired during this report period (aftach schochule) Subtorial	2. Disposals (attach schedule)			,							
Subtortal	3 Acmired during this report nerical (attac)	th schodule)									
State Processing Processi		(amazon a									
Salvapear Page Pa		3		100							
Movable Equipment Xes No Month Year Less Cost to Be Beginning of attach schedule) Computing Computing of Salvage Cost to Be Beginning of Computing of Computing Operations Computing Operations Useful Depreciation Depreciation Life for This Year To A worable Equipment x 12 2002 836		Is a mileage logbook		Historical			Accumulated				
Movable Equipment Yes No Month Year Land Value Depreciation Cost to Be and year of each vehicle) Computing Useful Depreciation Life for This Year To 1. Motor Vehicles (Specity name, model and year of each vehicle) x 12 2002 836 836 836 12 2002 836 12 2002 12 2002 12 2002 836 12 2002		maintained?	Acquisition	Cost	Less		Depreciation to	Method of			
Movable Equipment Xes No Month Year Land Value Depreciation Land Value Depreciation Land Land Value Depreciation Land Land<				Exclusive of	Salvage	Cost to Be	Beginning of		Useful	Depreciation	
Movable Equipment Movable Equipment 836 836 836 a. auto b. c. d. 2. Movable Equipment a. Acquired prior to this report period 418,652 418,652 316,885 22,318 b. Disposals (attach schedule) c. Acquired during this report period 36,310 11,052 3. Sublotal Total Depreciation 7. Movable Equipment 11,052		2002	22,000	Land	Value	Depreciated	Year's Operations		Lite	ior inis rear	LOTALS
1. Motor Vehicles (Specify name, model and year of each vehicle) x 12 2002 836 836 836 a. auto x 12 2002 836 836 836 b. c. c. d. 2. Movable Equipment a. Acquired prior to this report period 418,652 316,885 22,318 b. Disposals (attach schedule) c. Acquired during this report period 36,310 11,052 3. Subtotal 3. Subtotal 11,052											
and year of each vehicle) a. auto b. c. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) c. Acquired during this report period (attach schedule) 3. Subtotal Total Depreciation	1. Motor Vehicles (Specify name, model										
a. auto x 12 2002 836 836 836 8 b. c. c. c. d. c. d. c. d. c. d.	and year of each vehicle)										
b. c. d. d. 2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired thring this report period (attach schedule) 3. Subtotal Total Depreciation 1.1,052	a. auto	×	12 2002	836		836	836				
c. d. d. <td></td> <td></td> <td>*****</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>			*****								
d. 2. Movable Equipment 418,652 418,652 316,885 22,318 a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) 36,310 11,052 3. Subtotal Total Depreciation 70 attach schedule) 11,052	٠;										
2. Movable Equipment 418,652 418,652 316,885 22,318 a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) 11,052 c. Acquired during this report period (attach schedule) 36,310 11,052 3. Subtotal 70tal Depreciation	d.										
a. Acquired prior to this report period 418,652 418,652 316,885 22,318 b. Disposals (attach schedule) c. Acquired during this report period (attach schedule) 36,310 11,052 3. Subtotal Total Depreciation											
b. Disposals (attach schedule) c. Acquired during this report period				418,652		418,652	316,885			22,318	
c. Acquired during this report period 36,310 11,052 3. Subtotal Total Depreciation	b. Disposals (attach schedule)										
(attach schedule) 36,310 11,052 3. Subtotal Total Depreciation	c. Acquired during this report period										
3. Subtotal Total Depreciation	(attach schedule)			36,310						11,052	
Total Depreciation	D-3. Subtotal										33,370
											35,610

Useful

Chestnut Point Care Center, LLC 9/30/2016

Schedule of Land Improvements Acquired during this report period

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

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
6/20/2016	Roof: Dave's Home Improvement	\$ 32,921	120	\$ 823
8/28/2016	Window: Dave's Home Improvement	\$ 33,000	180	\$ -
Fotal additions for	 Building Improvements	\$ 65,921		\$ 823
Deletions:		(40.000.000.000.000.000.000.000.000.000.	140000000000000000000000000000000000000	1000 (000) (000) (000)
erenons;			100000000000000000000000000000000000000	
			RANGE GOVERN	Windshield Co.
		6		
Cotal deletions for 1	Building Improvements	S -		\$ -

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				Seminari (M.)
Total additions for	Non-Movable Equipment	S -		\$ -
Deletions:				
A CONTRACTOR				
		Çalaşında çala		
March Samuel				

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

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

	A CONTRACTOR OF THE PROPERTY O	Attachment Pages 23 24
Total deletions for Non-Movable Equipment	** S = 1 S =	

^{*}Ties to Page 23, Line C3
**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/14/2016	Ice Machine: Proline	S 4,204	60	\$ 350
9/30/2015	3 Laptops: Primecare	\$ 2,250	36	\$ 750
10/1/2015	Clinical AHT Project: Phase One (Hardware)	\$ 16,909	36	\$ 5,636
10/1/2015	Clinical AHT Project: Phase One (Software)	\$ 12,947	36	\$ 4,316
Total additions fo	r Movable Equipment	\$ 36,310		\$ 11,052
Deletions:				
Total deletions for	r Moyable Equipment	S -		\$ -

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

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
8/21/2015	Sewer Ling Plumbing: AMSGG LLC	\$ 1,861	240	93
9/28/2015	TXV Replacement for AC: Crest Mechanical	\$ 2,629	120	263
12/31/2015	Upgrade Heating System: Crest Mechanical LLC	\$ 2,212	120	166
1/27/2016	Replace STU Board: Unitech Sound & Security, LLC	\$ 1,578	120	105
8/21/2016	Replaced Condenser for Freezer; Crest Mechanical	S 3,825	120	32
9/30/2016	Upgrade Freezer: Crest Mechanical	\$ 1,598	120	
Total additions for	r Leaschold Improvement	\$ 13,704		\$ 659
Deletions:				
Walk da Bak				
Total deletions for	Lesschold Improvement	\$ -		\$ ~

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

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

Amortization Schedule*

Nan	Name of Facility		License No.		Report for Year Ended	r Ended		Page	fo
Che	Chestnut Point Care Center, LLC		2314-	2314-CCNH	9/30/2016			24	37
					Accumulated				
		Date of			Amort, to				
		Acquisition			Beginning of	Basis for		•	
			Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month Year	ır Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Y.	Organization Expense								
	1					Address of the			
	2.				•				
	3-								
A-4.	t. Subtotal							and the state of	
м	Mortgage Expense								
	1.								
	2.								
	3.								
B-4	B-4. Subtotal								
ن	Leasehold Improvements and Other								
	1. Acquired prior to this report period			1,312,144	569,122			116,233	
	2. Disposals (attach schedule)								
	3. Acquired during this report period								
	(attach schedule)			13,704				659	
C-4.	l. Subtotal								116,892
Ū.	Total Amortization								116,892
	★ Other 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t								

* Straight-line method must be used.

** Specify which of the following bases were used:
A. Minimum of 5 years or 60 months.
B. Life of mortgage; OR
C. Remaining Life of Lease; OR
D. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year En	ded		Page of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016			25 37
11. Property Questionnaire					
Part A					
Is the property either owned by th	e Facility	Yes	0	No	If "Yes," complete Part B.
or leased from a Related Party?*	•	1 68	0	NU	If "No," complete Part C.
*If any owner or operator of this fac-					
business association to any person or related party transaction.	r organization from whom b	uildings are leased, then i	it is considered a		
Description		Total			
Date Land Purchased		04/01/99			
2. Date Structure Completed			0.00		
If NOT Original Owner, Date	e of Purchase				
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		60		1.0	
6. Square Footage					
7. Acquisition Cost					
a. Land b. Building					
Part B - Owner and Related Pa		1st Mortgage	2nd Mortange	3rd Mortgage	4th Mortgage
1. Financing	1 1168	1st Wortgage	Zhd Wortgage	Jid Wortgage	+iii iviorigage
a. Type of Financing (e.g., fi	xed, variable)	Fixed HUD			
b. Date Mortgage Obtained	, ,	05/30/13			
c. Interest Rate for the Cost	Year	3,25%			
d. Term of Mortgage (number		24			
e. Amount of Principal Borr		1,185,300			
f. Principal balance outstand		1,074,586			
Complete if Mortgage was 1					
During Current Cost Ye					
g. Type of Financing (e.g., financing) h. Date of Refinancing	xed, variable)	_			
i. New Interest Rate					
j. Term of Mortgage (number	er of years)				
k. Amount of Principal Born					
Principal Outstanding on	Note Paid-Off				
Part C - Arms-Length Leas	es for Real Property	Improvements Onl	у		
Name and Address of Lesso	er Pro	operty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
			 		
					,,

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

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

Name of Facility	License No.		Report for Yea	ar Ended		Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2016			26	37
			m . 1	CONTI	DING	, r	4 1 1
Item			Total	CCNH	RHNS	NurseF	ac-Aids
12. Interest A. Building, Land Improvem	ont & Non Marighla						
Equipment	ICHE & INOH-IMOVAUIC						
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage	·	\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$	· · · · · · · · · · · · · · · · · · ·			*	
Name of Lender		Rate					
Address of Lender	own ver	<u> </u>					
4. Fourth Mortgage		\$					2
Name of Lender		Rate					
Address of Lender		<u> </u>					
B. CHEFA Loan Informatio	n						
1. Original Loan Amoun	t	\$					
2. Loan Origination Date	e						i i
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expe	nse						
12 B7. Total Building Interest Expe	ense (A1 - A4 + B5)	\$					
MONEY TO THE THE			(Carr	v Subtotals	forward to r	iert nage)

(Carry Subtotals forward to next page)

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

Total CCNH RHNS NurseFact	Name of Facility	License No.		Report for Y	ear Ended		Page	of
Subtotals Brought Forward:	Chestnut Point Care Center, LLC	2314-CCNH		9/30/2016		· · · · · · · · · · · · · · · · · · ·	27	37
12. C. Movable Equipment 1. Automotive Equipment 1. Automotive Equipment 1. Automotive Equipment 1. Automotive Equipment 1. Automotive Equipment 1. Automotive Equipment 1. Amount 1	Ite	m		Total	CCNH	RHNS	NurseF	ac-Aids
1. Automotive Equipment		Subtotals Br	ought Forward	:				
A. Item	12. C. Movable Equipment							
Lender Address of Lender S	 Automotive Equipmer 	nt		3				
Address of Lender	A. Item	Rate	Amount					
2. Other (Specify) \$ A. Item Rate Amount Lender Address of Lender B. Item Rate Amount Lender Address of Lender 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ 30,446 INTEREST 13. Total All Interest Expense (Specify) \$ 30,446 30,446 INTEREST 14. Insurance a. Insurance on Property (buildings only) \$ 6,072 6,072	Lender	<u> </u>	1					
A. Item	Address of Lender							
A. Item Rate Amount Lender B. Item Rate Amount Lender Address of Lender Address of Lender 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ 30,446 30,446 INTEREST 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 30,446 30,446 Insurance a. Insurance a. Insurance on Property (buildings only) \$ 6,072 6,072	2 (4(5			1				iii
Lender Address of Lender B. Item Rate Amount		Duto	,)				
Address of Lender B. Item Rate Amount Lender Address of Lender 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ 30,446 30,446 INTEREST 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 30,446 30,446 INTEREST 14. Insurance a. Insurance on Property (buildings only) \$ 6,072 6,072 b. Insurance on Automobiles \$ 1,798 1,798 c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 22,578 22,578 22,578	A. nem	Rate	Amount				a a	
B. Item Rate Amount	Lender							
Lender	Address of Lender			-	7. 3. 5			
Lender						ii.		
Address of Lender 12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ 12. D. Other Interest Expense (Specify) \$ 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 14. Insurance a. Insurance on Property (buildings only) \$ b. Insurance on Automobiles \$ 1,798 1,798 1,798 c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 2,578 22,578 22,578 22,578	B. Item	Rate	Amount					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$ 12. D. Other Interest Expense (Specify) \$ 30,446 INTEREST 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 30,446 30,446 14. Insurance a. Insurance on Property (buildings only) \$ 6,072 6,072 b. Insurance on Automobiles \$ 1,798 1,798 c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 22,578 22,578 2. Fire and Extended Coverage	Lender	<u> </u>	.					
Expense (C1 + 2)	Address of Lender							
Expense (C1 + 2)	12 C 3 Total Mayable Favire	ment Interest						
12. D. Other Interest Expense (Specify) \$ 30,446 30,446 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 30,446 30,446 14. Insurance 6,072 6,072 a. Insurance on Property (buildings only) \$ 6,072 6,072 b. Insurance on Automobiles \$ 1,798 1,798 c. Insurance other than Property (as specified above) \$ 22,578 22,578 1. Umbrella (Blanket Coverage) \$ 22,578 22,578		ment merest	(
INTEREST 13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 30,446 30,446 14. Insurance a. Insurance on Property (buildings only) \$ 6,072 6,072 15. Insurance on Automobiles \$ 1,798 1,798 1,798 1. Umbrella (Blanket Coverage) \$ 22,578 22,578 22. Fire and Extended Coverage \$ 1.	12 D Other Interest Expense (C	Specify)			30 446			
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 30,446 30,446 14. Insurance a. Insurance on Property (buildings only) \$ 6,072 6,072 1. Umbrella (Blanket Coverage) \$ 22,578 22,578 22. Fire and Extended Coverage \$ 1.		Special)		30,110	50,110			
14. Insurance a. Insurance on Property (buildings only) \$ 6,072 6,072 b. Insurance on Automobiles \$ 1,798 1,798 c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 22,578 22,578 2. Fire and Extended Coverage \$	11(111111111111111111111111111111111111							4.7
14. Insurance a. Insurance on Property (buildings only) \$ 6,072 6,072 b. Insurance on Automobiles \$ 1,798 1,798 c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 22,578 22,578 2. Fire and Extended Coverage \$	13. Total All Interest Expense (12B7 + 12C3 + 12I	D) \$	30,446	30,446			
a. Insurance on Property (buildings only) \$ 6,072 6,072 b. Insurance on Automobiles \$ 1,798 1,798 c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 22,578 2. Fire and Extended Coverage \$				<u> </u>				
b. Insurance on Automobiles \$ 1,798 1,798 c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 22,578 22,578 2. Fire and Extended Coverage \$	a. Insurance on Property (b	uildings only)	9	6,072	6,072			
c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 22,578 22,578 2. Fire and Extended Coverage \$				+				
1. Umbrella (Blanket Coverage)\$ 22,57822,5782. Fire and Extended Coverage\$	c. Insurance other than Prop	perty (as specified a	ıbove)	1				
2. Fire and Extended Coverage \$			(22,578	22,578			
				3				
				1,812	1,812			
							200	
14d. Total Insurance Expenditures $(14a+b+c)$ \$ 32,260 32,260	Ad Total Insurance Expenditure	as(1/a+b+c)		32.260	32.260			
15. Total All Expenditures (A-13 thru C-14) \$ 5,508,200 5,508,200								

D. Adjustments to Statement of Expenditures

	of Fa		are Center, LLC		cense No. 2314-CCNH	Report for Yes	ar Ended	Page 28	of 37
CIICS	11111 1 (JIII C	are conter, DEC		Total	7/30/2010		20	
Itom	Page	Lina			Amount of				
	_	No.	Itam Dagarintian		Decrease	CCNH	RHNS	NurseFa	na Aida
			Item Description es and Wages		Decrease	CCNH	KIII/O	Nuiscra	ac-Aius
	10-2	aiari	Outpatient Service Costs	dr.					
1.			Salaries not related to Resident Care	\$ \$					
2.				<u>\$</u>					
3.			Occupational Therapy						
4.	70.7	2 4	Other - See attached Schedule	\$					
	13 - I		sional Fees	ф					
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
	s 15 &		Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$		55,683			
10.			Accounting & Legal	\$					
11			Telephone — — —	\$			-		
12.			Cellular Telephone	\$					
13.	,		Life insurance premiums on the life						
			of Owners, Partners, Operators	\$	AV 1000-XX10-0000-000-000-000-000-000-000-0	Aberican School and the Control of t	Warner Wynein Wynein Carry Car		A STATE OF THE STA
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					-	
- 0.			conferences or seminars outside the						
]		continental U.S. Other out-of-state						
	1		travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18,			Unallowable Advertising *	\$		13,185			
19.			Income Tax / Corporate Business Tax	\$		15,105			
20.			Fund Raising / Contributions	\$					
21,			Unallowable Management Fees	\$				 	
22.			Barber and Beauty	\$					
				-		46.024			
23.	10	<u></u>	Other - See attached Schedule	\$	46,934	46,934			
	18-1	Dietar	y Expenditures						
24.			Meals to employees, guests and others	, th	and the second				
	L		who are not residents	\$					
5/	·	Launa	lry Expenditures						
25.			Laundry services to employees, guests						
	<u></u>		and others who are not residents	\$					
Page	20 - 1	House	keeping Expenditures		-		3		
26.			Housekeeping services to employees, guests				100		Will desire the second
			and others who are not residents	\$	4				
			Subtotal (Items 1 - 26)	\$	115,802	115,802			

 ^{*} 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	NurseFac-Aids
Total Othe	r Salaries .	Adjustment	\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16		Management fee over cost	\$ -		\$ -
Total Othe	r Fees Adj	ustments	\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTIES	\$ -		\$ -
16a		LATE FEES	\$ 880		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	0		
		Provider User Fee for Medicare days	46,053.78		
Total Othe	r A&G Ad	justments	\$ 46,934	\$ -	\$ -

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Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

			D. Adjustments to Statemen		· · · · · · · · · · · · · · · · · · ·			-	
	e of Fa	-			ense No.	Report for Y	ear Ended	Page	of
Ches	tnut Po	oint C	are Center, LLC	2	2314-CCNH	9/30/2016		29	37
					Total				
	Page			ĺ	Amount of				
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	Nurse	Fac-Aids
			Subtotals Brought Forward	\$	115,802	115,802			
	20 - R	Reside	nt Care Supplies***						
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$	8,240	8,240			
29,			X-rays, etc	\$	2,526	2,526			
30.			Laboratory	\$	6,043	6,043			
31,			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$					
33.			Occupational Therapy	\$					
34,			Other - See Attached Schedule	\$	485	485			
Page	22 - A	<i>Lainte</i>	enance and Property						
35,			Excess Movable Equipment Depreciation						
			See Attached Schedule	\$					
···36.			Depreciation on Unallowable			40.000.000.000			
			Motor Vehicles	\$					**************************************
37.			Unallowable Property and Real						
			Estate Taxes	\$	-PARTIE AND AND AND AND AND AND AND AND AND AND	A MONTH OF THE PARTY MONTH OF THE PARTY MANAGEMENT (NA		W-1000	
38,			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$					
Page	27 - I	nsura	nce						
40.			Mortgage Insurance	\$					
41,			Property Insurance	\$					
Othe.	r - Mis	scella	neous						
42.			Research or Experimental Activities	\$	2				
43.			Radio and Television Revenue	\$					
44.			Vending Machine Revenue	\$					
45,			Purchase Discounts and Allowances	\$					
46.			Duplications of functions or services	\$				***************************************	
47.			Expenditures made for the protection,						
			enhancement or promotion of the						
			providers interest	\$	Applicate de Applicate de descripción de descripció	A STREET, STRE	deligence in the second	W-7	
48,			Interest Income on Accounts Rec	\$					
49.			Other (include personnel and other						
			costs unrelated to resident care) - See			- 10			
			Attached Schedule	\$	1	1			
Not 1	ror Pr	ofit P	roviders Only						
50,		,	Building/Non Movable Eq. Depreciation				·		
•			Unallowable Building Interest -					-	
			See Attached Schedule	\$					
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	133,098	133,098			
7.1			-,		200,000		<u> </u>	<u> </u>	

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

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Schedule of Other Ancillary Costs

ge Ref	Line Ref	Description	CCNH	RHNS	NurseFac- Aids
20	5J	NON-COVERED PPS DR. VISITS	485,13		•
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)			
13	B9A	ST- Resident Care (for outpatent therapy - see schedule)			
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)			
tal Othe	r Ancillar	y Costs	\$ 485	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac- Aids
					Vertical Control
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac- Aids
Total Othe	r Property	Adjustments	\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac- Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 0		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ -		
22	6B	Heat (for outpatient Therapy see schedule)	\$ 0		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 0		
22	6D	water (for outpatient therapy see schedule)	\$ 1		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 0		
San Balan					
Total Othe	r Adjustm	ents	\$ 1	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac- Aids
5.000.000.000					
Total Unal	lowable B	uilding Interest	\$	\$ -	\$

F. Statement of Revenue

F. Statement of Rev						
Name of Facility License No.		Report for Y	ear Ended		Page	of
Chestnut Point Care Center, LLC 2314-CCNH		9/30/2016			30	37
Item		Total	CCNH	RHNS	NurseF	ac-Aids
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	3,135,419	3,135,419	***************************************	***************************************	***************************************
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	1,081,412	1,081,412			
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$	592,480	592,480			
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	77,317	77,317		in the state of th	
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(77,317)	(77,317)			
c. Prescription Drugs - Non-Medicare	\$	14,394	14,394			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(14,394)	(14,394)			
2. a. Medical Supplies - Medicare	\$	(1.3,1.1)	Ç)- · · /			
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	242,467	242,467			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(189,520)	(189,520)			
c. Physical Therapy - Non-Medicare	\$	61,935	61,935			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(61,935)	(61,935)			
4. a. Speech Therapy - Medicare	\$	51,789	51,789			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(34,685)	(34,685)			
c. Speech Therapy - Non-Medicare	\$	6,493	6,493			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(6,493)	(6,493)			
5. a. Occupational Therapy - Medicare	\$	186,364	186,364			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(164,051)	(164,051)			
c. Occupational Therapy - Non-Medicare	\$	42,933	42,933			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(42,379)	(42,379)			
6. a. Other (Specify) - Medicare	\$	33,439	33,439			
b. Other (Specify) - Non-Medicare	\$	123,371	123,371			
III. Total Resident Revenue (Section I. thru Section II.)	\$	5,059,038	5,059,038			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$				3 SP-211 (CARD-ST-07/FIDE)	
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					m·
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$. 720	720			
V. Total Other Revenue (1 thru 8)	\$	720	720			
	\$					•
VI. Total All Revenue (III+V)	φ	5,059,758	5,059,758	<u> </u>	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 - Medicure

Related Exp

Page Ref	Description	CCNH	RHNS	NurseFac-Aid:
30000	Leb Medicare	\$ 23,542	GURBANA	
	Lab Medicare C∧	5 (23,542)		
100	Oxygen Medicare	S 124		
550 at 10	Oxygen Medicare CA	\$ (124)		
No. of the	Equipment rental	\$ 2,563	(projektor)	i ingementer
10.00	Equipment rental CA	S (2,563)	\$3000 \$4000	400000000000000000000000000000000000000
	Pen Therapy	S -		
11/2/201	Pen Therapy CA	\$	BATTARA	
14445	Therapy Beels Medicara	S -		
	Therapy Beds Medicare CA	S		31433.0
	Radiology Medicare	S 1,977	16,000,000	Larrado en tra
	Radiology Medicare CA	S (1,977)	substantingly	
yanan,	IV Thorapy	\$ 22,360	144 319434	
4,7540	IV Therapy CA	\$ (22,360)		
25.34.46	Medical Transportation	3 -		
रम्बस्य	Mulfeal Transportation CA	\$		
100,500,60	Glacose testing	.5	101 CANED	
	Olacose testing CA	5		
	Outpatient therapy Medicare	\$ 33,439	15 25 4 10 10 1	
ng George		18696593	MATERIAL STATES	
Total Ott	ier Resident Revenue - Medicare	S 33,439	S	2

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	NurseFac-Aids
2000000	Lab	4,455.00		
100000	Lab CA	(4,455,00)	144 (30) (30)	
40000000	Oxygen	\$ 190	transpirated.	5
1101100	Oxygen CA	\$ (190)	Transmitted	\$
71 11 11 11 11	Equipment rental	\$ 2,577		
	Equipment-rental-CA	S (2,577)		Tana para da para da para da para da para da para da para da para da para da para da para da para da para da p
445	Pen Therapy	S	the feet since	
144	Pen Therapy CA	S 100 (100)		
	Therapy Beds	\$		
100000	Therapy Beds CA	S -	Assessable	with the state of
	Radiology	S 260	www.	
	Rediology CA	S (260)		
	Medical Transportation	\$ -		
1000	Medical Transportation CA	s .	Applications.	\$1400 PARTE (S)
340m344	Glucuse Testing	\$	ाहास्युक्तकार	
	Glucose Testing CA	S		
	IV therapy	S 567		5 .
10.00	IV thempy CA	\$ (567)	ENERGY.	5
SALUE AND	Flu shot revenue	5 4,444	n (need hory)	
4450000	Outpatient therapy	S	The section is a	
11/2/4/2	PRIOR YEAR ADJ - ANCILLARY & OTHER	5 118,927	5.4500.430	and the same
- 1900 (Marie)				
10000	munding	\$	SHADARA.	
1.72				i perijekt
Total Oth	er Resident Revenue	S 123,371	Š	\$

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNŞ	NurseFac-Aids
INTEREST INCOME	Linguist Charles in Feb	S		ASSESSED AND
	 March Strategy 	45.00		A SAME SAME
		100000000000000000000000000000000000000		1000000000
			The second second	120,000,000
Total Interest Income	in the second	S	\$	S

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	NurseFac-Aid
-0.54.00	MEALS	\$.		
33,000	TELLIVISION INCOME	\$ 720		
	CONCESSIONS / VENDING INCOME	\$		
4,600	RESIDENT LATE FEE REVENUE	\$	Janes Company	STATE OF STREET
10,943,000	RESEDENT ATTORNEY FEE REVENUE	S	14446	Pagarian A
1866	TELEPHONE INCOME	5	plantally.	Sepanjani.
	OTHER INCOME	S		
10000	OPTUM DIVIDENDS REVENUE	S -		Para de la companya d
1999		iniparting	\$35000000	HERETER
A CONTRACT				
19 (19)				ALCOHOLD A
999		905,650,000		1,40001,5400.00
Total Oth	er Revenue	S 720	\$	S

G. Balance Sheet

I		Facility	License No.	Report for Year Ended		Page	of
Chest	nut	Point Care Center, LLC	2314-CCNH	9/30/2016		31	37
.			Account	<u>.</u>		Am	ount
Asset							
A.	Cu	rrent Assets	`		.		(12.010)
	1.	Cash (on hand and in banks	·	D-3 D-14-\	\$		(12,010)
	2. 3.				\$ \$		378,832
	3. 4	Other Accounts Receivable (Inventories	Excluding Owners of	(Related Parties)	\$		(100,516) 19,527
				· · · · · · · · · · · · · · · · · · ·	\$		116,859
	٥.	Prepaid Expenses		110,747	Þ	**	110,639
		a. Prepaid Insuranceb. Prepaid Property Taxes		1,935			
		c. Prepaid Expenses Other		4,176			
		d.		4,170			
	6.	Interest Receivable			\$		
		Medicare Final Settlement R	eceivable		\$		
		Other Current Assets (itemiz		_ ****	\$		(42,392)
	ο.	Due From (to) Related Parties	Ε)	(61,052)	٩		(H2,J72)
		Other Owners reserves		18,660		45.0	
A 0	To	tal Current Assets (Lines A1	thm 8)		\$		360,299
		ed Assets	шцо)		Ψ.		300,299
D.		Land			\$		
		Land Improvements	*Historical Cost		\$		
	Z,	Land Improvements	Accum. Depreciati	on Net	Ψ		
	3	Buildings	*Historical Cost	101,355	\$		98,406
	٥,	Dundings	Accum. Depreciati		Ψ		20,700
	1	Leasehold Improvements	*Historical Cost	1,325,848	\$		639,835
	т.	Leasenoid Improvements	Accum. Depreciati		١٣		037,033
<u> </u>	5	Non-Movable Equipment	*Historical Cost	12,016	\$	- · · · · · · · · · · · · · · · · · · ·	(1)
	٠,	1,611 1,10 , 4010 Defarbinent	Accum. Depreciati		١٣		(1)
	6	Movable Equipment	*Historical Cost	454,962	 \$		104,707
	٠.	TO I HOLD THE MANAGEMENT	Accum. Depreciati		*		,, ,
	7	Motor Vehicles	*Historical Cost	836	\$		
		2,20,702 (4222240	Accum. Depreciati				
	8.	Minor Equipment-Not Depre			\$		
	9.	Other Fixed Assets (itemize))		\$		
		Construction in Progress					
B-10.		Total Fixed Assets (Lines B	1 thru 9)		\$		842,947

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Chestm	ut Point Care Center, LLC	2314-CCNH	9/30/2016	32	37
		Account			Amount
		\$	1,203,246		
C. L	easehold or like property record				
1	. Land			\$	
2	. Land Improvements	*Historical Cost			
		Accum. Depreciation	Net	\$	
3	. Buildings	*Historical Cost			
		Accum. Depreciation	Net	\$	
4	. Non-Movable Equipment	*Historical Cost			
		Accum. Depreciation	Net	\$	
5	. Movable Equipment	*Historical Cost			
		Accum. Depreciation	Net	\$	
6	. Motor Vehicles	*Historical Cost			
		Accum, Depreciation	Net	\$	
	. Minor Equipment-Not Depre			\$	
C-8 <i>T</i>	Total Leasehold or Like Propert	ies (C1 thru 7)		\$	
D. I	nvestment and Other Assets				
	. Deferred Deposits			\$	
2	. Escrow Deposits			\$	
3	. Organization Expense	*Historical Cost			
		Accum. Depreciation	Net	\$	
	. Goodwill (Purchased Only)		Market III - II - II - II - II - II - II - I	\$	
5	 Investments Related to Reside 	ent Care (itemize)		\$	20,162
1	Patient Trust Funds		17,607		
	Long Term Deposit - prim		2,555		
6	Loans to Owners or Related F	arties (itemize)		\$	
	Name and Address	Amount	Loan Date		
					7.0
7	. Other Assets (itemize)			\$	
	Late and the Management of				
<u> </u>					2010
	Total Investments and Other As			\$	20,162
D-9. <i>T</i>	Total All Assets (Lines A9 + B1)	J + C8 + D8)		\$	1,223,408

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

G. Balance Sheet (cont'd)

Name of Facility Chestnut Point Care Center, LLC		License No.	Report for Year	Ended	Page	of	
Chestnut Por	int Ca	re Center, LLC	2314-CCNH	9/30/2016		33	37
~			Account			An	ount
Liabilities	~	A # 1 1 19141					
A.		rrent Liabilities				1	144.057
	1.	Trade Accounts Payable					144,057
	2.	Notes Payable (itemize)	O 114	004.20)	804,388
		Working Capital Line of	Credit	804,38	0		
	2	Loans Payable for Equipr	mont (Canada noution)	\ (itamira)		1	
	٥.	Name of Lender	Purpose	Amount	Date Due)	
		Tydilic Of Echder	Turpose	7 313,04111	Date Due		
1						4.0	
							100
1							
	4.	Accrued Payroll (Exclusit	\$)	82,797		
	5.	Accrued Payroll (Owners	and/or Stockholders o	only)	9	3	
	6.	Accrued Payroll Taxes Pa	yable	entro estimativo de la constantina della constan	9	3	
	7.	Medicare Final Settlemen	t Payable		3	}	
	8.	Medicare Current Financi			9	}	
	9.	Mortgage Payable (Curre		•	g))	
	10	. Interest Payable (Exclusive		lated Parties)	S	3	
11. Accrued Income Taxes* 12. Other Current Liabilities					9	3	
			(itemize)		3		241,305
		Related Party Payables	126,9	32			
		Accined Expenses	(39,6	21)			
		Accrued Resident User Fees	84,2	90			
		Accrued Workers Comp Expense		05			
A-13	. To	tal Current Liabilities (L	ines A1 thru 12)		9	3	1,272,547

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	: Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016		34	37
	Account			An	ount
		Total Broug	ght Forward:		1,272,547
Liabilities (cont'd)					
B. Long-Term Liabilities					
 Loans Payable-Equipme 			\$		
Name of Lender	Purpose	Amount	Date Due		
				1000000	
2. Mortgages Payable			\$		
3. Loans from Owners or l	Related Parties (itemize)	\$	i	
Name and Address of Lender	Amount	Loan I	Date		
Name of the second seco					
					10
		1			
4. Other Long-Term Liabi	lities (<i>itemize</i>)		_)	17,607
Patient Trust Funds		17,607	7		
B-5. Total Long-Term Liabilitie	s (Lines B1 thru 4)		\$		17,607
C. Total All Liabilities (Lines	A-13 + B-5)			3	1,290,154

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

	2	License No.	Report for Ye	ear Ended	Page	
Che	stnut Point Care Center, LLC	2314-CCNH	9/30/2016		35	37
	Reserves	Account				Amount
A.						
<u> </u>	1. Reserve for value of leased lar	nd			\$	
	2. Reserve for depreciation value	of leased building	s and appurtena	nces		
	to be amortized				\$	
	3. Reserve for depreciation value	of leased personal	l property (<i>Equi</i>	ty)	\$	
	4. Reserve for leasehold real pro	perties on which fa	ir rental value i	s based	\$	
	5. Reserve for funds set aside as	donor restricted			\$	
-	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital				\$	1,000
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	380,697
	6. Gain or Loss for Period	10/1/201	5 thru	9/30/2016	\$	(448,443)
	7. Total Net Worth				\$	(66,746)
C.	Total Reserves and Net Worth				\$	(66,746)
D.	Total Liabilities, Reserves, and N	Net Worth	ALBOO CONTRACTOR CONTR		\$	1,223,408

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	Ended	Page	of
Chestnut Point Care Center, LLC		2314-CCNH	9/30/2016		36	37
		Account			An	ount
A. Balance at End of Prior Period as shown on Report of 09/30/2015					\$	
B. Total Revenue (From Statement of Revenue Page 30)					\$	5,059,758
C.					\$	5,508,200
D. Net Income or Deficit					<u>\$</u> \$	(448,443)
	E. Balance					(448,443)
F.	F. Additions 1. Additional Capital Contributed (itemize)					
	2. Other (itemize)					
F-3.	. Total Additions				\$	
G.						
	1. Drawings of Owners/Operators/Partners (Specify)				\$	
	Name and Address (No., City,	State, Zip)	Title	Amount		
2. Other Withdrawings (Specify)					\$	
Purpose			Amount			
3. Total Deductions					\$	
H. Balance at End of Period 09/30/16				\$	(448,443)	

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of					
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2016 37 37					
Check appropriate category							
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ NurseFac-Aids					
Preparer/Reviewer Certification							
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.							
Signature of Preparer (are Management	Title	Date Signed 2 14 7					
Printed Name of Preparer							
iCare Management LLC							
Addres Address		Phone Number					
341 Bidwell Street, Manchester, CT 06040	860-570-2140						