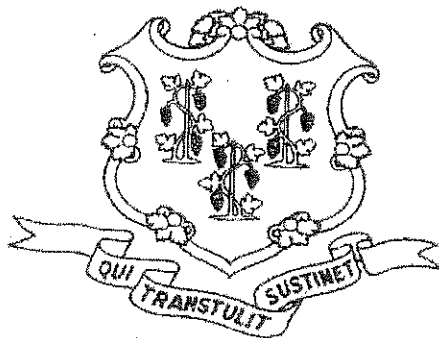


# State of Connecticut



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

Name of Facility (as licensed) Bidwell Care Center, LLC	
Address (No. & Street, City, State, Zip Code) 333 Bidwell Street Manchester, CT 06040	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
	<input checked="" type="checkbox"/> NurseFac-Aids
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2148-C	RHNS	NurseFac-Aids AIDS	Medicare Provider 07-5314
------------------	----------------	------	-----------------------	------------------------------

Medicaid Provider Numbers:	CCNH CCH 0020123	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) <i>Bidwell Care Center LLC</i>	License No. <i>2148-C</i>	Report for Year Ended <i>9/30/2016</i>	Page <i>1</i>	of <i>37</i>
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for *Bidwell Care Center LLC* [facility name], for the cost report period beginning *Oct 1, 2015* and ending *Sept 30, 2016*, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Tracy Newport</i>		Date <i>02.08.17</i>	Signed (Owner) <i>[Signature]</i>		Date <i>02.08.17</i>
Printed Name (Administrator) <i>Tracy Newport</i>			Printed Name (Owner) <i>SANDRA M. HOLLIS</i>		
Subscribed and Sworn to before me: <i>Sandra M. Hollis</i>	State of <i>CT</i>	Date <i>02.08.17</i>	Signed (Notary Public) <i>[Signature]</i>		Comm. Expires <b>SANDRA M. HOLLIS</b> <b>NOTARY PUBLIC</b> <b>MY COMMISSION EXPIRES APR. 30, 2019</b>
Address of Notary Public <i>311 Bidwell Street, Manchester, CT 06040</i>					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bidwell Care Center,LLC		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 333 Bidwell Street Manchester, CT 06040				
Report Prepared By iCare		Phone Number 860-570-2140	Date 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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-645-4888		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Bidwell Care Center, LLC		Address (No. & Street, City, State, Zip) 333 Bidwell Street Manchester, CT 06040		
License Numbers:	CCNH 2148-C	RHNS	NurseFac-Aids AIDS	Medicare Provider No. 07-5314
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> NurseFac-Aids				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
<b>Administrator</b>				
Name of Administrator Tracy Newport		Nursing Home Administrator's License No.:	001214	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









Related Parties\*

Name of Facility	License No.	Report for Year Ended	Page	of	
Bidwell Care Center, LLC	2148-C	9/3/2016	4	37	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non Related Parties		Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**		
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040				-
Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105				2,277 (2,277)
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088			19 3	-
Chestnut Point Care Center, LLC	171 Main St. East Windsor, CT 06088				-
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032			16 M	746 (746)
Farmington Care Center, LLC	20 Scott Swamp Rd. Farmington, CT 06032				1,258 (1,258)
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			19 3	-
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088				557 (557)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450				391 (391)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106				28,718 (28,718)
Westside Care Center, LLC	349 Bidwell St. Manchester, CT 06040				(1,871) 1,871
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002				506 (506)
Secure Care Center LLC	60 West Street, Rocky Hill, CT 06067				4,038 (4,038)
Touchpoints therapy	171 Main St. East Windsor, CT 06088			13 5,8,10	580,450 (580,450)
Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			22,22,27 10,9,14	715,117 (715,117)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			16, 15 M,E	15,663 (15,663)
iCare Health Management, LLC	341 Bidwell St. Manchester, CT 06040				147,306 (147,306)
				20 5	135,710 (135,710)
				20 5	31,003 (31,003)
				16 M12	379,212 (379,212)
					-
					-
					-
					-
All Care Centers, mgmt co, realty cos					
Share Common 401k, Pension and Insurance plans, courier, legal and various 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 Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2016	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
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**General Information and Questionnaire**  
**Leases (Excluding Real Property)**

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

Name of Facility		License No.	Report for Year Ended		Page	of	
Bidwell Care Center, LLC		2148-C	9/30/2016		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno, ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	<input type="radio"/>	<input checked="" type="radio"/>	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment Time Clocks and Payroll Punch Equip	05/18/10	1 yr with automatic	16,602	16,602
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/01/11	60 Months 42 Months (Ended From	8,817	8,817
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphia, PA 19101	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/02/14	48 Months	8,197	8,197
Neopost New England, 25881 Newtwork Place, Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>	Postage meter rental	03/13/14	Monthly	428	428
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/>	<input type="radio"/>					
						<b>Total ***</b>	34,406

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

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

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6c.

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2016	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 O'Connor, Davies LLP 2 3 4		Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109		
Services Provided by This Firm ( <i>describe fully</i> )				
1	Taxes, financial statements, accounting support	\$	3,533	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$	3,533
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    15D				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 iCare Health Management, LLC 2 Starble and Harris 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis)) 5 Starble and Harris, iCare Health Management LLC			Telephone Number 860-570-2140 860-678-7775 860-275-8200 860-678-7775 & 860-570-2140	
Address ( <i>No. &amp; Street, City, State, Zip Code</i> )				
1	341 Bidwell Street, Manchester CT			
2	32 Main Street, Avon, CT			
3	280 Trumbull St, Hartford, CT			
4				
5	32 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT			
Services Provided by This Firm ( <i>describe fully</i> )				
1	Lease and contract issues, general legal advice, Labor Law	\$	13,896	
2	Lease and contract issues, general legal advice, union funds advice	\$	7,086	
3	Employment law, arbitrations, contract negotiations	\$	281	
4	Employment Arbitrations, healthcare law	\$	1,603	
5	Collections	\$	739	
			Charge for Services Provided	
			\$	23,606
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No    15E				

**Schedule of Resident Statistics**

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2016						Page 8	of 37
		Period 10/1 Thru 6/30			Period 7/1 Thru 9/30				
		Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac-Aids	Total	CCNH		
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	131	131			131		131		
B. On last day of THIS report period	131	131			131		131		
2. Number of Residents									
A. As of midnight of PREVIOUS report period	121	121			121		128		
B. As of midnight of THIS report period	113	113			128		113		
3. Total Number of Days Care Provided During Period									
A. Medicare	3,716	3,716			2,945		771		
B. Medicaid (Conn.)	39,348	39,348			29,214		10,134		
C. Medicaid (other states)									
D. Private Pay	565	565			448		117		
E. State SSI for RCH									
F. Other (Specify) Insurance	357	357			292		65		
G. Total Care Days During Period (3A thru F)	43,986	43,986			32,899		11,087		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days									
B. Other Bed Reserve Days									
5. <b>Total Resident Days (3G + 4A + 4B)</b>	43,986	43,986			32,899		11,087		

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

Name of Facility Bidwell Care Center, LLC			License No. 2148-C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	NurseFac-Aids	Lost			Gained			CCNH	RHNS	NurseFac-Aids	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	NurseFac-Aids			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	NurseFac-Aids	R.C.H.	ICF-MR				
No. of Residents					Private								
Per Diem Rate													
a. One bed rm.	5.00		107.00		1.00								
b. Two bed rms.													
c. Three or more bed rms.	460.00		251.00		415.00								
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	NurseFac-Aids		
A. Medicare - Part B								3,048	3,048				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								1,991	1,991				
C. Other								7,800	7,800				
D. Total Physical Therapy Treatments								12,839	12,839				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								337	337				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								376	376				
C. Other								773	773				
D. Total Speech Therapy Treatments								1,486	1,486				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,217	2,217				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments								2,066	2,066				
C. Other								7,468	7,468				
D. Total Occupational Therapy Treatments								11,751	11,751				

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

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**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Bidwell Care Center, LLC	2148-C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	140,809	2,091				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	117,542	5,849				
5. Dietary Service						
a. Head Dietitian	62,502	1,655				
b. Food Service Supervisor	22,465	939				
c. Dietary Workers	474,289	26,207				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	37,442	1,059				
b. Other Maintenance Workers	34,901	2,245				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	171,398	3,296				
b. RN						
1. Direct Care	543,795	13,228				
2. Administrative**	261,447	6,445				
c. LPN						
1. Direct Care	1,088,840	35,548				
2. Administrative**						
d. Aides and Attendants	1,865,599	101,552				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	194,473	9,318				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	184,231	6,145				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	55,530	3,770				
<i>A-13. Total Salary Expenditures</i>	5,255,264	219,349				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ -	-			\$ -	-
MEDICAL RECORDS SALARIES	\$ 969	71			\$ -	-
CENTRAL SUPPLY SALARIES	\$ 54,561	3,700			\$ -	-
Total	\$ 55,530	3,770	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		NurseFac-Aids	
	\$	Hours	\$	Hours	\$	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 29,891	1,147			\$ -	-
ADMISSIONS C/S LABOR	\$ 37,787	690			\$ -	-
CENTRAL SUPPLY CONTRACT SERVICE	\$ 3,500	104			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 95,573	2,742			\$ -	-
RESPIRATORY THERAPY CONTRACT SERVICES	\$ 7,178	159			\$ -	-
Total	\$ 173,929	4,842	\$ -	-	\$ -	-



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

Name of Facility Bidwell Care Center, LLC		License No. 2148-C		Report for Year Ended 9/30/2016		Page 11	of 37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	NurseFac- Aids							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

Name of Facility (as licensed) Bidwell Care Center, LLC		License No. 2148-C		Report for Year Ended 9/30/2016		Page 12	of 37			
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNFH	RHNS	NurseFac- Aids							
<b>Section III - Administrators***</b>										
Tracy Newport	0			same as employees less union funds	Administrator	0	A2			
Christofori James	140,809			same as employees less union funds	Administrator	2,091	A2			
<b>Section IV - Assistant Administrators</b>				same as employees less union funds	Administrator		A2			

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Bidwell Care Center, LLC	2148-C	9/30/2016	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	NurseFac-Aids	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	698	16				
2. Dentist						
3. Pharmacist	8,812	222				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	265,597	3,357				
b. Other						
6. Social Worker	1,142	training				
7. Recreation Worker	18,557	34.50+Cable				
8. Physicians						
a. Medical Director (entire facility)	50,530	570				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Care Contract Services	18,854	92				
9. Speech Therapist						
a. Resident Care	59,871	748				
b. Other						
10. Occupational Therapist						
a. Resident Care	240,420	3,078				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	12,001	44				
2. Administrative***	61,475	533				
b. LPN						
1. Direct Care	11,589	275				
2. Administrative***						
c. Aides	(1,622)	(70)				
d. Other						
12. Other (Specify) See Attached Schedule	173,929	4,842				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>921,851</b>	<b>13,706</b>				

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

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

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

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

Name of Facility Bidwell Care Center,LLC		License No. 2148-C	Report for Year Ended 9/30/2016	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Omicare	Pharmacy Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Tocuhpoints Therapy	Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Paulekas Wayne	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Bogacki Robert	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group	Housekeeping & Laundry Contract	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* 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 Year Ended		Page	of
Bidwell Care Center,LLC	2148-C	9/30/2016		15	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 396,474	396,474			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 507,276	507,276			
5. Health Insurance	\$ 911,271	911,271			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 298,005	298,005			
8. Uniform Allowance	\$				
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 36,985	36,985			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 98,001	98,001			
d. Accounting and Auditing	\$ 3,533	3,533			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 23,606	23,606			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 27,488	27,488			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 30,844	30,844			
2. Cellular Phones	\$ 1,151	1,151			
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$				
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$				
k. Other Taxes ( <i>Not related to property - See Page 22</i> )					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 924,586	924,586			
<b>Subtotal</b>	\$ 3,259,219	3,259,219			

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

(Carry Subtotals forward to next page)

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

Bidwell Care Center,LLC  
9/30/2016

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	NurseFac-Aids
UNION TRAINING	\$ 36,985		\$ -
<b>Total</b>	<b>\$ 36,985</b>	<b>\$ -</b>	<b>\$ -</b>

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**Schedule of Other Taxes**

Description	CCNH	RHNS	NurseFac-Aids
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2016	16	37
Item	Total	CCNH	RHNS	NurseFac-Aids
<b>Subtotals Brought Forward:</b>	3,259,219	3,259,219		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$ 1,355	1,355		
5. Education Expenses Related to Seminars and Conventions	\$ 3,558	3,558		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,418	1,418		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 231	231		
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 5,171	5,171		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 11,726	11,726		
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 3,638	3,638		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 10,147	10,147		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$ 932	932		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 153,239	153,239		
12. Administrative Management Services**	\$ 379,212	379,212		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 35,010	35,010		
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>\$ 3,864,854</b>	<b>3,864,854</b>		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	NurseFac-Aids
MEALS	\$ 231		\$ -
<b>Total Other Travel and Entertainment</b>	<b>\$ 231</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	NurseFac-Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 11,726		\$ -
<b>Total Other Advertising</b>	<b>\$ 11,726</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Dues

Description	CCNH	RHNS	NurseFac-Aids
Dues			
CAHCF Dues	\$ 10,146.72		\$ -
OTHER DUES			
<b>Total Dues</b>	<b>\$ 10,147</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

Description	CCNH	RHNS	NurseFac-Aids
contributions	\$ 932		\$ -
<b>Total Contributions</b>	<b>\$ 932</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac-Aids
SOCIAL SERVICE SUPPLIES	\$ (68)		\$ -
SOC.SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 1,734		\$ -
EMPLOYEE RELATIONS	\$ 7,591		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 118		\$ -
PERMITS & LICENSES	\$ 1,955		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 11,902		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 28		\$ -
LATE FEES	\$ 2,379		\$ -
INTERNET EXPENSES	\$ 9,370		\$ -
Rounding	\$ 1		\$ -
<b>Total Other Administrative and General</b>	<b>\$ 35,010</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility	License No.	Report for Year Ended	Page of
Bidwell Care Center,LLC	2148-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 #
iCare Management, LLC/iCare Health Management, LLC	379,212	Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	135,710	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	31,003	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)**

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2016	18	37
Item	Total	CCNH	RHNS	NurseFac-Aids
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 271,975	271,975		
2. Non-Food Supplies	\$ 34,242	34,242		
3. Other (Specify) _____ DIETARY SUPPLEMENTS	\$ 20,854	20,854		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ (8,793)	(8,793)		
c. Management Services**	\$			
d. Other (Specify) _____ DIETARY MINOR EQUIPMENT	\$ 9,901	9,901		
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 328,178</b>	<b>328,178</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	NurseFac-Aids
G. Resident Meals: Total no. of meals served per day:*	362	362		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                   If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility Bidwell Care Center, LLC		License No. 2148-C	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	585	585	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	358,034	358,034	
c. Management Services**		\$			
d. Other (Specify) LAUNDRY SUPPLIES		\$	33	33	
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	358,652	358,652	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

\*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility Bidwell Care Center, LLC		License No. 2148-C	Report for Year Ended 9/30/2016		Page 20	of 37
Item			Total	CCNH	RHNS	NurseFac- Aids
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	28,012	28,012		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$	423,136	423,136		
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> ) HOUSEKEEPING MINIR EQUIPMENT	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	451,147	451,147		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from OMNICARE PHARMACY	\$	145,626	145,626		
b.	Medicine Cabinet Drugs	\$	12,800	12,800		
c.	Medical and Therapeutic Supplies	\$	58,926	58,926		
d.	Ambulance/Limousine***	\$	1,901	1,901		
e.	Oxygen					
1.	For Emergency Use	\$	10,034	10,034		
2.	Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$	5,856	5,856		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	15,600	15,600		
i.	Recreation	\$				
j.	Other (Specify)**** See Attached Schedule	\$	359,411	359,411		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	610,155	610,155		

\* 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	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 32		\$ -
NURSING MINOR EQUIP	\$ 9,483		\$ -
MEDICAL RECORDS SUPPLIES	\$ 139		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 135,710		\$ -
NON-COVERED PPS DR. VISITS	\$ -		\$ -
RESIDENT CARE SUPPLIES	\$ 81		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 18,138		\$ -
PERSONAL CARE SUPPLIES	\$ 9,385		\$ -
INCONTINENCY SUPPLIES	\$ 37,766		\$ -
VACCINE RESIDENTS	\$ 4,690		\$ -
PATIENT SPECIAL NEEDS	\$ 343		\$ -
PHYSICAL THERAPY SUPPLIES	\$ -		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 65,509		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 49		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ 2,095		\$ -
IV THERAPY SUPPLIES	\$ 32,084		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 2,792		\$ -
ACTIVITIES SUPPLIES	\$ 6,694		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 31,003		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ 3,420		\$ -
<b>Total Other Resident Care</b>	<b>\$ 359,411</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility		Address	Related ** to Owners, Operators, Officers	Explanation of Relationship	Report for Year Ended	License No.	Total Cost/Page Ref.***				Page of	
Bidwell Care Center, LLC							Yes	No	CCNH	RHNS		NurseFac-Aids
Health Services Group		3220 Tillman Drive, Bensalem, PA 19020	O	O	Housekeeping Services	2148-C	9/30/2016	407,584			20	4b
Health Services Group		3220 Tillman Drive, Bensalem, PA 19020	O	O	Laundry Services	2148-C	9/30/2016	359,323			19	3b
Eagle Elevator			O	O	Elevator Contract	2148-C	9/30/2016	6,126			22	6F
Bioserve, Inc.			O	O	Medical Waste Snow	2148-C	9/30/2016	2,792			22	6F
A-1 Snowblowing / Brickman Landscaping/Twin Landscaping Inc			O	O	Removal/Landscaping	2148-C	9/30/2016	24,736			22	6F
CWPM - Recycling		Box 415, Plainville, CT 06062	O	O	Trash removal Software Maintenance Contract	2148-C	9/30/2016	17,879			22	6F
American HealthTech			O	O	Contract	2148-C	9/30/2016	17,971			16	M11
Automatic Data Processing		P.O. Box 9001006, Louisville, KY 40290	O	O	Payroll Services	2148-C	9/30/2016	44,894			16	M11
National Datacare Corp			O	O	Resident Trust Software Computer Consulting Services	2148-C	9/30/2016	2,908			16	M11
Prime Care Technology services			O	O	Services	2148-C	9/30/2016	32,373			16	M11
Priority Express			O	O	Courier Services	2148-C	9/30/2016	4,733			16	M11
			O	O		2148-C	9/30/2016				16	M11
			O	O		2148-C	9/30/2016					
			O	O		2148-C	9/30/2016					

\* 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 Bidwell Care Center,LLC		License No. 2148-C	Report for Year Ended 9/30/2016		Page 22	of 37
Item		Total	CCNH	RHNS	NurseFac-Aids	
6. Maintenance & Operation of Plant						
a.	Repairs & Maintenance	\$ 60,428	60,428			
b.	Heat	\$ 19,344	19,344			
c.	Light & Power	\$ 113,434	113,434			
d.	Water	\$ 56,970	56,970			
e.	Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 34,406	34,406			
f.	Other ( <i>itemize</i> )	\$ 92,190	92,190			
	See Attached Schedule					
6g.	<b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 376,772	376,772			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a.	Land Improvements	\$				
b.	Building & Building Improvements	\$ 19,131	19,131			
c.	Non-Movable Equipment	\$				
d.	Movable Equipment	\$ 56,717	56,717			
*7e.	<b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 75,848	75,848			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a.	Organization Expense	\$				
b.	Mortgage Expense	\$				
c.	Leasehold Improvements	\$ 44,672	44,672			
d.	Other ( <i>Specify</i> )	\$				
*8e.	<b>Total Amortization Costs</b> (8a + b + c + d)	\$ 44,672	44,672			
9. Rental payments on leased real property less real estate taxes included in item 10b		\$ 545,500	545,500			
10. Property Taxes						
a.	Real estate taxes paid by owner	\$				
b.	Real estate taxes paid by lessor	\$ 100,580	100,580			
c.	Personal property taxes	\$ 13,318	13,318			
11.	<b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 779,918	779,918			

\* 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	\$ 14,077		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 1,723		\$ -
ELEVATOR CONTRACT SERVICE	\$ 6,126		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 5,827		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 8,468		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 16,268		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 17,879		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 12,809		\$ -
PLANT MINOR EQUIPMENT	\$ 5,779		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$ 3,233		\$ -
<b>Total Other Repairs and Maintenance</b>	\$ 92,190	\$ -	\$ -



**Depreciation Schedule**

Name of Facility Bidwell Care Center, LLC		License No. 2148-C		Report for Year Ended 9/30/2016				Page 23	of 37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
<b>A. Land Improvements</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
		Is a mileage logbook maintained?		Date of Acquisition					
		Yes	No	Month	Year				
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 2002 Chevy Silverado									
b. Trailer for laundry vehicle									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
D-3. Subtotal									
<b>E. Total Depreciation</b>									
								56,081	56,717
								636	75,848

Bidwell Care Center, LLC  
9/30/2016

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
6/16/2016	Smoke Detectors: HD Supply	\$ 1,576	120	\$ 118
<b>Total additions for Building Improvements</b>		\$ 1,576		\$ 118 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2





**Amortization Schedule\***

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2016		Page 24	of 37
		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
Item	Date of Acquisition	Length of Amortization	Cost to Be Amortized		Totals
Month	Year				
<b>A. Organization Expense</b>					
1.					
2.					
3.					
A-4. Subtotal					
<b>B. Mortgage Expense</b>					
1.					
2.					
3.					
B-4. Subtotal					
<b>C. Leasehold Improvements and Other</b>					
1. Acquired prior to this report period			631,807	419,815	44,578
2. Disposals (attach schedule)					
3. Acquired during this report period (attach schedule)			5,610		93
C-4. Subtotal					
<b>D. Total Amortization</b>					44,672
					44,672

\* 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 Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2016	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	12/01/03				
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase	12/01/03				
4. Date of Initial Licensure	12/01/03				
5. Total Licensed Bed Capacity	131				
6. Square Footage	53,475				
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	HUD fixed				
b. Date Mortgage Obtained	05/30/13				
c. Interest Rate for the Cost Year	335.00%				
d. Term of Mortgage (number of years)	23				
e. Amount of Principal Borrowed	3,259,200				
f. Principal balance outstanding as of 9/30/2016	2,937,762				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Bidwell Care Center,LLC		2148-C	9/30/2016		26	37
Item			Total	CCNH	RHNS	NurseFac-Aids
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense (A1 - A4 + B5)</b>			\$			

(Carry Subtotals forward to next page)

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

Name of Facility			License No.		Report for Year Ended			Page	of
Bidwell Care Center, LLC			2148-C		9/30/2016			27	37
Item					Total	CCNH	RHNS	NurseFac-Aids	
Subtotals Brought Forward:									
12. C. Movable Equipment									
1. Automotive Equipment					\$				
A. Item			Rate	Amount					
Lender									
Address of Lender									
2. Other (Specify)					\$				
A. Item			Rate	Amount					
Lender									
Address of Lender									
B. Item			Rate	Amount					
Lender									
Address of Lender									
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)					\$				
12. D. Other Interest Expense (Specify) INTEREST					\$	27,566	27,566		
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>					\$	27,566	27,566		
14. Insurance									
a. Insurance on Property (buildings only)					\$	13,273	13,273		
b. Insurance on Automobiles					\$	1,772	1,772		
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)					\$	65,764	65,764		
2. Fire and Extended Coverage					\$				
3. Other (Specify)					\$	3,069	3,069		
14d. <b>Total Insurance Expenditures (14a + b + c)</b>					\$	83,878	83,878		
15. <b>Total All Expenditures (A-13 thru C-14)</b>					\$	13,058,235	13,058,235		



### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Bidwell Care Center, LLC			2148-C	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 98,001	98,001		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$ 11,726	11,726		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 80,931	80,931		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 190,658	190,658		

\* 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.



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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bidwell Care Center,LLC			2148-C	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	NurseFac-Aids
Subtotals Brought Forward				\$ 190,658	190,658		
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$ 1,901	1,901		
29.			X-rays, etc	\$ 5,856	5,856		
30.			Laboratory	\$ 15,600	15,600		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 691	691		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 24	24		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 214,730	214,730		

\*\*\* 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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Bidwell Care Center, LLC  
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	5J	NON-COVERED PPS DR. VISITS	-		
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	658		
13	B9A	ST- Resident Care (for outpatient therapy - see schedule)	24		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	9		
<b>Total Other Ancillary Costs</b>			<b>\$ 691</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
<b>Total Excess Movable Equipment Depreciation</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
<b>Total Other Property Adjustments</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 1		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ 14		
22	6B	Heat (for outpatient Therapy see schedule)	\$ 2		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 1		
22	6D	water (for outpatient therapy see schedule)	\$ 4		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 2		
<b>Total Other Adjustments</b>			\$ 24	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended		Page	of
Bidwell Care Center, LLC	2148-C	9/30/2016		30	37
Item	Total	CCNH	RHNS	NurseFac-Aids	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 10,133,946	10,133,946			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,809,233	1,809,233			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 387,398	387,398			
b. Private-Pay Room and Board Contractual Allowance **	\$				
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 112,293	112,293			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (112,293)	(112,293)			
c. Prescription Drugs - Non-Medicare	\$ 31,948	31,948			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (31,948)	(31,948)			
2. 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	\$ 336,338	336,338			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (258,157)	(258,157)			
c. Physical Therapy - Non-Medicare	\$ 88,365	88,365			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (88,365)	(88,365)			
4. a. Speech Therapy - Medicare	\$ 79,206	79,206			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (54,893)	(54,893)			
c. Speech Therapy - Non-Medicare	\$ 42,575	42,575			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (42,575)	(42,575)			
5. a. Occupational Therapy - Medicare	\$ 347,438	347,438			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (270,895)	(270,895)			
c. Occupational Therapy - Non-Medicare	\$ 94,820	94,820			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (70,800)	(70,800)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 36,196	36,196			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 112,139	112,139			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 12,681,969	12,681,969			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 60	60			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 60	60			
<b>VI. Total All Revenue</b> (III +V)	\$ 12,682,030	12,682,030			

\* 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	NurseFac-Aids
	Lab Medicare	\$ 61,450		
	Lab Medicare CA	\$ (61,450)		
	Oxygen Medicare	\$ 100		
	Oxygen Medicare CA	\$ (100)		
	Equipment rental	\$ 6,438		
	Equipment rental CA	\$ (6,438)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds Medicare	\$ -		
	Therapy Beds Medicare CA	\$ -		
	Radiology Medicare	\$ 4,529		
	Radiology Medicare CA	\$ (4,529)		
	IV Therapy	\$ 27,669		
	IV Therapy CA	\$ (27,669)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose testing	\$ -		
	Glucose testing CA	\$ -		
	Outpatient therapy Medicare	\$ 36,196		
	<b>Total Other Resident Revenue - Medicare</b>	<b>\$ 36,196</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	NurseFac-Aids
	Lab	7,810.25		
	Lab CA	(7,810.25)		
	Oxygen	\$ 511		\$ -
	Oxygen CA	\$ (511)		\$ -
	Equipment rental	\$ 14,981		
	Equipment rental CA	\$ (14,981)		
	Pen Therapy	\$ -		
	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		
	Therapy Beds CA	\$ -		
	Radiology	\$ 502		
	Radiology CA	\$ (502)		
	Medical Transportation	\$ -		
	Medical Transportation CA	\$ -		
	Glucose Testing	\$ -		
	Glucose Testing CA	\$ -		
	IV therapy	\$ 13,343		\$ -
	IV therapy CA	\$ (13,343)		\$ -
	Flu shot revenue	\$ 2,885		
	Outpatient therapy	\$ -		
	PRIOR YEAR ADJ - ANCILLARY & OTHER	\$ 109,255		
	rounding	\$ (1)		
	<b>Total Other Resident Revenue</b>	<b>\$ 112,139</b>	<b>\$ -</b>	<b>\$ -</b>

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	NurseFac-Aids
	INTEREST INCOME		\$ 60		
	<b>Total Interest Income</b>		<b>\$ 60</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	NurseFac-Aids
	MEALS	\$ -		
	TELEVISION INCOME	\$ -		
	CONCESSIONS / VENDING INCOME	\$ -		
	RESIDENT LATE FEE REVENUE	\$ -		
	RESIDENT ATTORNEY FEE REVENUE	\$ -		
	TELEPHONE INCOME	\$ -		
	OTHER INCOME	\$ -		
	OPTUM DIVIDENDS REVENUE	\$ -		
	<b>Total Other Revenue</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	(186,758)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,380,205
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	8,532
4. Inventories			\$	
5. Prepaid Expenses			\$	394,370
a. Prepaid Insurance	357,354			
b. Prepaid Property Taxes	2,976			
c. Prepaid Expenses Other	34,040			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	(157,045)
Due From (to) Related Parties	2,795			
Other Owners reserves	(159,840)			
A-9. <b>Total Current Assets</b> (Lines A1 thru 8)			\$	1,439,304
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	191,701	\$	145,636
	Accum. Depreciation	46,065	Net	
4. Leasehold Improvements	*Historical Cost	637,417	\$	172,930
	Accum. Depreciation	464,487	Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	941,663	\$	78,290
	Accum. Depreciation	863,373	Net	
7. Motor Vehicles	*Historical Cost	7,009	\$	
	Accum. Depreciation	7,009	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
Construction in Progress				
B-10. <b>Total Fixed Assets</b> (Lines B1 thru 9)			\$	396,855

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	1,836,159
C. Leasehold or like property recorded for Equity Purposes.				
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
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	55,246
Patient Trust Funds			52,691	
Long Term Deposit - primicare			2,555	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	55,246
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	1,891,404

\* 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
Bidwell Care Center,LLC	2148-C	9/30/2016	33	37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	666,252
2. Notes Payable ( <i>itemize</i> )			\$	790,474
Working Capital Line of Credit				790,474
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	363,334
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable ( <i>Current Portion</i> )			\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities ( <i>itemize</i> )			\$	2,877,396
Related Party Payables				2,707,573
Accrued Expenses				(62,505)
Accrued Resident User Fees				216,842
Accrued Workers Comp Expense				15,486
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>4,697,457</b>

\* 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 Bidwell Care Center,LLC		License No. 2148-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,697,457	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Patient Trust Funds		52,691			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 52,691	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 4,750,147	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center,LLC	2148-C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	25,000
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,507,537)
6. Gain or Loss for Period			\$	(376,205)
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	(2,858,743)
<b>C. Total Reserves and Net Worth</b>			\$	(2,858,743)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	1,891,404

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	12,682,030
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,058,235
D. Net Income or Deficit			\$	(376,205)
E. Balance			\$	(376,205)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(376,205)
				09/30/16

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

Name of Facility Bidwell Care Center, LLC	License No. 2148-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> NurseFac-Aids		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>iCare Health Management LLC</i>		Title _____		Date Signed <i>2/14/17</i>
Printed Name of Preparer  iCare Health Management LLC				
Address Address  341 Bidwell Street, Manchester, CT 06040			Phone Number  860-570-2140	