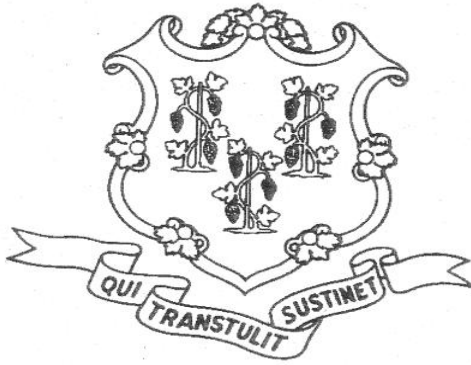


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Autumn Lake Healthcare At Cromwell	
Address (No. & Street, City, State, Zip Code) 385 Main Street, Cromwell, CT 06416	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2401	RHNS	(Specify)	Medicare Provider 07-5263
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Medicaid Provider Numbers:	CCNH 1427462967	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) Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2017	Page 1	of 37
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#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Autumn Lake Healthcare At Cromwell [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Jessica Garcia			Printed Name (Owner) Aryeh Stern		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Autumn Lake Healthcare At Cromwell	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 385 Main Street, Cromwell, CT 06416				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date 3/26/2018		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 860-635-5613	Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Autumn Lake Healthcare At Cromwell		Address (No. & Street, City, State, Zip) 385 Main Street, Cromwell, CT 06416		
License Numbers:	CCNH 2401	RHNS	(Specify)	Medicare Provider No. 07-5263
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input 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 Jessica Garcia		Nursing Home Administrator's License No.:	001931	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









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

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Autumn Lake Healthcare LLC	4260 RT 9 South, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	145,624	145,624
Ultimate Therapy LLC	4260 RT 9 South, Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>		Therapy Company (ST, PT, OT)	13/5a, 9a, 10a	420,000	411,600
Cromwell Realty	4260 RT 9 South, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Building	22/9	774,900	774,900
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

## 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	
Autumn Lake Healthcare At Cromwell			2401	9/30/2017			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							
ACPL Hanger Company 4850 Joule Street, Suite A-1, Reno, NV 89502	<input type="radio"/>	<input checked="" type="radio"/>	Omnistim, Omnisound, Megapulse, Omnistim, Omnicycle, Printer, OC, Martel	01/01/15	12 months	4,194		4,194	
	<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"/>							
<b>Is a Mileage Log Book Maintained for All Leased Vehicles ?</b>							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>	4,194

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

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

Name of Facility Autumn Lake Healthcare At Cromv	License No. 2401	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 CJLC LLC	225 Pitkin Street, East Hartford, CT 06108
2 Brand Sonnenchine	299 Broadway, Suite 600, New York, NY 10007
3 David Fisch & Co	3854 Flatsland Ave, Brooklyn, NY 11234
4	

Services Provided by This Firm (*describe fully*)

1 Medicaid and Medicare Cost Report and Accounting Services	\$ 14,306
2 Financial Statements Preparation & Regular Accounting Work	\$ 32,305
3 401K Audit Report	\$ 1,000
4	\$
	Charge for Services Provided
	\$ 47,611

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

- Yes     No    Pg 15/1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Jasinski	
2 Martin LLP	
3 Murtha Cullina	
4 Luskin Stern & Eisler LLP	
5 McquireWoods & Goldman Gruder	

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

1 60 Park Place, Newark NJ 07102
2 262 Harbor Dr, Stamford, CT
3 Asylum Street, Hartford, CT
4 11 Times Sq, New York NY
5 Baltimore MD & Norwalk CT

Services Provided by This Firm (*describe fully*)

1 Contract & property negotiations, union elections	\$ 19,922
2 Litigation, lawsuits	\$ 19,564
3 DPH issues	\$ 606
4 Loan agreement	\$ 6,823
5 Audit support, etc	\$ 1,395
	Charge for Services Provided
	\$ 48,310

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

- Yes     No    Pg 15/1e

**Schedule of Resident Statistics**

Name of Facility Autumn Lake Healthcare At Cromwell			License No. 2401		Report for Year Ended 9/30/2017				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	175	175			175	175			175	175			
B. On last day of THIS report period	175	175			175	175			175	175			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	103	103			103	103			108	108			
B. As of midnight of THIS report period	107	107			108	108			107	107			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,659	2,659			1,881	1,881			778	778			
B. Medicaid (Conn.)	35,124	35,124			25,882	25,882			9,242	9,242			
C. Medicaid (other states)													
D. Private Pay	896	896			703	703			193	193			
E. State SSI for RCH													
F. Other (Specify) HMO, Private, Hospice	1,802	1,802			1,311	1,311			491	491			
G. Total Care Days During Period (3A thru F)	40,481	40,481			29,777	29,777			10,704	10,704			
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>	40,481	40,481			29,777	29,777			10,704	10,704			

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

Name of Facility Autumn Lake Healthcare At Cromwell			License No. 2401			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-IID			
No. of Residents	9		107			4							
Per Diem Rate													
a. One bed rm.	576.47		222.00										
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,950	2,950			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									264	264			
2. Restorative Treatments									2,379	2,379			
C. Other													
D. <b>Total Physical Therapy Treatments</b>									5,593	5,593			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,944	1,944			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									213	213			
2. Restorative Treatments									1,917	1,917			
C. Other													
D. <b>Total Speech Therapy Treatments</b>									4,074	4,074			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									255	255			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									30	30			
2. Restorative Treatments									272	272			
C. Other													
D. <b>Total Occupational Therapy Treatments</b>									557	557			

### Report of Expenditures - Salaries & Wages

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	12,000	195				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	114,223	2,113				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	115,735	6,273				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	322,854	22,914				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	109,125	6,397				
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						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants						
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	135,194	6,258				
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	138,866	501				
n. Marketing						
o. Other (Specify) See Attached Schedule	26,831	1,801				
<i>A-13. Total Salary Expenditures</i>	974,828	46,450				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salaries Medical Records	\$ 26,831	1,801				
<b>Total</b>	\$ 26,831	1,801	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-



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

Name of Facility				License No.	Report for Year Ended			Page	of	
Autumn Lake Healthcare At Cromwell				2401	9/30/2017			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Aryeh Stern	12,000				Oversees buildings; high level executive decisions	195	A1	See Other Related Cost Reports		
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Autumn Lake Healthcare At Cromwell				2401	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Jessica Garcia (10/1/16 to 9/30/2017)	114,223			Standard	Administrator	2,113	A2			
<b>Section IV - Assistant Administrators</b>										

\*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		
Autumn Lake Healthcare At Cromwell	2401	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b> (For all such services complete Schedule B1)						
1. Dietitian	41,119	1,300				
2. Dentist	9,500	136				
3. Pharmacist	16,434	Contracted				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	229,759	Contracted				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	49,000	Contracted				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	22,881	Contracted				
b. Other						
10. Occupational Therapist						
a. Resident Care	167,359	Contracted				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,351,700	17,818				
2. Administrative***	1,022,400	Contracted				
b. LPN						
1. Direct Care	1,860,200	39,780				
2. Administrative***						
c. Aides	2,985,700	108,423				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>7,756,053</b>	<b>167,457</b>				

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

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

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



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 27,015	27,015		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 33,340	33,340		
4. Social Security (F.I.C.A.)	\$ 72,317	72,317		
5. Health Insurance	\$ 61,479	61,479		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 7,382	7,382		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 43,150	43,150		
d. Accounting and Auditing	\$ 47,611	47,611		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 48,310	48,310		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 84,852	84,852		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,540	20,540		
2. Cellular Phones	\$ 4,638	4,638		
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	\$ 744,549	744,549		
<b>Subtotal</b>	\$ 1,195,184	1,195,184		

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	1,195,184	1,195,184			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 3,500	3,500			
4. Employee Travel	\$ 17,395	17,395			
5. Education Expenses Related to Seminars and Conventions	\$ 1,205	1,205			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***	\$ 53,815	53,815			
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$				
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$				
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions***	\$ 4,525	4,525			
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$ 145,624	145,624			
13. Other ( <i>Specify</i> )	\$ 445,180	445,180			
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 1,866,429	1,866,429			

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
OFFICE MARKETING	\$ 22,855		
Advertising	\$ 30,960		
<b>Total Other Advertising</b>	\$ 53,815	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
<b>Total Dues</b>	\$ -	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Contributions	\$ 4,525		
<b>Total Contributions</b>	\$ 4,525	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Fiscal Services	\$ 317,484		
Employee Background Check	\$ 2,221		
Data Processing	\$ 26,664		
Consultants	\$ 91,925		
Bank Charges	\$ 4,664		
Penalties	\$ 100		
Employee Paid Claims	\$ 2,122		
<b>Total Other Administrative and General</b>	\$ 445,180	\$ -	\$ -



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

Name of Facility	License No.	Report for Year Ended	Page of
Autumn Lake Healthcare At Cromwell	2401	9/30/2017	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 #
Autumn Lake Healthcare, LLC	145,624	Management Services	16/m12

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

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

Name of Facility Autumn Lake Healthcare At Cromwell		License No. 2401	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 337,544	337,544		
2.	Non-Food Supplies	\$ 29,247	29,247		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 113,193	113,193		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 479,984</b>	<b>479,984</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*		3	3		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                    If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                    If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                    If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                    If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                    If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwell		2401	9/30/2017	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	178,605	178,605	
c. Management Services**		\$			
d. Other (Specify) Supplies		\$	3,214	3,214	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	<b>181,819</b>	<b>181,819</b>	
<b>3F. Laundry Questionnaire</b>					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Autumn Lake Healthcare At Cromwell	2401	9/30/2017	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$				
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. \$	249,665	249,665		
c. Management Services*	\$				
d. Other ( <i>Specify</i> ) Supplies	\$	22,948	22,948		
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	272,614	272,614		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	130,193	130,193		
b. Medicine Cabinet Drugs	\$	21,502	21,502		
c. Medical and Therapeutic Supplies	\$	97,660	97,660		
d. Ambulance/Limousine***	\$	6,122	6,122		
e. Oxygen					
1. For Emergency Use	\$	4,862	4,862		
2. Other***	\$	4,099	4,099		
f. X-rays and Related Radiological Procedures***	\$	1,330	1,330		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	13,603	13,603		
i. Recreation	\$	32,160	32,160		
j. Other (Specify)**** See Attached Schedule	\$	96,227	96,227		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	407,758	407,758		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
DIAPERS	\$ 45,385		
Resident PD Claims (cb)	\$ 100		
Medical Waste	\$ 893		
Mattresses	\$ 22,338		
M'caid - I/v	\$ 8,008		
Medical Equipment (Minor)	\$ 19,119		
Therapy Supplies	\$ 383		
<b>Total Other Resident Care</b>	\$ 96,227	\$ -	\$ -

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

Name of Facility Autumn Lake Healthcare At Cromwell			License No. 2401	Report for Year Ended 9/30/2017	Page of 21   37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Edward D'Amato	124 Shunpike Rd., Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	33,527			22	6a
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	113,193			18	2b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	178,605			19	3b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	249,665			20	4b
Ed's Lawn Care LLC	124 Shunpike Rd., Cromwell, CT 06416	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	15,794			22	6a
CWPM LLC	PO Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	10,501			22	6a
Waste Wanted Solutions	178 Rt 59, Ste 303, Monsey, NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	14,144			22	6a
Accurate Staffing	14 53rd St. Ste 220, Brooklyn, NJ 11232	<input type="radio"/>	<input checked="" type="radio"/>		Nursing	7,120,000			13	
Computer Associates	600 Sylvan Ave. Englewood Cliffs, NJ	<input type="radio"/>	<input checked="" type="radio"/>		Computer IT Service	77,484			16	
Future Care Consultants	14 53rd st bklyn ny 11232	<input type="radio"/>	<input checked="" type="radio"/>		Billing and AR	240,000			16	
Expedia	PO Box 2459, Monroe, NY 10949	<input type="radio"/>	<input checked="" type="radio"/>		Telephone	11,521			15	1h1
Point Click Care	PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	21,999			16	
Collaborative Laboratory	114 Woodland St., Hartford CT 06105	<input type="radio"/>	<input checked="" type="radio"/>		Labs	11,780			20	5h
		<input type="radio"/>	<input type="radio"/>							

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

\*\* Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2017	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 163,358	163,358		
b. Heat	\$ 69,373	69,373		
c. Light & Power	\$ 100,502	100,502		
d. Water	\$ 57,928	57,928		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 4,194	4,194		
f. Other ( <i>itemize</i> )	\$			
See Attached Schedule				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 395,355</b>	<b>395,355</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 339,010	339,010		
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 181,083	181,083		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 520,092</b>	<b>520,092</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 134,132	134,132		
d. Other ( <i>Specify</i> )	\$			
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 134,132</b>	<b>134,132</b>		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 774,900	774,900		
10. Property Taxes				
a. Real estate taxes paid by owner	\$ 216,707	216,707		
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$			
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,645,832</b>	<b>1,645,832</b>		

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









## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2016	Walk in freezer placed in service Oct 16	\$ 4,254	5	\$ 851
8/7/2017	Computers	\$ 4,141	5	\$ 828
1/12/2017	Bed	\$ 9,570	5	\$ 1,914
9/13/2016	Nursing equipment placed in service Oct	\$ 4,154	5	\$ 831
9/13/2016	Nursing equipment placed in service Oct	\$ 7,298	5	\$ 1,460
3/24/2017	Stepper / Seat / Stepon	\$ 4,421	5	\$ 884
10/5/2016	Signaling device	\$ 765	5	\$ 153
11/18/2016	Fire extinguishers	\$ 1,401	5	\$ 280
10/16/2016	Protectors	\$ 400	5	\$ 80
1/1/2017	Signaling device	\$ 857	5	\$ 171
4/11/2016	Cubicle curtains	\$ 395	5	\$ 79
1/9/2017	Cubicle curtains	\$ 1,600	5	\$ 320
1/4/2017	Manual shade	\$ 356	5	\$ 71
3/28/2017	Waste Receptacle	\$ 521	5	\$ 104
4/3/2017	Bed Pendant	\$ 1,385	5	\$ 277
5/26/2017	Transponder	\$ 297	5	\$ 59
5/23/2017	Transponder	\$ 444	5	\$ 89
8/11/2017	Transponder	\$ 497	5	\$ 99
9/20/2017	Transponder	\$ 1,104	5	\$ 221
9/7/2017	Bed Pendant	\$ 550	5	\$ 110
9/14/2017	Transponder	\$ 1,377	5	\$ 275
9/7/2017	Transponder	\$ 2,820	5	\$ 564
3/3/2017	Chairs	\$ 846	5	\$ 169
**	A&E Design Group Renovations - Shower Curtains	1,800	5	\$ 360
**	A&E Design Group Renovations - Window Treatments / Bed Spreads	\$ 30,836	5	\$ 6,167
**	Neeyar Distributors - Furniture	\$ 20,762	5	\$ 4,152
**	Wall Decorations / Images	\$ 13,152	5	\$ 2,630
**	Sub-Acute Resident Room - Roller Shades, Windows, Bed Spreads, Cubicle	\$ 24,606	5	\$ 4,921
<b>Total additions for Movable Equipment</b>		\$ 140,609		\$ 28,122 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>				
		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/2/2016	HVAC - Boiler	24,969	20	\$ 1,248
1/3/2017	Mill work - nurse station	33,390	20	\$ 1,670
1/11/2017	Lighting	355	20	\$ 18
1/25/2017	Sconce	700	20	\$ 35
3/3/2017	Signage	2,590	20	\$ 130
3/20/2017	Reception counter	320	20	\$ 16
2/21/2017	Stucco	2,100	20	\$ 105
3/2/2017	Carpet	416	5	\$ 83
3/16/2017	Carpet	681	5	\$ 136
6/20/2017	Signage	7,000	20	\$ 350
2/22/2017	Awnings	3,629	20	\$ 181
2/23/2017	Awnings	5,942	20	\$ 297
4/5/2017	Renovation	1,785	20	\$ 89
2/13/2019	Tile	1,245	20	\$ 62
3/23/2017	Lobby Renovation	760	20	\$ 38
1/31/2017	Lobby Renovation	760	20	\$ 38
1/18/2017	Glass	1,429	20	\$ 71
3/8/2017	Glass	5,080	20	\$ 254
1/3/2017	Painting	24,750	5	\$ 4,950
2/17/2017	Painting	20,500	5	\$ 4,100
3/29/2017	Painting	14,050	5	\$ 2,810
4/24/2017	Painting	500	5	\$ 100
1/25/2017	Electrical	8,891	20	\$ 445

2/6/2017	Electrical	7,950	20	\$ 397
2/15/2017	Electrical	5,201	20	\$ 260
3/22/2017	Electrical	8,584	20	\$ 429
4/12/2017	Electrical	3,519	20	\$ 176
4/28/2017	Electrical	8,827	20	\$ 441
7/11/2017	Electrical	4,587	20	\$ 229
1/3/2017	Renovation	22,008	10	\$ 2,201
2/17/2017	Renovation	20,409	10	\$ 2,041
2/23/2017	Renovation	24,669	10	\$ 2,467
3/30/2017	Renovation	3,854	10	\$ 385
8/2/2017	Renovation	1,235	10	\$ 124
8/31/2017	Renovation	5,655	10	\$ 566
1/5/2017	Renovation	3,829	10	\$ 383
3/23/2017	Electrical	856	20	\$ 43
1/26/2017	HVAC - PTAC	18,270	20	\$ 914
12/31/2017	Electrical	16,140	20	\$ 807
6/30/2017	Credits to above	(1,537)	20	\$ (77)
6/30/2017	Credits to above	(372)	20	\$ (19)
6/30/2017	Credits to above	(2,925)	20	\$ (146)
12/22/2016	Main Water Supply Line	5,583	20	\$ 279
12/31/2016	Main Water Supply Line	4,554	20	\$ 228
12/31/2016	Quality Aire- clean and sanitize ductwork	8,933	20	\$ 447
12/31/2016	Oscar's Abatement- lead removal	28,930	20	\$ 1,446
12/31/2016	Peterson Brothers Electric-installed items for water system & generator	1,514	20	\$ 76
12/31/2016	David Dostaler- gas boiler piping	2,659	20	\$ 133
1/31/2017	Raintech- reinstalled nurse & patient call system after renov.	3,673	10	\$ 367
1/31/2017	Soto Cleaning-construction cleaning	3,829	5	\$ 766
1/31/2017	Degree Incorporated- Sanitize & clean all ice machines	1,486	20	\$ 74
2/28/2017	Raintech-Lobby door maglock	994	20	\$ 50
3/31/2017	Kone Inc - elevator upgrade	4,936	20	\$ 247
4/30/2017	Middletown Plate Glass	5,801	20	\$ 290
4/30/2017	Raintech - maglock systems, patient call station	1,237	20	\$ 62
6/30/2017	David Dostaler - work done on boiler toilets, permit	1,042	10	\$ 104
6/30/2017	David Dostaler - work done on boiler toilets, permit	1,028	10	\$ 103
6/30/2017	David Dostaler - work done on boiler toilets, permit	1,061	10	\$ 106
6/30/2017	David Dostaler - work done on boiler toilets, permit	532	10	\$ 53
6/30/2017	David Dostaler - work done on boiler toilets, permit	498	10	\$ 50
6/30/2017	Grainger- HVAC Motor	1,226	10	\$ 123
6/30/2017	Grainger- HVAC Motor	1,226	10	\$ 123
6/30/2017	Degree Incorporated- replace fan motor	512	20	\$ 26
6/30/2017	Middletown Plate Glass- 10 Screens	1,718	20	\$ 86
6/30/2017	Peterson Brothers - replace circuits	1,042	20	\$ 52
7/31/2017	Degree Incorporated - installed new pumps	2,561	20	\$ 128
8/31/2017	Red Hawk- replace heat detector	425	20	\$ 21
8/31/2017	Dave Dostaler - sink installation	1,362	20	\$ 68
9/30/2017	HD Supply- commercial door sweep aluminum	479	20	\$ 24
9/30/2017	Direct Supply- combin door lock, handle	481	20	\$ 24
9/30/2017	Degree incorporated- AC motor, reassembly and installation	2,432	20	\$ 122
9/30/2017	Northeast Generator- replaced generator parts	1,892	20	\$ 95
9/30/2017	David Dostaler - new water piping	1,765	20	\$ 88
**	Interior design fee and materials	62,780	20	\$ 3,139
**	Interior design fee and materials	2,354	20	\$ 118
**	Interior design fee and materials	2,812	20	\$ 141
**	Flooring Adhesive, Wallpaper, flooring, Cove base, Alnpro Lighting	21,092	20	\$ 1,055
**	InProBond Freeze-Thaw	442	20	\$ 22
**	Nurses Station - Wallpaper, Inpro, Cove Based, Lighting	2,878	20	\$ 144
**	Patient Rooms Furniture - Beds, Table, Headboard, Dressers	32,894	20	\$ 1,645
**	INSTALL Floor and Tile	13,975	20	\$ 699
**	Tiles (Bathroom)	5,803	20	\$ 290
**	Tiles (Shower & Bathrooms)	3,478	20	\$ 174
**	PT Workstation - Drawer Units, Countertops, Kitchen - Base and wall cabin	12,491	20	\$ 625
**	Hallway - Skim Coat and Sand walls, caulk, paint, new cove base	18,000	20	\$ 900
**	Remove old cove base, wall protector, prep and paint, new cove base	6,000	10	\$ 600
**	Prep and paint 3rd floor	2,250	5	\$ 450
**	Hallway - prep and paint walls, Floor Demo (3500)	21,500	20	\$ 1,075
**	Dining room - remove wallpaper and moldings, paint, repair ceiling grid, pa	8,400	20	\$ 420
**	Hallway - Dry wall repairs, skim coat, remove/new cove base, new cement b	21,000	20	\$ 1,050
**	Resident Rooms - remove furniture, sand walls, demo bathrooms, new ceme	21,300	20	\$ 1,065

**	Resident rooms and hallway - new wallpaper, paint doors and metal grids	11,550	20	\$	578
**	LVT Floor and installation	16,106	20	\$	805
**	Rip up laminate and VCT, install LVT	30,000	20	\$	1,500
**	Renovations to Hickory Unit	12,878	20	\$	644
**	HVAC units	9,000	20	\$	450
**	Management of Renovation	5,400	20	\$	270
**	Management of Renovation	675	20	\$	34
**	Management of Renovation	1,800	20	\$	90
**	Hallway - prep and paint walls, Floor Demo	6,450	20	\$	323
**	Management of Renovation	3,365	20	\$	168
**	Supply 54 LED drop in lights	7,992	20	\$	400
**	Supply Cove Base	1,922	20	\$	96
**	Bathroom Tile, Grout	2,947	20	\$	147
**	Dry wall repair, remove/new cove base, demo/new shower room	6,300	20	\$	315
**	Management -9855. Supplies - wallpaper, ceiling tile, LED drop, etc	34,499	20	\$	1,725
**	Conveyor Dish Machine	9,673	20	\$	484
**	Sidewalk Repair	14,995	20	\$	750
**	Boiler Prep	3,270	20	\$	164
**	Manual slicer	1,607	20	\$	80
**	this was booked to CIP after 9/30/16	(1,517)	20	\$	(76)
**	HVAC	12,762	20	\$	638
**	Renovation Hallway	10,865	20	\$	543
**	Hot water Heat Exchange	13,294	20	\$	665
**	Electrical	5,812	20	\$	291
**	Renovations	2,552	20	\$	128
**	Gutters	6,597	15	\$	440
**	Retaining Wall	2,729	20	\$	136
**	HVAC	17,760	20	\$	888
**	Gutters	6,597	15	\$	440
**	Concrete Slab	3,420	20	\$	171
**	Shower Renovation	2,856	20	\$	143
**	Renovations	3,935	20	\$	197
**	Renovations	1,998	20	\$	100
**	Renovations	7,445	20	\$	372
**	Renovations	3,148	20	\$	157
**	Renovations	4,846	20	\$	242
**	Renovations	2,919	20	\$	146
**	A&E Design Group Renovations	1,621	20	\$	81
**	A&E Design Group Renovations	2,139	20	\$	107
**	A&E Design Group Renovations	1,372	20	\$	69
**	A&E Design Group Renovations	321	20	\$	16
**	A&E Design Group Renovations	2,145	20	\$	107
**	A&E Design Group Renovations	5,289	20	\$	264
**	A&E Design Group Renovations	410	20	\$	20
**	A&E Design Group Renovations	10,015	20	\$	501
**	A&E Design Group Renovations	15,188	20	\$	759
**	A&E Design Group Renovations	4,202	20	\$	210
**	A&E Design Group Renovations Shower	615	20	\$	31
**	Capital Tile	2,927	20	\$	146
**	Goetz Tiles	6,196	20	\$	310
**	Tile and Marble work	951	20	\$	48
**	Tile and Marble work	476	20	\$	24
**	Tile and Marble work	276	20	\$	14
**	Tile and Marble work	7,559	20	\$	378
**	Mica World	435	20	\$	22
**	Painting	17,000	5	\$	3,400
**	Painting	14,775	5	\$	2,955
**	Painting	13,150	5	\$	2,630
**	Vinyl	1,617	20	\$	81
**	Petersons	10,769	20	\$	538
**	Petersons	15,177	20	\$	759
**	Providential	33,184	20	\$	1,659
**	Providential	13,878	20	\$	694
**	Providential	28,855	20	\$	1,443
**	Plumbing	5,737	20	\$	287
**	Plumbing	1,115	20	\$	56
**	Insulation	9,660	20	\$	483
**	Western - Renovations	8,189	20	\$	409

**	Western - Renovations	27,651	20	\$ 1,383
	** Items reclassified from CIP = Placed into service in 9/30/17 cost year			
<b>Total additions for Leasehold Improvement</b>		\$ 1,218,797		\$ 82,842 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility Autumn Lake Healthcare At Cromwell			License No. 2401		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	Var	Var		582,942	56,033			51,290	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				1,218,797				82,842	
C-4. Subtotal									134,132
<b>D. Total Amortization</b>									134,132

\* 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 Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2017	Page 25	of 37
--------------------------------------------------------	---------------------	------------------------------------	------------	----------

11. Property Questionnaire

**Part A**

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

Yes  No

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

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

Description	Total			
1. Date Land Purchased	1/1/2015			
2. Date Structure Completed	1/1/1967			
3. If <b>NOT</b> Original Owner, Date of Purchase	1/1/2015			
4. Date of Initial Licensure	1/1/2015			
5. Total Licensed Bed Capacity	175			
6. Square Footage	57,824			
7. Acquisition Cost				
a. Land				
b. Building				

**Part B - Owner and Related Parties**

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
--	--------------	--------------	--------------	--------------

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
<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				

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

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

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



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

Name of Facility		License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare At Cromwe		2401	9/30/2017		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page)*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Autumn Lake Healthcare At Cromy		2401		9/30/2017		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	7,094	7,094	
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	7,094	7,094	
14. Insurance							
a. Insurance on Property (buildings only)				\$	171,935	171,935	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	171,935	171,935	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	14,159,701	14,159,701	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwell				2401	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 167,359	167,359		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 43,150	43,150		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 3,198	3,198		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 3,500	3,500		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.	16	L4	Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$ 2,242	2,242		
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 53,815	53,815		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 4,525	4,525		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 100	100		
<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	\$			
<b>Subtotal (Items 1 - 26)</b>				<b>\$ 277,890</b>	<b>277,890</b>		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Penalties	\$ 100		
<b>Total Other A&amp;G Adjustments</b>			\$ 100	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Autumn Lake Healthcare At Cromwell			2401	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 277,890	277,890		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 130,193	130,193		
28.	20	5d	Ambulance/Limousine	\$ 6,122	6,122		
29.	20	5f	X-rays, etc	\$ 1,330	1,330		
30.	20	5h	Laboratory	\$ 13,603	13,603		
31.	20	5c	Medical Supplies	\$ 15,825	15,825		
32.	20	5e2	Oxygen (non emergency)	\$ 4,099	4,099		
33.	20	5j	Occupational Therapy	\$ 383	383		
34.			Other - See Attached Schedule	\$ 8,108	8,108		
<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	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 457,554	457,554		

\*\*\* 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.

Autumn Lake Healthcare At Cromwell  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Resident PD Claims (cb)	\$ 100		
20	5j	M'caid - I/v	\$ 8,008		
<b>Total Other Ancillary Costs</b>			\$ 8,108	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

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

Schedule of Unallowable Building Interest

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 7,818,239	7,818,239				
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> )	\$ 2,277,696	2,277,696				
b. Medicare Room and Board Contractual Allowance **	\$ (28,066)	(28,066)				
4. a. Private-Pay Residents and Other	\$ 299,459	299,459				
b. Private-Pay Room and Board Contractual Allowance **	\$ 34,476	34,476				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 14,226	14,226				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 556,873	556,873				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (306,087)	(306,087)				
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 184,326	184,326				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (136,179)	(136,179)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 249,817	249,817				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (313,445)	(313,445)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 21,016	21,016				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,672,351	10,672,351				
<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> )	\$ 66	66				
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)	\$ 66	66				
<b>VI. Total All Revenue</b> (III +V)	\$ 10,672,417	10,672,417				

\* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

\*\* Facility should report all contractual allowances and/or payer discounts.



**Schedule of Other Resident Revenue - Medicare**

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Other Rev Mcre B-flu Shot	\$ 21,016		
<b>Total Other Resident Revenue - Medicare</b>		\$ 21,016	\$ -	\$ -

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

Related Exp

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

**Interest Income**

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 66		
<b>Total Interest Income</b>			\$ 66	\$ -	\$ -

**Schedule of Other Revenue**

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

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwell	2401	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	297,265
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,417,751
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	50,428
a. Prepaid Insurance	47,381			
b. Prepaid Interest	3,046			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	332,071
Due to/from previous owne	332,071			
_____				
_____				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	2,097,514
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,801,739</u>		\$	1,611,574
	Accum. Depreciation <u>190,166</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,611,574

\* 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 Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,709,088	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$ 1,120,658	
2. Land Improvements				
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
3. Buildings				
*Historical Cost 10,170,286				
Accum. Depreciation 932,276				
Net			\$ 9,238,010	
4. Non-Movable Equipment				
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
5. Movable Equipment				
*Historical Cost 905,414				
Accum. Depreciation 442,965				
Net			\$ 462,448	
6. Motor Vehicles				
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$ 10,821,116</b>	
D. Investment and Other Assets				
1. Deferred Deposits			\$ 40,580	
2. Escrow Deposits			\$	
3. Organization Expense				
*Historical Cost _____				
Accum. Depreciation _____				
Net			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$ 40,580</b>	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$ 14,570,784</b>	

\* 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
Autumn Lake Healthcare At Cromwell		2401	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	9,105,242
2. Notes Payable ( <i>itemize</i> )				\$	33,585
Capital Lease Payable					33,585
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	7,293
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> )				\$	25,624
Due To Owner					25,624
_____					
_____					
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>9,171,745</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 Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2017		Page 34	of 37
Account				Amount	
Total Brought Forward:				9,171,745	
<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> )				\$ 465,803	
Name and Address of Lender	Amount	Loan Date			
Stern/Autumn Lake/Landlord	465,803	Various			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
_____					
_____					
_____					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 465,803	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 9,637,547	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At Cromwel	2401	9/30/2017	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			\$	11,544,334
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	11,544,334
<b>B. Net Worth</b>				
1. Owner's Capital			\$	939,249
2. Capital Stock			\$	(4,063,064)
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period			\$	(3,487,283)
	10/1/2016	thru	9/30/2017	
7. Total Net Worth			\$	(6,611,098)
<b>C. Total Reserves and Net Worth</b>			\$	4,933,236
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	14,570,784

### H. Changes in Total Net Worth

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(5,008,939)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	10,672,417
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,159,701
D. Net Income or Deficit			\$	(3,487,283)
E. Balance			\$	(8,496,222)
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>			\$	(8,496,222)

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

Name of Facility Autumn Lake Healthcare At Cromwell	License No. 2401	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address		Phone Number		
225 Pitkin Street, East Hartford, CT 06108		860-610-9009		