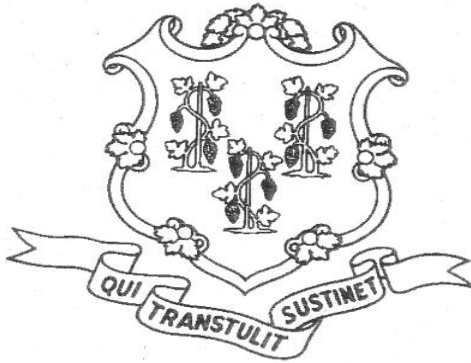


# State of Connecticut



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

Name of Facility (as licensed) Autumn Lake Healthcare At New Britain	
Address (No. & Street, City, State, Zip Code) 400 Brittany Farms Rd., New Britain, CT 06053	
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 2402	RHNS	(Specify)	Medicare Provider 07-5292
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Medicaid Provider Numbers:	CCNH 000010520	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 New Britain	License No. 2402	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 New Britain [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) Krista Wagner			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 New Britain	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 400 Brittany Farms Rd., New Britain, CT 06053				
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 860-244-3111		Report for Year Ended 9/30/2017		Page 2	of 37
Name of Facility (as shown on license) Autumn Lake Healthcare At New Britain			Address (No. & Street, City, State, Zip) 400 Brittany Farms Rd., New Britain, CT 06053		
License Numbers:	CCNH 2402	RHNS	(Specify)	Medicare Provider No. 07-5292	
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 Krista Wagner			Nursing Home Administrator's License No.:	001750	
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 New Britain	License No. 2402	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	234,663	234,663
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	985,000	965,300
New Britain Realty	4260 RT 9 South, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Building	22/9	1,265,400	1,265,400
		<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 New Britain	License No. 2402	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 New Britain			2402	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	2,540		2,540	
	<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 checked="" type="radio"/> Yes	<input type="radio"/> No	<b>Total ***</b>
									2,540

\* 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 New B	License No. 2402	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 & Company	3854 Flatlands Avenue, Brooklyn, NY 11234
4	

Services Provided by This Firm (*describe fully*)

1 Medicaid and Medicare Cost Report and Accounting Services	\$ 19,152
2 Financial Statements Preparation & Regular Accounting Work	\$ 31,415
3 401K Audit Report	\$ 1,000
4	\$
	Charge for Services Provided
	\$ 51,567

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 Goldman, Gruder & Woods LLC	
4 Luskin Stern & Eisler	
5 McGuire, Watson	

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

- 1 60 Park Pl, Newark, NJ 07102
- 2 262 Harbor. Dr, Stamford, CT 06902
- 3 200 Connecticut Ave, Norwalk, CT
- 4 11 Times Square, New York NY
- 5 Various

Services Provided by This Firm (*describe fully*)

1 Contract negotiations, properties negotiations	\$ 5,252
2 Litigation lawsuits	\$ 19,564
3 Probate hearings	\$ 1,703
4 Loan agreements	\$ 6,823
5 Audit & deposition	\$ 1,740
	Charge for Services Provided
	\$ 35,081

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 New Britain			License No. 2402		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	282	282			282	282			282	282			
B. On last day of THIS report period	282	282			282	282			282	282			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	217	217			217	217			227	227			
B. As of midnight of THIS report period	241	241			227	227			241	241			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,367	7,367			5,600	5,600			1,767	1,767			
B. Medicaid (Conn.)	63,181	63,181			46,306	46,306			16,875	16,875			
C. Medicaid (other states)													
D. Private Pay	5,750	5,750			3,774	3,774			1,976	1,976			
E. State SSI for RCH													
F. Other (Specify) HMO, private insurance & hosp	6,132	6,132			5,007	5,007			1,125	1,125			
G. Total Care Days During Period (3A thru F)	82,430	82,430			60,687	60,687			21,743	21,743			
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>	82,430	82,430			60,687	60,687			21,743	21,743			

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

Name of Facility Autumn Lake Healthcare At New Britain			License No. 2402			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													
Per Diem Rate													
a. One bed rm.													
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									6,287	6,287			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									429	429			
2. Restorative Treatments									3,864	3,864			
C. Other													
D. <b>Total Physical Therapy Treatments</b>									10,580	10,580			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									1,195	1,195			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									65	65			
2. Restorative Treatments									582	582			
C. Other													
D. <b>Total Speech Therapy Treatments</b>									1,842	1,842			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									5,130	5,130			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									331	331			
2. Restorative Treatments									2,982	2,982			
C. Other													
D. <b>Total Occupational Therapy Treatments</b>									8,443	8,443			

### Report of Expenditures - Salaries & Wages

Name of Facility Autumn Lake Healthcare At New Britain	License No. 2402	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)	157,809	2,133				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	429,615	12,261				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	957,423	64,556				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	206,539	12,172				
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	197,216	10,121				
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	217,102	7,974				
n. Marketing						
o. Other (Specify) See Attached Schedule	84,662	4,821				
<i>A-13. Total Salary Expenditures</i>	2,262,364	114,233				

\* 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
Medical Records	\$ 84,662	4,821				
<b>Total</b>	\$ 84,662	4,821	\$ -	-	\$ -	-

**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 New Britain				2402	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 New Britain				2402	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>										
Krista Wagner (10/1/16 to 9/30/17)	157,809			Standard	Administrator	2,133	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 New Britain	2402	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	74,880	2,496				
2. Dentist	21,084	224				
3. Pharmacist	24,458	Contracted				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	499,463	Contracted				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	100,500	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	86,958	Contracted				
b. Other						
10. Occupational Therapist						
a. Resident Care	398,579	Contracted				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,850,600	29,585				
2. Administrative***	1,147,800	Contracted				
b. LPN						
1. Direct Care	4,000,800	93,792				
2. Administrative***						
c. Aides	5,550,800	225,847				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>13,755,922</b>	<b>351,944</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 Autumn Lake Healthcare At New Britain		License No. 2402	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
United Dental Resources 411 Highland Ave, Waterbury, CT 06708	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Pinnacle 410 Monmouth Ave., Lakewood, NJ 08701	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Ultimate Therapy 4260 RT 9 South, Howell, NJ 07731	Physical Therapist, Occupational Therapist, Speech Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
Accurate Staffing, Inc. (ASD) 14 53rd St. Suite 220, Brooklyn, NY 11232	Nurse Services	<input type="radio"/>	<input checked="" type="radio"/>		
Barochi Internal Medicine 60 Cedar St., Newington, CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
CT Mutispeciality 2110 Silas Deane HW, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Grove Hill Medical 300 Kensington Ave., New Britain, CT 06051	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Eye Care 888 Worcester St., Wellesley, MA 02482	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
ProHealth Physicians of Farmington 21 South Rd., Farmington, CT 06032	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Surgi Care Inc. PO Box 845352, Boston, MA 02284	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Podiatry Group 888 Worcester St., Wellesley, MA 02482	Medical Director	<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"/>		

\* 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
Autumn Lake Healthcare At New Britain	2402	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 66,819	66,819		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 42,575	42,575		
4. Social Security (F.I.C.A.)	\$ 164,479	164,479		
5. Health Insurance	\$ 269,204	269,204		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,387	4,387		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 72,464	72,464		
8. Uniform Allowance	\$ 7,212	7,212		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 5,952	5,952		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 66,883	66,883		
d. Accounting and Auditing	\$ 51,567	51,567		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 35,081	35,081		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 82,399	82,399		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,591	21,591		
2. Cellular Phones	\$ 5,261	5,261		
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	\$ 1,142,133	1,142,133		
<b>Subtotal</b>	<b>\$ 2,038,007</b>	<b>2,038,007</b>		

\* 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 New Britain	2402	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>					
	2,038,007	2,038,007			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 3,495	3,495			
4. Employee Travel	\$ 12,087	12,087			
5. Education Expenses Related to Seminars and Conventions	\$ 7,950	7,950			
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> )***	\$ 60,206	60,206			
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***	\$ 4,500	4,500			
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**	\$ 234,663	234,663			
13. Other ( <i>Specify</i> )	\$ 722,426	722,426			
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,083,334	3,083,334			

\* 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	\$ 30,783		
Advertising	\$ 29,423		
<b>Total Other Advertising</b>	\$ 60,206	\$ -	\$ -

**Schedule of Dues**

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

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Contributions	\$ 4,500		
<b>Total Contributions</b>	\$ 4,500	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Gain On Proceeds-insuranc	\$ (343)		
Fiscal Services	\$ 584,733		
Licenses	\$ 2,739		
Employee Background Check	\$ 4,773		
Data Processing	\$ 59,353		
Consultants	\$ 47,352		
Consultant - Insurance	\$ 1,595		
Bank Charges	\$ 6,521		
Penalties	\$ 15,027		
Employee Physical	\$ 677		
<b>Total Other Administrative and General</b>	\$ 722,426	\$ -	\$ -



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

Name of Facility Autumn Lake Healthcare At New Britain	License No. 2402	Report for Year Ended 9/30/2017	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Autumn Lake Healthcare, LLC	234,663	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 New Britain		License No. 2402	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	\$ 890,151	890,151		
2.	Non-Food Supplies	\$ 32,864	32,864		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 243,216	243,216		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 1,166,231</b>	<b>1,166,231</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain		2402	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)		\$	549,376	549,376	
c. Management Services**		\$			
d. Other (Specify) Laundry Supplies		\$	234	234	
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	549,610	549,610	
<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 New Britain	2402	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. \$	880,589	880,589		
c. Management Services*	\$				
d. Other ( <i>Specify</i> ) Hskpng Supply	\$	63,787	63,787		
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	944,375	944,375		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Pharmacy Mcare Part A Ppd	\$	398,479	398,479		
b. Medicine Cabinet Drugs	\$	32,169	32,169		
c. Medical and Therapeutic Supplies	\$	304,542	304,542		
d. Ambulance/Limousine***	\$	7,010	7,010		
e. Oxygen					
1. For Emergency Use	\$	1,382	1,382		
2. Other***	\$	23,477	23,477		
f. X-rays and Related Radiological Procedures***	\$				
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	31,928	31,928		
i. Recreation	\$	34,528	34,528		
j. Other (Specify)**** See Attached Schedule	\$	234,532	234,532		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>	\$	1,068,046	1,068,046		

\* 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	\$ 74,882		
Resident Pd. Claims (cb)	\$ 199		
Medical Waste	\$ 3,980		
Mattresses	\$ 42,106		
M'caid - I/v	\$ 50,386		
Medical Equipment (Minor)	\$ 62,528		
Therapy Supplies	\$ 450		
<b>Total Other Resident Care</b>	\$ 234,532	\$ -	\$ -

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

Name of Facility Autumn Lake Healthcare At New Britain			License No. 2402	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
All Waste, Inc.	PO Box 2473, Hartford, CT 06146	<input type="radio"/>	<input checked="" type="radio"/>		Garbarage	23,059			22	6a
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	108,536			18	3b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	549,376			19	3b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	880,589			20	4b
Waste Wanted Solutions	178 Route 59, Ste. 303, Monsey, NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Garbarage	21,443			22	6a
Accurate Staffing LLC	14 53rd St., Ste 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Nursing	12,400,000			13	
Computer Associates	600 Sylvan Ave., Englewood Cliffs, NY	<input type="radio"/>	<input checked="" type="radio"/>		Computer IT Service	144,145			16	
Future Care Consultants	14 53rd St., Ste 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Billing and A/R	420,000			16	m13
Shred-It	PO BOX 13574, Newark NJ 07188	<input type="radio"/>	<input checked="" type="radio"/>		Shredding	14,602			22	6a
Expedia	PO BOX 2459 Monroe NY 10949	<input type="radio"/>	<input checked="" type="radio"/>		Telephone	11,139			15	1h1
Point Click Care	PO BOX 674802 Detroit MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	44,013			16	m13
Mobile Mini Inc.	PO BOX 740773, Cincinnati OH 45274	<input type="radio"/>	<input checked="" type="radio"/>		Storage	15,836			22	6a
Collaborative Laboratory	114 WOODLAND STREET, Hartford CT	<input type="radio"/>	<input checked="" type="radio"/>		Labs	30,215			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 New Britain	2402	9/30/2017	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 189,139	189,139		
b. Heat	\$ 73,840	73,840		
c. Light & Power	\$ 195,633	195,633		
d. Water	\$ 96,801	96,801		
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 2,540	2,540		
f. Other ( <i>itemize</i> )	\$			
See Attached Schedule				
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 557,952</b>	<b>557,952</b>		
7. Depreciation ( <i>complete schedule page 23*</i> )				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 363,634	363,634		
c. Non-Movable Equipment	\$			
d. Movable Equipment	\$ 230,617	230,617		
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 594,251</b>	<b>594,251</b>		
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 20,407	20,407		
d. Other ( <i>Specify</i> )	\$			
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 20,407</b>	<b>20,407</b>		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,270,896	1,270,896		
10. Property Taxes				
a. Real estate taxes paid by owner	\$ 330,882	330,882		
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$			
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 2,216,436</b>	<b>2,216,436</b>		

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







Autumn Lake Healthcare At New Britain  
9/30/2017

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2





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

\*\*

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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**Amortization Schedule\***

Name of Facility Autumn Lake Healthcare At New Britain			License No. 2402		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	Ver	Var		158,372	18,479			11,886	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				102,309				8,521	
C-4. Subtotal									20,407
<b>D. Total Amortization</b>									20,407

\* 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 New Brit	License No. 2402	Report for Year Ended 9/30/2017	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	1/1/2015			
2. Date Structure Completed				
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	282			
6. Square Footage				
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)				
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				
<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
Autumn Lake Healthcare At New Bri		2402	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 New H		2402		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) Interest Expense				\$	11,860	11,860	
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	11,860	11,860	
14. Insurance							
a. Insurance on Property (buildings only)				\$	246,400	246,400	
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)				\$	246,400	246,400	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	25,862,530	25,862,530	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain				2402	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	\$ 398,579	398,579		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 66,883	66,883		
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 3,461	3,461		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 3,495	3,495		
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 *	\$ 60,206	60,206		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 4,500	4,500		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,027	15,027		
<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>\$ 554,393</b>	<b>554,393</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	\$ 15,027		
<b>Total Other A&amp;G Adjustments</b>			\$ 15,027	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare At New Britain				2402	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 554,393	554,393		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 398,479	398,479		
28.	20	5d	Ambulance/Limousine	\$ 7,010	7,010		
29.			X-rays, etc	\$			
30.	20	5h	Laboratory	\$ 31,928	31,928		
31.	20	5c	Medical Supplies	\$ 55,122	55,122		
32.	20	5e2	Oxygen (non emergency)	\$ 23,477	23,477		
33.	20	5j	Occupational Therapy	\$ 450	450		
34.			Other - See Attached Schedule	\$ 50,585	50,585		
<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>			\$ 1,121,444	1,121,444		

\*\*\* 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 New Britain  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	M'caid - I/v	\$ 50,386		
20	5j	Resident Pd. Claims (cb)	\$ 199		
<b>Total Other Ancillary Costs</b>			\$ 50,585	\$ -	\$ -

**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 New Britain	2402	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> )	\$ 15,637,945	15,637,945			
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> )	\$ 6,409,891	6,409,891			
b. Medicare Room and Board Contractual Allowance **	\$ (9,164)	(9,164)			
4. a. Private-Pay Residents and Other	\$ 1,976,133	1,976,133			
b. Private-Pay Room and Board Contractual Allowance **	\$				
<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	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 916,645	916,645			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (739,107)	(739,107)			
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 342,544	342,544			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (65,087)	(65,087)			
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 264,256	264,256			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (311,165)	(311,165)			
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 35,051	35,051			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 24,457,941	24,457,941			
<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> )	\$ 2,413	2,413			
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)	\$ 2,413	2,413			
<b>VI. Total All Revenue</b> (III +V)	\$ 24,460,354	24,460,354			

\* 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)
	Fluenza Billing	\$ 13,860		
	Optum (Part B Capitated)	\$ 8,496		
	Other Rev Mcre B -glucose	\$ 1,196		
	Other Rev Mcre B-flu Shot	\$ 11,499		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ 35,051</b>	<b>\$ -</b>	<b>\$ -</b>

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

**Related Exp**

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

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income		\$ 2,413		
<b>Total Interest Income</b>			<b>\$ 2,413</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
<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
Autumn Lake Healthcare At New Britain	2402	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	697,768
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,965,085
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	83,427
a. Prepaid Insurance	77,232			
b. Prepaid Interest	6,195			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	3,746,280
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>260,680</u>		\$	221,794
	Accum. Depreciation <u>38,886</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)			\$	221,794

\* 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 New Britain	License No. 2402	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,968,075
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	1,000,000
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	10,909,021		
	Accum. Depreciation	999,994	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	1,145,355		
	Accum. Depreciation	614,419	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)			\$	11,439,964
D. Investment and Other Assets				
1. Deferred Deposits			\$	30,240
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> )			\$	
_____				
_____				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	30,240
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	15,438,279

\* 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 New Britain		2402	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	7,329,214
2. Notes Payable ( <i>itemize</i> )				\$	62,405
Capital Lease Payable					62,405
_____					
_____					
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> )				\$	(1,020)
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	16,144
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> )				\$	73,695
Due to Medicare					1,020
Due To/from Previous Ownr					58,012
Due To Owner					14,663
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				\$	<b>7,480,438</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 New Britain	License No. 2402	Report for Year Ended 9/30/2017		Page 34	of 37
Account				Amount	
Total Brought Forward:				7,480,438	
<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> )				\$ 349,625	
Name and Address of Lender	Amount	Loan Date			
Stern, landlord, Autumn	349,625				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 349,625	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 7,830,063	

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Autumn Lake Healthcare At New Brit	2402	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			\$	11,869,305	
5. Reserve for funds set aside as donor restricted			\$		
6. Total Reserves			\$	11,869,305	
<b>B. Net Worth</b>					
1. Owner's Capital			\$	(300,644)	
2. Capital Stock			\$	(2,558,270)	
3. Paid-in Surplus			\$		
4. Treasury Stock			\$		
5. Cumulated Earnings			\$		
6. Gain or Loss for Period					
	10/1/2016	thru	9/30/2017	\$	(1,402,176)
7. Total Net Worth			\$	(4,261,089)	
<b>C. Total Reserves and Net Worth</b>			\$	7,608,215	
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	15,438,279	

### H. Changes in Total Net Worth

Name of Facility Autumn Lake Healthcare At New Britain	License No. 2402	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			\$	(3,857,315)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	24,460,354
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	25,862,530
D. Net Income or Deficit			\$	(1,402,176)
E. Balance			\$	(5,259,491)
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>			\$	(5,259,491)
				09/30/17

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

Name of Facility Autumn Lake Healthcare At New Britain	License No. 2402	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		