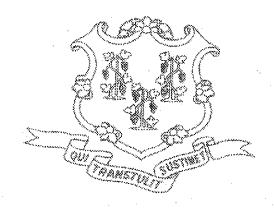
### **State of Connecticut**



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

Name of Facility (as licensed) Chestnut Point Care Center, LLC

Sequence Number

Assigned

Signed and

Notarized

Date

Received

Address (No. & Street, City, State 171 Main Street, East Windsor, C Type of Facility		1.8		
Chronic and Convalescent Nursing Home only (CCN)	H)	Rest Home with Supervision only (RHNS)	•	urseFac-Aids
Report for Year Beginning		Report for Year I	Ending	
10/11/0016		9/30/2017		
10/1/2016		7/30/2017		
License Numbers:	CCNH 2314-CCNH	RHNS 234-RH	NurseFac-Aids AIDS	Medicare Provider 07-5436

Sequence Number

Assigned

Signed and Notarized

Date Received

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### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2017	1	37

### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Chestnut Point Care Center, LLC [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) Dennis Billings			Printed Name (Owner) Chris Wright	Address to the state of the sta
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires

(Notary Seal)

### State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page 1 A	of   37
Name of Facility		Period Cov	ered:	From	То
Chestnut Point Care Center, LLC				10/1/2016	9/30/2017
Address of Facility					
171 Main Street, East Windsor, CT 06088		<b>.</b>			
Report Prepared By		Phone Nun		Date	
iCare Management, LLC		860-570-2	140	2/15/2017	
Item	·	Total	CCNH	RHNS	NurseFac- Aids
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.** 

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

				ility	Report for Ye	ar Ended	Page	of
		860	-292-5394		9/30/2017		2	37
Name of Facility (as shown on license)					Street, City, Sto	- /		
Chestnut Point Care Center, LLC				*****	East Windsor,	CT 0608		
	CCNH		RHNS	1	NurseFac-Aids			Provider No.
	2314-CCNH	234	-RH	AID	S	j	07-5436	
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent Nursing Home only (CCNH)	Ø		t Home with ervision only		- 101	NurseFac	-Aids	
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O I	Partnership	0	Profit Corp.	0	Non-Profit Cor	р. О	Government	O Trust
If this facility opened or closed during report	year provide	:		Date	e Opened	Date Clo	sed	
Has there been any change in ownership								
or operation during this report year?		0	Yes	0	No	If "Yes,"	explain fully	٧.
Administrator						······································		
Name of Administrator					Nursing He	ome		
Dennis Billings					Administrat		001999	
					License 1	No.:		
Other Operators/Owners who are assistant ac	lministrators	(full	or part time)	of thi		- · · · ·		
Name					License 1	NO.:		
ADAPATHAMINA MARANANA NA N								
100								

### General Information and Questionnaire Partners/Members

Name of Facility Chestnut Point Care Center, LI	LC	License No. 2314-CCNH	Report for Y 9/30/2017	ear Ended	Page of 3 37	
Legal Name of Part	X	Business .		State(s) and/o Which R	or Town(s) in	
Chestnut Point Care Center, LI	The state of the s	171 Main Street Windsor, CT 06	•	СТ		
Name of Partners/Members	Business Ad	ddress	,	Title		
V. Robert Salazar	2500 18th Street, Suite CO 80211	200, Denver,	Member	,	31.3	
David Sebbag	245 South Benton Stree Lakewood, CO 80226	et, Suite 100,	Member		21.4	
Ari Krausz	245 South Benton Stree Lakewood, CO 80226	et, Suite 100,	21.3			
Solomon Melamed	245 South Benton Stree Lakewood, CO 80226	et, Suite 100,	Member	1		
Christopher Wright	341 Bidwell Street, Ma 06040	anchester, Ct	Member		5	
Premier First Investors	245 S. Benton Street, I 80226	Lakewood, CO	Member	10		
Global World Investors	245 S. Benton Street, I 80226	Lakewood, CO	Member	10		

### General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	led	Page of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2017		3A 37
If this facility is owned or operated as a corpo	ration, provide the	following informatio	n;	
Legal Name of Corporation		s Address	State(s) in Which	ch Incorporated
		004		
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
				:
Names of Stockholders Owning at Least 10%		and the second s		
of Shares				
		,		
			}	

CSP-3B Rev. 10/2005

### General Information and Questionnaire Individual Proprietorship

Chestnut Point Care Center, LLC  2314-CCNH  9/30/2017  3B  37  f this facility is owned or operated as an individual proprietorship, provide the following information:  Owner(s) of Facility  Owner(s) of Facility	Name of Facility	License No.	Report for Year Ended	Page of
f this facility is owned or operated as an individual proprietorship, provide the following information:  Owner(s) of Facility	Chestnut Point Care Center, LLC			
Owner(s) of Facility	If this facility is owned or operated as an individu	al proprietorship, j	provide the following information	ation:
	Ow	ner(s) of Facility		
			A SECULIAR S	
		A MARTINE WINDOWS CONTROL OF THE PARTY OF TH		
		111111111111111111111111111111111111111		
				:
				***************************************
				,

State of Connecticut Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

Related Parties\*

Chestnut Point Care Cen	enter, LLC	2314-CCNH	CNH	9/3/2017		4	70
Name of Related	Business	Se at	ovides ces to Non Parties	Description	Indicate Where Costs are Included in Annual Report	Cost	Actual Cost to the Related
Individual or Company	Address	Yes No	**%	Provided	Page # / Line #	Reported	Farry
Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees	1	1	P
Chelsea Place Care Center 11 C	25 Lorraine St. Hartford, CT 06105			Shared Employees	1	1	1
Chestnut Point Care	171 Main St. East Windsor,			I anndry Services	19		ı
Chestnut Point Care	171 Main St. East Windsor, CT 06088			Shared Employees	,		1
Farmington Care				Bank Fees	16 M		-
Farmington Care Center 11 C	20 Scott Swamp Rd. Farmington, CT 06032			Shared Employees	ì	4,385	(4,385)
Kettle Brook Care	96 Prospect Hill Rd. East Windsor CT 06088			Lamdry Services	19 3	ţ	
Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees	r	10,933	(10,933)
Meriden Care Center, LLC (Silver Springs)	33 Roy St. Meriden, CT 06450			Shared Employees		1,010	(1,010)
Trinity Hill Care Center, LLC	151 Hillside Ave. Hartford, CT 06106			Shared Employees	ı	55,670	(55,670)
Westside Care Center, 11 C	349 Bidwell St. Manchester, CT 06040		<u> </u>	Shared Employees		(8,872)	8,872
Wintonbury Care Center, LLC	140 Park Ave. Bloomfield, CT 06002			Shared Employees	,	1,519	(1,519)
Secure Care Center	60 West Street, Rocky Hill, CT 06067			Shared Employees	,	29,878	(29,878)
Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067			Shared Employees	,	1	•
Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PI/ST	13 5,8,10	400,590	(400,590)
Bidwell Realty, LLC	I - 0			Building Lease & Rent	22,22,27 10,9,14	278,802	(278,802)
iCare Management, LLC	341 Bidwell St. Manchester, CT 06040			Postage & Legal	16, 15 M,E	11,448	(11,448)
iCare Health	341 Bidwell St. Manchester, CT 06040			Shared EEs not part of mgmt agmt	,	78,050	(78,050)
1				Management Services, Direct	20 5j	57,797	(57,797)
	1			Management Services, Indirect	ļ	7,827	(7,827)
-	-			Management Services, Administrative	e 16 M12	161,421	(161,421
,	•			•			•
,							1
	1			1			1
1					1		
All 9 Care Centers		_					

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

### General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	of					
Chestnut Point Care Center, LLC	2314-CC1	VН	9/30/2017	5	37					
If the facility is licensed as CDH and/or RCH or	provides A	IDS or TBI	services with special Medicaid	rates, co	sts					
must be allocated to CCNH and RHNS as follow	ws:									
Item		Method of Allocation								
Dietary	meals served to residents									
Laundry			pounds processed							
Housekeeping		Number of	square feet serviced							
		Number of hours of routine care provided by EACH								
Nursing		1 1	lassification, i.e., Director (or C	~						
·		Registered :	Nurses, Licensed Practical Nur	ses, Aide	es and					
		Attendants								
Direct Resident Care Consultants		Number of	hours of resident care provided	by EAC	H					
		specialist (	See listing page 13)							
Maintenance and operation of plant		Square feet								
Maintenance and operation of plant  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  Yes  O No  If "No," explain fully why such allocation was										
Maintenance and operation of plant 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.  In the preparation of this Report, were all  If "No" explain fully why such allocation was										
	Gross salaries  Appropriate cost center involved  Total of Direct and Allocated Costs  t answer the following questions applicable to the cost information provided.  Port, were all  Organical Services of the Cost of the Co									
The preparer of this report must answer the following	owing questi	ons applical	ole to the cost information prov	ided.						
1. In the preparation of this Report, were all	O Vog	O No	If "No," explain fully why sucl	h allocati	ion was					
costs allocated as required?	O 1 CS	O 140	not made.							
2. Explain the allocation of related company ex	penses and a	ttach copy o	of appropriate supporting data.							
			× .							
3. Did the Facility appropriately allocate and se	lf-disallow o	lirect and in	direct costs to non-nursing hom	e cost ce	enters?					
(e.g., Assisted Living, Home Health, Outpati	ent Services	, Adult Day	Care Services, etc.)							
	<b>6</b> 37	O No	If "No," explain fully why sucl	h allocati	ion was					
	• Yes	O No	not made.							

Annual Report of Long-Term Care Facility State of Connecticut CSP-6 Rev. 9/2002

### 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

	<u>-</u>														477		/
	Page of	6 37				Amount	Claimed	13,505	8,827	5,830	235						***************************************
					Annual	Amount	of Lease	13,505	8,827	5,830	235						
	ear Ended					Term of	Lease	1 yr with automatic	60 Months	48 months	48 Months						
	Report for Year Ended	9/30/2017				Date of	Lease**	02/18/10	06/01/10	03/05/14	04/10/14						
MANAGE TOTAL	License No.	2314-CCNH					Description of Items Leased	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	Time Clocks and Payroll Punch Equip	Copier	Copier						
			Related * to	Owners,	Operators,	Officers	No	0	0	0	0	0	0	0	0	0	0
		:	Rela	Ó —	Ope —	Ō.	Yes	0	0	0	0	0	0	0	0	0	0
should not be included in these amounts.	Name of Facility	Chestnut Point Care Center, LLC	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER				Name and Address of Lessor	Accelerated Care Plus Corp. 4850 Ioule Street. Suite A-1	MS-100,	GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101						

Is a Mileage Log Book Maintained for All Leased Vehicles?

% O

O Yes

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

### General Information and Questionnaire Accounting Basis

Name of Facility License No.	Report for Year Ended		Page	01
Chestnut Point Care Center, LLC 2314-CCNH	9/30/2017		7	37
The records of this facility for the period covered by this repor	t were maintained on the following basis:			
• Accrual O Cash O Modified Cash				
Is the accounting basis for this				
period the same as for the O Yes	If "No," explain.			
previous period? O No		·····		
Independent Accounting Firm	TA11: QL 8 04: 4 03: 84:4- 73: 0-4-			
Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)		06100	
1 O'Connor, Davies LLP 2	100 Great Meadow Road, Ste 401, Wethe	asneid, Ci	00109	
3				
4				
Services Provided by This Firm (describe fully)	1 Control of the Cont			
1 Taxes, financial statements, accounting support		\$	4,303	
2		s		
3		\$		
4		\$		
		Charge for S	Services Pr	rovided
		\$	4,303	
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	· · · · · · · · · · · · · · · · · · ·		
O Yes O No 15D	, 1 J 1			
Legal Services Information		****		,
Name of Legal Firm or Independent Attorney		Telephone N	Jumber	
1 iCare Health Management, LLC		860-570-21	40	
2 Starble and Harris		860-678-77		
3 Durant Nichols / Robinson & Cole, LLP		860-275-82	00	
4 Various others (American Arbitration, Various Arbitration				
5 Starble and Harris, iCare Health Management LLC		860-678-77	75 & 860-	570-2140
Address (No. & Street, City, State, Zip Code)				
1 341 Bidwell Street, Manchester CT				
2 32 Main Street, Avon, CT 3 280 Trumbull St, Hartford, CT				
4				
5 32 Main Street, Avon, CT & 341 Bidwell Street, Manch	ester CT			
Services Provided by This Firm (describe fully)				
1 Lease and contract issues, general legal advice, Labor Law		\$	10,183	
2 Lease and contract issues, general legal advice, union funds advice		\$	6,734	
3 Employment law, arbitrations, contract negotiations		\$	4,560	
4 Employment Arbitrations, healthcare law	Market B	\$	68	
5 Conservatorships		\$	474	
		Charge for S	Services Pi	rovided
		\$	22,019	
Are These Charges Reflected in the Expenditure Portion of This Report? If	Yes, Specify Expense Classification and Line No.	·		
⊙ Yes O No				
0 105				

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

### **Schedule of Resident Statistics**

Name of Facility			License N				-	r Year Ende	ed		Page	of
Chestnut Point Care Center, LLC			2314	-CCNH			9/30/201	7			8	37
	Total All	Total CCNH	Total RHNS	Total NurseFac-		Period 10/	'1 Thru 6/	30 NurseFac-		Period 7/1	Thru 9/3	NurseFac-
	Levels	Level	Level	Aids	Total	CCNH	RHNS	Aids	Total	CCNH	RHNS	Aids
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	60	58	2		60	58	2		60	58	2	
B. On last day of THIS report period	60	58	2		60	58	2		60	58	2	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	51	50	1		51	50	1		58	57	1	
B. As of midnight of THIS report period	54	53	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	58	57	1		54	53	1	
3. Total Number of Days Care Provided During Period									шанажана Помера Помера			
A. Medicare	2,412	2,412			1,881	1,881			531	531		
B. Medicaid (Conn.)	14,450	14,085	365		10,566	10,293	273		3,884	3,792	92	
C. Medicaid (other states)												
D. Private Pay	929	929			742	742			187	187		
E. State SSI for RCH												
F. Other (Specify) Insurance	313	313			243	243			70	70	-,	
G. Total Care Days During Period (3A thru F)	18,104	17,739	365		13,432	13,159	273		4,672	4,580	92	
<ol> <li>Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days</li> </ol>									Markine de market de			
B. Other Bed Reserve Days									**************************************			
5. Total Resident Days (3G + 4A + 4B)	18,104	17,739	365		13,432	13,159	273		4,672	4,580	92	

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licer	ise No.	-			Report	for Year	Ended		Page	of
Chestnut Poir	nt Care (	Center, 1	LLC	2314	4-CCNH					9/30/201	7		9	37
		_	in the certified b		pacity du	ring t	he repo	rt yea	r?	0	Yes	•	No	
	<u></u>		f Change	4,	Cl	ange	in Bed	S		Car	pacity Afte	er Change		
Date of			NurseFac-Aids		Lost	<u></u>		Gaine	d		·			
												NurseFac-		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Aids	Reason fo	or Change
				,									MARKET MARKET TO THE STATE OF T	
			ARGERIA REGIONAL MONTH OF THE PARTY OF THE P						<del>                                     </del>					
F T/2 -4	1		. ,,,,, ,,,		. 1.	41		/	,		. 4 ab		ahar of	
		_	in certified bed o 90 days followin			the r	eport ye	ear (as	s report	ea in item	1 4 above)	provide the nun	HOEF OI	
		_	Change in R	ogiđen	nt Davs					CC	NH	RHNS	NurseF	ac-Aids
1st chan	ge		Change in K	widel	it Days						/± 11.1	10110	2,00000	
2nd char														
3rd chan														
4th chan		1 4	10-4 0 1	1	. 10 . 00	-4 37								
6. Number	of Resid	ients an	d Rates on Septe Medicare	mber	30 of Co Medi		ar	Ι		9.	elf-Pay		Other Stat	te Assisted
			ivieuteate	┢	IMEGI	Jaru				]	-11 1 lly		Julio Bui	- 1 10010004
												NurseFac-		
	Item		CCNH		CONH	R	HNS	C	CNH	RI	INS	Aids	R.C.H.	ICF-MR
No. of R	esidents	S	8		42		1		3					500000000000000000000000000000000000000
Per Dier														
a, One b				<u> </u>	22.00	ļ	150.00	ļ	494.00					
b. Two			580.00		212.00	<u> </u>	153.00		434.00		· · · · · · · · · · · · · · · · · · ·			
c. Three bed :		E												
Dea :	11119.			l		<u> </u>		I						
														NurseFac-
			al Therapy Treat	ment	S					TO	TAL	CCNH	RHNS	Aids
		are - Par									3,004	2,943		61
В.		` `	clusive of Part B) ce Treatments	)										
			Treatments								1,342	1,315		27
	Other										7,007	6,866		141
			l Therapy Treat		ř					200000000000000000000000000000000000000	11,353	11,124		229
			n Therapy Treatn	nents							1.50	155		
		are - Par	rt B clusive of Part B	١							158	155		3
B.			ce Treatments	,						100000000000000000000000000000000000000		B		
			Treatments								76	74		2
	Other										317	311		6
			Therapy Treatm							550000000000000000000000000000000000000	551	540		11
			ational Therapy	Treat	ments						840	823		17
		are - Par	rt B clusive of Part B	)				<del></del>			840	023		1/
ъ.			ce Treatments	,						P0000040888888000	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			0,000,000,000,000,000
			Treatments								784	768		16
	Other										5,798	5,681		117
D.	. Total	Оссира	tional Therapy	l'reat	ments						7,422	7,272	L	150

### Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Exp		- Dararr			ı	
Name of Facility	License No.		Report for Year	Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2017		10	37
Are time records maintained by all individuals receiving com	nensation?	0	Yes	0	No	
Are time records manifed by an individuals recording con-	i i i i i i i i i i i i i i i i i i i				140	
			Total Cost a	nd Hours		
					NurseFac-	
Item	CCNH	Hours	RHNS	Hours	Aids	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I						
of Schedule A1)	***************************************	***************************************	***************************************			200000000000000000000000000000000000000
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	113,345	1,858	. 00.4000000000000000000000000000000000			
Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	117,658	4,811		***************************************	anternacional de la compansión de la compa	
5. Dietary Service						
a. Head Dietitian	01.422	1 1 2 7	<u></u>			
b. Food Service Supervisor	21,453 136,965	1,147 10,597				
c. Dietary Workers	130,903	10,397				
Housekeeping Scrvice     Head Housekeeper	54,022				<b>*</b>	r
b. Other Housekeeping Workers	93,845	9,588	<del> </del>			1
7. Repairs & Maintenance Services	75,075	2,300				
a. Engineer or Chief of Maintenance		100000000000000000000000000000000000000				******************
b. Other Maintenance Workers	5,846	516		l		<del></del>
8. Laundry Service	,					
a. Supervisor	000000000000000000000000000000000000000	240001000000000000000000000000000000000	DECOCONDICTORS (0500)	000000000000000000000000000000000000000	CD-940094095094UPCD-9494UPCD-44	100000000000000000000000000000000000000
b. Other Laundry Workers	21,034	1,807				
Barber and Beautician Services						
10. Protective Services				*************		
11. Accounting Services						
a. Head Accountant		·				
b. Other Accountants	300000000000000000000000000000000000000				 	
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	174,749	3,643	0-0000000000000000000000000000000000000			
b. RN						
1. Direct Care	322,958					
2. Administrative**	60,637	1,471	<u> </u>	***************************************		
c. LPN 1. Direct Care	370,718	13,263				
2. Administrative**	370,710	10,200	<del> </del>			
d. Aides and Attendants	564,791	36,139		<del>                                     </del>		
e. Physical Therapists		00,200			<b>*************************************</b>	
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	56,142	3,343				
i, Physicians						
Medical Director						
2. Utilization Review		ļ			<u> </u>	<u> </u>
3. Resident Care***	900000000000000000000000000000000000000					<u> </u>
4. Other (Specify)						
Doublet-		1	<del>                                     </del>	<b></b>	<del> </del>	
j. Dentists			+			<b>!</b>
k. Pharmacists L. Podiatrists			<del> </del>	-		
m. Social Workers/Case Management	46,144	2,086	<del> </del>	1		<del> </del>
n. Marketing	70,144	2,000		1		
o. Other (Specify)						
See Attached Schedule	11,455	805			ng emocranistratifikatifikati	m ecc contrata (1965) (1966)
A-13, Total Salary Expenditures	2,171,764					

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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)

	C	CNH	RH	NS	NurseF	ac-Aids
Position	\$	Hours	\$	Hours	S	Hours
UNIT SECRETARIES SALARIES	\$				\$ -	÷
MEDICAL RECORDS SALARIES	\$ 11,455	805			\$ -	2
CENTRAL SUPPLY SALARIES	\$ -				\$ .	7
RESPIRATORY THERAPY SALARIES	\$ -				\$ -	5 S S S 5
						66 (66 (67 (68 (68 (68 (68 (68 (68 (68 (68 (68 (68
	14: 11: 11: 12: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10					
			l			
Total	\$ 11,45	805	\$	[	\$ -	

### Schedule of Other Fees (Page 13)

	CCN	H	RHI	VS	NurseF	ac-Aids
Service	\$	Hours	\$	Hours	S	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$ 63	1			\$ -	9.0
ADMISSIONS C/S LABOR	\$ 19,057	360			\$ -	
CENTRAL SUPPLY CONTRACT SERVICE	\$ 8,707	345			\$ -	5
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$ 54,242	1,355			S -	
RESPIRATORY THERAPY CONTRACT SERVICES	\$ -				S -	100
PHYSICAL THERAPY C/S MEDICIAD	\$ 26,918	353				
SPEECH THERAPY C/S Medicaid	\$ 3,151	47				
OCCUPATIONAL THERAPY C/S MEDICIAD	\$ 15,419	202				
Total	\$ 127,556	2,662	\$ -		\$ -	

State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005 Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties\*

Momes of Dociller		7	Impleteer	I icense No	Ticence No Report for Year Ended	Renort for	Report for Year Fuded		Page	jo
INAMIC OF FACILITY				LICCIIOC 140.		Total Today	1		) -	i t
Chestnut Point Care Center, LLC		•		2314-CCNH		9/30/2017			11	3./
		Salary Paid	đ							
		\$ \$	NurseFac-	Fringe Benefits and/or Other Payments	Full Description of	Total Hours	Line Where Claimed on	Name and Address of All	Total Hours	Compensation
Name	CCNH	RHINS	Aids	(describe fully)	Services Rendered	Worked	rage 10	Other Employment	worked	Received
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
	:									

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

<sup>\*\*</sup> Include all employment worked during the cost year.

State of Connecticut Annual Report of Long-Term Care Facility CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties\*

		Į	ASSISTALL	Administra	Assistant Administrators and Other Related Fathes	Related	raines			
Name of Facility (as licensed)				License No.		Report for Year Ended	ear Ended		Page .	Jo
Chestnut Point Care Center, LLC				2314-CCNH		9/30/2017			12	37
		Salary Paid	Ŧ							
				rringe Benefits and/or Other			Line Where		Total	
,	i i	Ç.	NurseFac-	Payments	Full Description of	Total Hours	Claimed on	Name and Address of All	Hours	Compensation
Name	CCNH	KHINS	Aids	(describe fully)	Services Kendered	worked	rage 10	Outer Empioyment	M OI Wed	Kecelved
Section III - Administrators***										
				same as employees less						1001100
Dennis Billings	48,656			union funds	Administrator	926 A2	A2			
				same as						
John Kolenda	64,690			emproyees tess union funds	Administrator	932 A2	A2			
				same as						
				employees less						
				union funds	Administrator		A2			
Section IV - Assistant Administrators										
			-							

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

<sup>\*\*</sup> Include all other employment worked during the cost year.

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

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

CSP-13 Rev. 9/2002

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

B. Report of Ex	License No.	<u>cs - 1 1 0 1</u>	Report for Y		Dogo	of
Name of Facility  Chapter Paint Care Center, LLC	2314-C	יראדנו	9/30/2017	ear Ended	Page 13	37
Chestnut Point Care Center, LLC	4314=C	CNII	Total Cost a	and Lloure	1.7	
			Total Cost a	illu ribuis		
				•	NurseFac-	
Item	CCNH	Hours	RHNS	Hours	Aids	Hours
*B. Direct care consultants paid on a fee	CCIVII	110413	KHI	110413	THE	110015
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	22,050	490				
2. Dentist						
3. Pharmacist	5,593	100				2
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	194,673	2,636	100001000010000100010000000000000000000	alenere electronico de construer	*****************************	53
b. Other						
6. Social Worker	1,445					
7. Recreation Worker		35+Cable				
8. Physicians						
a. Medical Director (entire facility)	21,600	126	0.11240000000000000000000000000000000000	and the second second second second	4 POOCES 4       POOCOCO 4     POOCS     POCS	5 150,150 100,0 1000 100 100 100 100 100 100 100
b. Utilization Review						
(Title 18 and 19 only) monthly meeting		5				
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee	Addition of the Control of the Contr					
(Quarterly meetings) 2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						***************************************
e. Other (Specify)						
Physician Care Contract Services	6,732	32			0 0000000000000000000000000000000000000	
9. Speech Therapist						
a. Resident Care	20,784	273				6
b. Other						
10. Occupational Therapist						
a. Resident Care	134,056	1,751				35
b. Other	***************************************					
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	200,842	3,085				
2. Administrative***	83,300	1,579				
b. LPN						
1. Direct Care	54,267	1,256				
2. Administrative***	60.061	1.040				<del> </del>
c. Aides	28,921	1,248				
d. Other						
12. Other (Specify)	107.55					
See Attached Schedule	127,556	2,662		***************************************		0.0
* Do not include in this section management consultants or services which	913,055	15,241		<u> </u>	<u> </u>	96

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

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

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

Name of Facility	License No.		Report for	Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2017		14	37
			to Owners,			
Name & Address of Individual	Full Explanation of Service		s, Officers	Expla	nation of R	elationship
		Yes	No	·		
Omnicare	Pharmacy Consulting	0	0			
Tocuhpoints Therapy	Therapy	0	0	Common Own	ership	
Chelsea Place, Chestnut Point, Kettle Brook, Trinity Hill, Wintonbury, Farmington, Silver	Shared Employees	0	0	Common Own	ership	
Healthdrive Physician Services	Audiology, Dental and Podiatry	0	0			
Dr Cagna Richard	Medical Director	0	0			
		0	0			
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	0	0			
		0	0			
		0	0			
		0	0		<del></del>	
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			4
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		0	0			
		0	0			
		0	0			
and Address of the Control of the Co		0	0		4.00	

<sup>\*</sup> Use additional sheets if necessary.

<sup>\*\*</sup> Refer to Page 4 for definition of related.

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

Name of Facility License No.	Report for Ye	ear Ended	Page	of
Chestnut Point Care Center, LLC 2314-CCNH	9/30/2017		15	37
				NurseFac-
Item	Total	CCNH	RHNS	Aids
1. Administrative and General				
a. Employee Health & Welfare Benefits				
Workmen's Compensation	\$ 142,620	142,620		
2. Disability Insurance	\$ 	MELLULAL MANAGEMENT OF THE STATE OF THE STAT		***************************************
Unemployment Insurance	\$ 			
4. Social Security (F.I.C.A.)	\$ 202,790	202,790		
5. Health Insurance	\$ 141,168	141,168		
6. Life Insurance (employees only)				
(not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory)	\$ 57,553	57,553		
(not-owners and not-operators)				
8. Uniform Allowance	\$			
9. Other (Specify)	\$ 7,347	7,347		
See Attached Schedule				
b. Personal Retirement Plans, Pensions, and	\$			
Profit Sharing Plans for Owners and				
Operators (Discriminatory)*				
•				
c. Bad Debts*	\$ 100,349	100,349		
d. Accounting and Auditing	\$ 4,303	4,303		
e. Legal (Services should be fully described on Page 7)	\$ 22,019	22,019		
f. Insurance on Lives of Owners and	\$			
Operators (Specify)*				
g. Office Supplies	\$ 13,976	13,976		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 13,941	13,941		
2. Cellular Phones	\$ 459	459		
i. Appraisal (Specify purpose and	\$			
attach copy)*				
j. Corporation Business Taxes (franchise tax)	\$ 			The state of the s
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$ over-to-controlocutes/1909/	ear reansact torrespond on Addition (1997)	agravesos en meneron se desent de contractivo de contractivo de contractivo de contractivo de contractivo de c	i sy engeriggi gjerë e errende de e
2. Other (Specify)	\$ 1,469	1,469		
See Attached Schedule	,			
3. Resident Day User Fee	\$ 382,363	382,363		
Subtotal	\$ 	1,090,357		

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

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

Chestnut Point Care Center, LLC 9/30/2017

Attachment Page 15

### **Schedule of Other Employee Benefits**

Description	CCNH	RHNS	NurseFac- Aids
UNION TRAINING	\$ 7,347		\$ -
			2.0
Total	\$ 7,347	\$ -	\$ -

### **Schedule of Other Taxes**

Description	CCNH	RHNS	NurseFac- Aids
INTERNET EXPENSES	\$ 1,469		\$ -
Total	\$ 1,469	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2017		16	37
						NurseFac-
Item			Total	CCNH	RHNS	Aids
	s Brought Forwar	<i>d</i> :	1,090,357	1,090,357	***************************************	
I. Travel and Entertainment						
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff	2001-00mm,	\$				
Gifts to Staff and Residents		\$	436	436		
4. Employee Travel		\$	106	106		
<ol><li>Education Expenses Related to Seminars and</li></ol>	l Conventions	\$	2,235	2,235		
6. Automobile Expense (not purchase or depre	ciation)	\$	643	643		
7. Other (Specify)		\$	324	324		***************************************
See Attached Schedule						
m. Other Administrative and General Expenses						
<ol> <li>Advertising Help Wanted (all such expenses</li> </ol>		\$	2,566	2,566		
2. Advertising Telephone Directory (all such ex	(penses )***	\$				
3. Advertising Other (Specify)***		\$	26,367	26,367	*************	#NACE CONTROL OF THE OWN AS THE O
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service i		\$				
directly and not by contract or fee for service	e)***					
7. Postage		\$	3,314	3,314		
* 8. Dues and Membership Fees to Professional		\$	4,244	4,244		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$	285	285		
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	85,341	85,341		
Schedule C-2, Page 21 for each firm or ind	ividual)					
12. Administrative Management Services**		\$	161,421	161,421		
13. Other (Specify)		\$	22,509	22,509		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	1,400,148	1,400,148		

<sup>\*</sup> Do not include Subscriptions, which should go in item 9.

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

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

### Schedule of Other Travel and Entertainment

			NurseFac-
Description	CCNH	RHNS	Aids
MEALS	\$ 324		\$ -
Total Other Travel and Entertainment	\$ 324	\$ -	\$ -

### Schedule of Other Advertising

		NurseFac-
CCNH	RHNS	Alds
\$ 26,367		\$ -
\$ 26,367	s +	\$ -
	\$. 26,367	\$ 26,367 \$ 26,367 \$ -

### Schedule of Dues

			NurseFac-
Description	CCNH	RHNS	Aids
ALTOFM			
CAHCF Dues	\$ 4,088		\$ (3)
OTHER DUES	\$ 157		\$ 3
	anning, con		
Total Dues	\$ 4,244	S -	\$ -

### Schedule of Contributions

			NurseFac-
Description	CCNH	RHNS	Alds
CONTRIBUTIONS	\$ 285		\$
			ia ni atnii k
Total Contributions	\$ 285	\$	\$ -

### Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac- Aids
SOCIAL SERVICE SUPPLIES	\$ 175		\$ +
SOC SVC MINOR EQUIPMENT	S -		\$ -
ADMINISTRATIVE MINOR RQUIPMENT	\$ 48		\$ -
EMPLOYEE RELATIONS	\$ 7,183		.\$ -
EMPLOYEE RELATIONS-OTHER	\$ 325		\$ -
PERMITS & LICENSES	\$ 2,595		\$ -
VOLUNTEER EXPENSE	\$ -		\$
BANK FEES	\$ 11,543		\$
CMS REVISIT USER FEES	\$ -		8
PENALTIES	\$ -		\$ -
LATE FEES	\$ 640		\$ -
Rounding	\$ 0		\$ -
Total Other Administrative and General	\$ 22,509	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2017	17   37
Name & Address of Individual or Company Supplying Service iCare Management, LLC/iCare Health	Cost of Management Service 161,421	Full Description of Mgmt. Service Provided  Management of financial	Indicate Where Costs are Included in Annual Report Page #/Line # Pg 16 M12
Management, LLC	101,421	statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	18 10 10112
iCare Management, LLC/iCare Health Management, LLC	57,797	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	7,827	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

<sup>\*</sup> 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)

S 7	0.77		,	u age 3)	D . C 37	T 1 1	l n	c
	ne of Facility		License		Report for Ye	ear Ended	Page	of
Che	stnut Point Care Center, LLC		23	14-CCNH	9/30/2017		18	37
	•				COMM	Dinid	,, ,	D 4:1
	Item			Total	CCNH	RHNS	Nurse	Fac-Aids
2.	Dietary							
	a. In-House Preparation & Service		da					
	1. Raw Food		\$	117,254	117,254			
	2. Non-Food Supplies		\$		11,703			
	3. Other (Specify)		\$	10,936	10,936			000000000000000000000000000000000000000
	DIETARY SUPPLEMENTS							
	b. Purchased Services (by contract other		\$	10,717	10,717			
	than through Management Services)							
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**		\$					
	d. Other (Specify)		\$	1,874	1,874			
	DIETARY MINOR EQUIPMENT							
2E.	Total Dietary Expenditures $(2a+b+c+d)$		\$	152,484	152,484			
2F.	Dietary Questionnaire			Total	CCNH	RHNS	Nurse	Fac-Aids
G.	Resident Meals: Total no. of meals served per	day	·:*	149	149			
H.	Is cost of employee meals included in 2E?		Yes	0	No		•	
I.	Did you receive revenue from employees?	0	Yes	0	No	If yes, specify amt.		-
J.	Where is the revenue received reported in the (	Cost	Report	? (Page/Line It	tem)			
	Is cost of meals provided to persons other					T.C. '.C.		
K.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify		
	Members, Guests) included in 2E?					cost.		
		_	T.		* T	If yes, specify		
L.	Is any revenue collected from these people?	O	Yes	•	No	amt.		
M.	Where is the revenue received reported in the C	Cost	t Report	? (Page/Line I	tem)			
	Is cost of food (other than meals, e.g., snacks							
N.	at monthly staff meetings, board meetings)	0	Yes	<b>o</b>	No	If yes, specify		
1 4,	provided to employees included in 2E?	_	1 00	J	~ 10	cost.		
	pro rises to employees menues in 22.							
0	Is any revenue collected from employees?	0	Yes	ര	No	If yes, specify		
O.	is any revenue concord moin employees?		1 08		± 10	amt.		
P.	Where is the revenue received reported in the (	Cost	t Report	? (Page/Line I	tem)			
	1			<u> </u>	· · · · · · · · · · · · · · · · · · ·			

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

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

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

	e of Facility		License			Leport for Year Ended 9/30/2017		Page	of   37	
Ches	tnut Point Care Center, LLC		231	4-CCNH	9/3	30/2017		19	3/	_
	Item			Total	С	CNH ·	RHNS	Nur	seFac-Aids	3
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,		Lbs.					- 0.00000000000000000000000000000000000		
	gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	5,491		5,491				
	<ol><li>Employee items including uniforms, gowns, etc. washed, ironed and/or</li></ol>		Lbs.						181	
	processed.***		Amt. \$							
	3. Personal clothing of residents		Lbs.		ļ 					
i	washed, ironed, and/or processed.***		Amt. \$							
	4. Repair and/or purchase of linens.***		Lbs.							
			Amt. \$		ļ					
	b. Purchased Services (by contract other		\$	28,010		28,010		ļ		8888888
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)		0							
	c. Management Services**		<u>\$</u>			96				
	d. Other (Specify)		<b>D</b>	90		90				
3E.	LAUNDRY MINOR EQUIPMENT  Total Laundry Expenditures (3a + b + c + d)		\$	33,596		33,596				
3F.	Laundry Questionnaire		Ψ	1 33,370	1	33,570				
G.		0	Yes	•	No		If yes, specify cost,			<del></del>
H.	Did you receive revenue from employees?	0	Yes	•	No		If yes, specify amt.			
I.	Where is the revenue received reported in the Co	st I	Report?		(P	age/Line	Item)			
J.	Is Cost of laundry provided to persons other		Yes	0	No		If yes, specify cost,			
K.	Did you receive revenue from these people?	0	Yes	•	No		If yes, specify amt.			
L.	Where is the revenue received reported in the Co	st l	Report?		(P	age/Line	Item)			

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> 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.	Repo		Page	of	
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2017	MO-CAROVINIOS IN A STATE OF THE	20	37
Item			Total	CCNH	RHNS	NurseFac- Aids
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops,	Amt.	\$	15,990	15,990		
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
c. Management Services*		\$				
d. Other (Specify)		\$				
HOUSEKEEPING MINOR EQUI	PMENT					
4E. Total Housekeeping Expenditures (4a +	b + c + d)	\$	15,990	15,990		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	89,823	89,823		
OMNICARE PHARMACY						
b. Medicine Cabinet Drugs		\$	8,058	8,058		
c. Medical and Therapeutic Supplies		\$	25,164	25,164		
d. Ambulance/Limousine***		\$	14,195	14,195		
e. Oxygen						
1. For Emergency Use		\$	1,920	1,920		
2. Other***		\$				
f. X-rays and Related Radiological		\$	1,216	1,216		
Procedures***						
g. Dental (Not dentists who should be inc	cluded under	\$				
salaries or fees)						
h. Laboratory***		\$	5,296	5,296		
i. Recreation		\$				
j. Other (Specify)****		\$	138,336	138,336		
Sec Attached Schedule						
5K. Total Resident Care Expenditures (5a -	5j)	\$	284,007	284,007		

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

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

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

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

### Schedule of Other Resident Care

Description	CCNH	RHNS	NurseFac-Aids	
NURSING ADMIN SUPPLIES	\$ 123		\$ -	
NURSING MINOR EQUIP	\$ 6,454		\$ -	
MEDICAL RECORDS SUPPLIES	\$ -		\$ -	
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -	
MANAGEMENT ALLOCATIONS - DIRECT	\$ 57,797		\$ -	
NON-COVERED PPS DR. VISITS	\$ 458		\$ -	
RESIDENT CARE SUPPLIES	\$ 23		\$ -	
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 4,043		\$ -	
PERSONAL CARE SUPPLIES	\$ 3,187		\$ -	
INCONTINENCY SUPPLIES	\$ 16,708		\$ -	
VACCINE RESIDENTS	\$ (1,370)		\$ -	
PATIENT SPECIAL NEEDS	\$ 325		\$ -	
PHYSICAL THERAPY SUPPLIES	\$		\$ -	
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -	
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -	
OCCUPATIONAL THERAPY SUPPLIES	\$ -		S -	
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -	
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -	
SPEECH THERAPY SUPPLIES	\$ -		\$ -	
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -	
SPEECH THERAPY MINOR EQUIPMENT	- \$		\$ -	
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 31,256		\$ -	
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -	
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 89		\$ -	
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -	
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -	
IV THERAPY SUPPLIES	\$ 7,179		\$ -	
IV THERAPY CONTRACT SERVICE	\$ -		\$ -	
MEDICAL WASTE CONTRACT SERVICE	\$ 861		\$ -	
ACTIVITIES SUPPLIES	\$ 3,178		\$ -	
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -	
MANAGEMENT ALLOCATION - INDIRECT	\$ 7,827		\$ -	
ADMISSIONS SUPPLIES	\$ -		S -	
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -	
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -	
Total Other Resident Care	\$ 138,336	\$ -	\$ -	

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

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

Name of Facility Chestnut Point Care Center, LLC	nrc			License No. 2314-CCNH	Report for Year Ended 9/30/2017				Page 21	of 37
		Related ** to Owners, Operators, Officers	o Owners,				Total Cost	Total Cost/Page Ref.***	v	
Name of Individual or Company	Address	Yes	°Z,	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	NurseFac- Aids	Pg	Line
Health Services Group		0	0	VENDOR	Housekeeping Services				20	4b
Kettle Brook Care Center/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	0	0	VENDOR	Laundry Services	28,010			19	35
Eagle Elevator		0	0	VENDOR	Elevator Contract				22	6F
Bioserve, Inc.		0	0	VENDOR	Medical Waste	861			22	6F
Brightview Landscaping/PMC Landscaping	The state of the s	0	0	VENDOR	Snow Removal/Landscaping	11,885			22	6F
CWPM		0	0	VENDOR	Trash removal	11,358			22	6F
American HealthTech		0	0	VENDOR	Software Maintenance Contract	17,989			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	0	0	VENDOR	Payroll Services	19,496			16	M11
National Datacare Corp		0	0	VENDOR	Resident Trust Software	2,507		Adjust de la companya	16	M11
Prime Care Technologuy services		0	0	VENDOR	Computer Consulting Services	22,367			16	M11
Priotiry Express		0	0	VENDOR	Courier Services	2,068			16	16 M11
Point Right Inc		0	0	VENDOR	Nursing Software	4,680			16	M11
47-000 p.m.h		0	0	VENDOR		are at the state of				
		0	0	VENDOR		and the second				
			!							

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

<sup>\*\*</sup> 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 Y	ear Ended		Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2017			22	37
Item		Total	CCNH	RHNS	Nursel	Fac-Aids
6. Maintenance & Operation of Plant	200001111111111111111111111111111111111					
a. Repairs & Maintenance	\$	20,924	20,924			
b. Heat	\$	7,696	7,696			
c. Light & Power	\$	40,691	40,691			
d. Water	\$	12,753	12,753			
e. Equipment Lease (Provide detail on p	page 6) \$	28,397	28,397			
f. Other (itemize)	\$	45,655	45,655			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f) \$	156,117	156,117			
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$	7,536	7,536			
c. Non-Movable Equipment	\$					
d. Movable Equipment	. \$	25,918	25,918		<u> </u>	
*7e. Total Depreciation Costs (7a+b+c+c	f) \$	33,453	33,453			
8. Amortization (Complete att. Schedule Page	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	89,620	89,620			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a+b+c+c	d) \$	89,620	89,620			
9. Rental payments on leased real property leaves	ess					
real estate taxes included in item 10b	\$	232,397	232,397			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	59,663	59,663			
c. Personal property taxes	\$	7,570	7,570		ļ	
11. Total Property Expenses (7e + 8e + 9 +	10) \$	422,704	422,704			

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

### Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	NurseFac-Aids
PLANT SUPPLIES	\$ 9,4	57	\$ -
PLANT CONTRACT SERVICE LABOR	\$ -		S -
ELEVATOR CONTRACT SERVICE	\$ -		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 6,7	11	\$ -
LANDSCAPING CONTRACT SERVICE	\$ 7,8	43	\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 4,0	41	\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 11,3	58	\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 4,2	55	\$ -
PLANT MINOR EQUIPMENT	\$ 1,9	38	\$ -
RENT AUTO	\$	26	\$ -
RENT EQUIPMENT	\$ -		\$ -
RENT OTHER	\$	26	\$ -
Total Other Repairs and Maintenance	\$ 45,0	55 \$ -	\$ -

State of Connecticut

### Annual Report of Long-Term Care Facility

CSP-23 Rev. 10/2006

**Depreciation Schedule** 

The Control of the Co

					Depreci	ation be		D . C 37. D	. 1 - 1		Deco	of
Name of Facility					License No.	O) II I		Report for Year E	naea		Page 23	37
Chestnut Point Care Center, LLC					2314-C	CNH		9/30/2017			23	37
					Historical			Accumulated				
					Cost	Less		Depreciation to	Method of	TT 6.1	D	
					Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	Totals
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Jorais
A. Land Improvements												
Acquired prior to this report period											******	
Disposals (attach schedule)												
3. Acquired during this report period (attack	ch sche	dule)				***************************************						
A-4. Subtotal												
B. Building and Building Improvements							1					
1. Acquired prior to this report period					101,355	*****	101,355	2,949			6,910	
Disposals (attach schedule)												
3. Acquired during this report period (attac	ch sche	dule)			6,830						626	
B-4. Subtotal												7,536
C. Non-Movable Equipment												
Acquired prior to this report period					12,016		12,016	12,017				
Disposals (attach schedule)												
Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a m	nileage										
	1	book	700	e of	Historical			Accumulated				
	1 -	tained?		isition	Cost	Less		Depreciation to	Method of			
	· <u>-</u>		_	T	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment	765	100		1112								
Motor Vehicles (Specify name, model												
and year of each vehicle)												
a. Auto	x	**********	**********	***********	836	92202222222	836	836				
b.										T		
				Ì								f
C.	-											
c. d.					And the state of t			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
d.					454,962		454,962	350,256			25,215	
d. 2. Movable Equipment					454,962		454,962	350,256			25,215	
d.  2. Movable Equipment a. Acquired prior to this report period					454,962		454,962	350,256				
d.  2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule)					454,962 10,378		454,962	350,256			25,215 703	
d.  2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule) c. Acquired during this report period							454,962	350,256				25,91 33,45

### Schedule of Land Improvements Acquired during this report period

•	provenients Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Cotal additions for La	and Improvements	\$ -		\$ -
Deletions:				
		6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
Total deletions for La	and Improvements	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line A3

### Schedule of Building Improvements Acquired during this report period

Selecture of Dunar	ng Improvements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
10/31/2016	Replaced Gutter: Connecticut Gutter LLC	\$ 6,830	120	\$ 626
Total additions for	Building Improvements	\$ 6,830		\$ 626
Deletions:				
Total deletions for	Building Improvements	\$ -		\$ -

<sup>\*</sup>Ties to Page 23, Line B3

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions;				
				in Kilon in in in
Total additions for Non-Mova	ible Equipment	\$ -		\$
Deletions:				
Total deletions for Non-Mova	ble Equipment	3 -		\$ -

<sup>\*</sup>Ties to Page 23, Line C3

<sup>\*\*</sup>Ties to Page 23, Line A2

<sup>\*\*</sup>Ties to Page 23, Line B2

<sup>\*\*</sup>Ties to Page 23, Line C2

	ne Equationess Sequition and ing and report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
1/15/2017	Beds: Medline	\$ 5,515	60	\$ 460
5/8/2017	Beds & Mattresses: Medline & Direct Supply	\$ 4,863	60	\$ 243
			0,810,000,000,000	19, 183 (19, 10)
Turnt addirlana fa	r Moyable Equipment	\$ 10,378		\$ 703
<del>dalah dalah sarita sarita sarita dalah da</del>	(ytoyante isquipinent.	Ψ 105,D ( U		. X
Deletions:				
<u>at tetaka bahiri, kara</u>				
Total deletions for	Movable Equipment	\$ -		\$ -

### Schedule of Leasehold Improvements Acquired during this report period

	Improved the residence of an arming many species become		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
1/11/2017	Upgrade Chimney: Safeside Home Svees	\$ 3,800	180	\$ 169
12/14/2016	Upgrade Fire Protection System: All State Fire Equipment (Plainville)	\$ 2,871	300	\$ 86
9/22/2016	Sprinkler Heads: Central Systems Inc	\$ 2,633	120	\$ 263
1/26/2017	Upgrade Plumbing: A.M.S.G.G ;;C	\$ 2,124	180	\$ 94
2/2/2017	Upgrade Boiler: Saucier Mechanical Serv.	\$ 2,014	240	\$ 59
6/20/2017	Kitchen & Dining Room Repairs: Saucier Mechanical	\$ 1,946	180	\$ 32
3/16/2017	Upgrade Wiring: Precision Electrical	\$ 2,238	240	\$ 56
7/13/2017	Repair A/C- Saucier Mechanical	\$ 2,023	180	\$ 22
2/2/2017	Repair Boiler- Saucier Mechanical	\$ 2,878	240	\$ 84
7/31/2017	Nurse Station Wiring: Unitech Sound & Security	§ 1,544	180	\$ 17
Total additions fo	r Leaschold Improvement	\$ 24,070		\$ 883
Deletions:				
Total deletions for	r Leaschold Improvement	\$ -		\$ -

<sup>\*</sup>Ties to Page 24, Line C3

<sup>\*</sup>Ties to Page 23, Line D2c \*\*Ties to Page 23, Line D2b

<sup>\*\*</sup>Ties to Page 24, Line C2

### **Amortization Schedule\***

Nam	e of Facility			License No.		Report for Yea	r Ended		Page	of
i	tnut Point Care Center, LLC			2314-0	CCNH	9/30/2017		4.00	24	37
		Date Acqui				Accumulated Amort. to Beginning of	Basis for			
				Length of	Cost to Be	Year's	Computing		Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
<u></u>	3.									
	Subtotal									
B.	Mortgage Expense									
	1.									
	2.									
	3.							******************************		
	Subtotal									
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period				1,325,848	686,014			88,737	
	2. Disposals (attach schedule)		*****					***************************************		
	3. Acquired during this report period									
	(attach schedule)				24,070				883	
C-4.	Subtotal									89,620
D.	Total Amortization									89,620

<sup>\*</sup> Straight-line method must be 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.

<sup>\*\*</sup> Specify which of the following bases were used:

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

Name of Facility	License No.	Report for Year En	Page	of		
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2017			25	37
11. Property Questionnaire						
Part A						······································
Is the property either owned by th	e Facility	. 37	0	N.T.	If "Yes," comple	te Part B.
or leased from a Related Party?*	, 0	Yes	•	No	If "No," complet	e Part C.
*If any owner or operator of this faci						
business association to any person or	r organization from whom b	ouildings are leased, then i	t is considered a			
related party transaction.		T-4-1	1			
Description  1. Date Land Purchased		Total 04/01/99	-			
Date Land Purchased     Date Structure Completed		04/01/99	-			
3. If <b>NOT</b> Original Owner, Date	of Purchase		-			
4. Date of Initial Licensure	of I thomase		1			
5. Total Licensed Bed Capacity		60	1			
6. Square Footage			1			
7. Acquisition Cost						
a. Land			1			
b. Building		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	gage
1. Financing						
a. Type of Financing (e.g., fi	xed, variable)	Fixed HUD				
b. Date Mortgage Obtained		05/30/13				
c. Interest Rate for the Cost		3.25%				
d. Term of Mortgage (number		24				
e. Amount of Principal Borr		1,185,300	ļ			
f. Principal balance outstand						
Complete if Mortgage was						
During Current Cost Ye		0.1 6 1 11				
g. Type of Financing (e.g., financing) h. Date of Refinancing	xed, variable)	Sale of real estate 08/09/17				·····
i. New Interest Rate		08/09/17	1	1		
j. Term of Mortgage (number	er of years)					
k. Amount of Principal Borr			· · · · · · · · · · · · · · · · · · ·			
Principal Outstanding on						
Part C - Arms-Length Leas		Improvements Onl	v	<del>'</del>		
Name and Address of Lesso	· · · · · · · · · · · · · · · · · · ·	operty Leased	<u> </u>	Term of Lease	Annual Amoun	it of Lease
Summit Chestnut SNF, LLC		Street, East	08/09/17	15 year with 2	\$180,000 yr 1	
,	Windsor,	CT		5		
				year extension		
						·
*		****				

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

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

Name of Facility	License No.		Report for Yea	ır Ended		Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2017		- CONTRACTOR OF THE CONTRACTOR	26	37
Item			Total	CCNH	RHNS	NurseF	ac-Aids
12. Interest A. Building, Land Improven	nent & Non-Movable						
Equipment							
1. First Mortgage		\$				5000 000 000 000	
Name of Lender		Rate					
Address of Lender							
Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender	35000 No. 1000 Annual Control of						
3. Third Mortgage		\$		ent week to the transfer week to the transfer to	-00000000000000000000000000000000000000		
Name of Lender		Rate					
Address of Lender	The state of the s						
4. Fourth Mortgage		\$		000000000000000000000000000000000000000	00000001000010000100001000	- 20000110001100011100011	postare construent and a second a
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information	n						
1. Original Loan Amour	t	\$					
2. Loan Origination Dat	2						
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expe	ense						
12 B7. Total Building Interest Exp.	ense $(A1 - A4 + B5)$	\$					
			(Course	v Subtotals	formuland to 1	out name	`

(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
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2017			27   37
Iter		Total	CCNH	RHNS	NurseFac-Aids	
	Subtotals Brou	ight Forward:			- ALLEGO AND THE TOTAL PROPERTY OF THE TOTAL	
12. C. Movable Equipment						
1. Automotive Equipmen		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender	EUROPHA T	**************************************				
2. Other (Specify)		\$			90490999999999	
A, Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipm Expense (C1 + 2)	ment Interest	\$				
12. D. Other Interest Expense (S	Specify)	\$	36,242	36,242	ecnescuscuscuscus citablicatic	
INTEREST						
13. Total All Interest Expense (1	12B7 + 12C3 + 12D	) \$	36,242	36,242		
14. Insurance			, ,			
a. Insurance on Property (bu	uildings only)	\$	6,072	6,072		
b. Insurance on Automobile	S	\$		1,058		
c. Insurance other than Prop						
1. Umbrella (Blanket Co	21,170	21,170				
Fire and Extended Co	verage	\$				
3. Other (Specify)		\$	1,485	1,485		
Other insurance, crim	e					
14d. Total Insurance Expenditur		\$		29,785		
15. Total All Expenditures (A-1.	3 thru C-14)	\$	5,615,891	5,615,891		

### D. Adjustments to Statement of Expenditures

	e of Fa		are Center, LLC				Page 28		of 37	
Chesi	mui r	ли С	are Center, LLC		Total	7/30/2017	The second of th	20		
Itom	Page	Lina			Amount of					
	No.		Item Description		Decrease	CCNH	RHNS	Nurse	eFac	- Aids
			es and Wages		Decrease	CCMI	KIIVS	14013	01 aC	2 1143
	10-5	uuru	Outpatient Service Costs	\$					30.00000	
1. 2.			Salaries not related to Resident Care	\$						
3.			Occupational Therapy	\$			***************************************			
3. 4.	<del> </del>		Other - See attached Schedule	\$						
	131	Profes	sional Fees							
1 uge 5.	13-1	rojes	Resident Care Physicians **	\$					0000000000	220000000000000000000000000000000000000
6.	_		Occupational Therapy	\$						
7.			Other - See attached Schedule	\$						
L	s 15 A	2 16	Administrative and General							
8.		- <b></b>	Discriminatory Benefits	\$			**************************************		andeldill	<u> </u>
9.	<del> </del>		Bad Debts	\$	100,349	100,349				
10.			Accounting & Legal	\$						
11.			Telephone	\$						
12.			Cellular Telephone	\$						
13.	<del> </del>		Life insurance premiums on the life							
			of Owners, Partners, Operators	\$	page 100 pa		***************************************	ganor(nooceanne)	ramagamintagan inso	enteconentecocarité
14.			Gifts, flowers and coffee shops	\$						
15,			Education expenditures to colleges or							
,			universities for tuition and related costs							
			for owners and employees	\$	passansonsonsonson	Annual Inscissoration and inscissoration and	200000000000000000000000000000000000000	BA BA 1 6000 130		
16.	<b></b>	<b>-</b>	Travel for purposes of attending							
			conferences or seminars outside the							
			continental U.S. Other out-of-state							
			travel in excess of one representative	\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
17.			Automobile Expense (e.g. personal use)	\$						
18.	1		Unallowable Advertising *	\$	26,367	26,367				
19.			Income Tax / Corporate Business Tax	\$		-110000				
20.			Fund Raising / Contributions	\$						
21.			Unallowable Management Fees	\$	,					
22.			Barber and Beauty	\$						
23.			Other - See attached Schedule	\$	51,971	50,936				1,035
Page	2 18 - 1	Dietar	y Expenditures							
24.	Ī		Meals to employees, guests and others							
			who are not residents	\$						
Page	e 19 - J	Laune	try Expenditures							
25.			Laundry services to employees, guests							
			and others who are not residents	\$				0.0000000000000000000000000000000000000	anner e	enconstruction
Page	e 20	House	ekeeping Expenditures					<u> </u>		
26,	,		Housekeeping services to employees, guests							
		L	and others who are not residents	\$						
	-1-	-	Subtotal (Items 1 - 26)	\$	178,687	177,652				1,035

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

### ${\bf Schedule\ of\ Other\ Salaries\ Adjustment}$

Page Ref Line l	Ref Description	CCNH	RHNS	NurseFac-Aids
Total Other Salar	ies Adjustment	\$ -	S -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
Total Othe	r Fees Adj	ustments	\$ +	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
16a		PENALTES	\$ -		\$ -
16a		LATE FEES	\$ 640		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding	\$ 0		
34.000 (0.000)		Provider User Fee for Medicare days	\$ 50,296		\$ 1,035
Total Othe	r A&G Ad	ijustments	\$ 50,936	\$ -	\$ 1,035

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

Name	e of Fa	cility		Lic	ense No.	Report for Y	ear Ended	Page		of
		•	are Center, LLC	2314-CCNH 9/30/		9/30/2017	-			37
					Total				~~~	
Item	Page	Line			Amount of					
No.		No.	Item Description		Decrease	CCNH	RHNS	Nurse	Fac	-Aids
	<b>'</b>		Subtotals Brought Forward	\$	178,687	177,652				1,035
Page	20 - I	Reside	nt Care Supplies***	-				2002000		
27.			Prescription Drugs	\$						
28.			Ambulance/Limousine	\$	14,195	14,195				
29.			X-rays, etc	\$	1,216	1,216				
30.			Laboratory	\$	5,296	5,296				
31.			Medical Supplies	\$						
32.			Oxygen (non emergency)	\$						
33,			Occupational Therapy	\$						
34.			Other - See Attached Schedule	\$	1,172	1,172				
Page	22 - A	Mainte	enance and Property							
35.			Excess Movable Equipment Depreciation				8 (8 (8 (8 )			
			See Attached Schedule	\$						
36.	1		Depreciation on Unallowable			erosus control de				
			Motor Vehicles	\$	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLU					
37.			Unallowable Property and Real			Excellent Street		Martin Committee		
			Estate Taxes	\$	V ************************************					
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$						
Page	27 - 1	nsura	ince							
40.			Mortgage Insurance	\$		344				45440AAAAA
41.			Property Insurance	\$						
Othe	r - Mi	scella	neous			1.00 50 40 50 50				
42.		Ĭ	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		an at moral and a second	1 12 Plants 12				
			costs unrelated to resident care) - See					13150		
			Attached Schedule	\$	1	1				
Not	For P	rofit P	Providers Only							
50.		1	Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
			See Attached Schedule	\$						
51.	Total	Amo	unt of Decrease (Items 1 - 50)	\$	200,567	199,532				1,035

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

### Schedule of Other Ancillary Costs

Page Ref	Line Ret	f Description	CCNH	RHNS	NurseFac- Aids
20	N. S. P		457.85		
	B5A	PT-Resident Care (for outpatient therapy - see schedule)	238		
	B9A	ST-Resident Care (for outpatent therapy - see schedule)	238		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	238		
Total Othe	r Ancilla	ry Costs	\$ 1,172	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

D D#	T. D.D.	CCNH	RHNS	NurseFac- Aids
Page Ref	Line Ref Description	CCMI	KIIINO	Aus
Total Othe	r Property Adjustments	\$	\$ -	\$

NurseFac-

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac- Aids
Total Una	ı. Ilowable Bi	uilding Interest	\$ -	\$ -	\$ -

### F. Statement of Revenue

Name of Facility	License No.		Report for Y	ear Ended		Page	of
Chestnut Point Care Center, LLC	2314-CCNH		9/30/2017			30	37
	Item		Total	CCNH	RHNS	Nursel	ac-Aids
I. Resident Room, Board & Routin	ne Care Revenue						
a. Medicaid Residents (CT on	lly)	\$	3,098,474	3,098,474			
b. Medicaid Room and Board	Contractual Allowance **	\$					
2. a. Medicaid (All other states)	)	\$					
b. Other States Room and Boa	ard Contractual Allowance **	\$					
3. a. Medicare Residents (all inc	clusive)	\$	1,277,745	1,277,745			
b. Medicare Room and Board	Contractual Allowance **	\$					
4. a. Private-Pay Residents and	Other	\$	492,607	492,607			
b. Private-Pay Room and Boar	rd Contractual Allowance **	\$					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medic	eare	\$	80,615	80,615			
b. Prescription Drugs - Medic		\$	(80,615)	(80,615)			
c. Prescription Drugs - Non-N		\$	9,852	9,852			
	Medicare Contractual Allowance **	\$	(9,852)	(9,852)			
2. a. Medical Supplies - Medica		\$					
b. Medical Supplies - Medica		\$					
c. Medical Supplies - Non-M		\$					
	edicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medica		\$	279,461	279,461			
b. Physical Therapy - Medica		\$	(213,236)	(213,236)			
c. Physical Therapy - Non-Mo		\$	62,888	62,888			
	edicare Contractual Allowance **	\$	(62,888)	(62,888)			
4. a. Speech Therapy - Medicare		\$	41,958	41,958			
b. Speech Therapy - Medicard		\$	(29,439)	(29,439)			
c. Speech Therapy - Non-Mer		\$	7,750	7,750			
	dicare Contractual Allowance **	\$	(7,750)	(7,750)	· · · · · · · · · · · · · · · · · · ·		
5. a. Occupational Therapy - M		\$	226,420	226,420			
	ledicare Contractual Allowance **	\$	(204,208)				
c. Occupational Therapy - N		\$	43,312	43,312			
	on-Medicare Contractual Allowance **	\$		(41,008)		•	
6. a. Other (Specify) - Medicare		\$		27,791			•
b. Other (Specify) - Non-Med		\$	2,999	2,999			
III. Total Resident Revenue (Secti		\$	5,002,877	5,002,877			
IV. Other Revenue*				,,,,,			
	and fronthard	\$				10000100010001	400000000000000000000000000000000000000
1. Meals sold to guests, employe		\$		+			
2. Rental of rooms to non-reside	ents	\$	<u> </u>				
3. Telephone	I. Camping						
4. Rental of Television and Cabi	IC DCI AICC2	<u>\$</u>	23	23	<del> </del>	1	
5. Interest Income (Specify)		<u> </u>	23	23	1		
6. Private Duty Nurses' Fees	\$!Δ -t				<del> </del>	<del>                                     </del>	*
7. Barber, Coffee, Beauty and G	nit snops	\$		925			
8. Other (Specify)		\$		825			
V. Total Other Revenue (1 thru 8)	- All	\$		848	<del> </del>	<del> </del>	*
VI. Total All Revenue (III +V)		\$	5,003,725	5,003,725		]	

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

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

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

Page Ref	Description		RHNS	NurseFuc-Aids	
	Lab-Médicare	\$ 27,061			
	Lab Medicare CA	\$ (27,061)			
	Oxygen Medicare	\$128		F0015000000	
	Oxygen Medicare CA	\$ (128)			
	Equipment rental:	\$ 2,620			
0.17,17	Equipment rental CA	\$ (2,620)			
	Pen Therapy	\$			
	Peri Therapy CA	\$			
G MOVE	Therapy Beds Medicare	\$			
	Therapy Beds Medicare CA	\$	End Frank		
	Radiology Medicare	\$ 1,376			
Telegi	Radiology Medicare CA	\$ (1,376)			
100	TV Therapy	\$ 8,457			
\$ 81 ES N	IV Therapy: CA	\$ (8,457)	3836758883		
	Medical Transportation	\$			
	Medical Transportation CA	\$ -		THE STREET	
	Glucose testing	\$			
	Chicose testing CA	\$		164132018UUNA	
1111):44	Olipatient therapy Medicare	\$ 27,791			
		ya.u.gudu.			
Total Oth	er Resident-Révenue - Medicare	\$ 27,791	\$	\$	

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

#### Related Exp

Page Ref	Description	CCNH	RHNS	NurseFuc-Ald
	Leb	3,290.00		
	Lab CA	(3,290.00)		1.346363.5344
Jagori	Oxygen:	\$ 1:55		\$
Mah	Oxygeii CA	\$ (1.55)		\$ -
	Equipment rental	\$ 5,413		
	Equipment rental CA	\$ (5,413)	enganes Me	De tertis pri s
Sinter:	Par Therapy	\$		tropo, bisso
35.50	Pen Therapy CA	\$		
	Therapy Bods	\$		
apiter i	Therapy Beds CA	S		
3 45 75	Radiology	\$ 65		
Stylle.	Radiology CA	\$ (65)		8848, BA (1884)
	Medical Transportation	S		
	Medical Transportation CA	\$		
	Glucose Testing	8		
	Glucose Texting CA	\$		
	IV therapy	\$ 935		\$ -
	IV therapy CA	\$ (935)		\$ -
	Flu shot revenue	\$ 994		
	Outpat lent therapy:	\$ -		#1490Wagg
	prior period revenue	\$:: 2,005	400000000	50000000
3.1 (1.1)				- 64.08,000.0
	rounding	\$ -		Para Seria
		1000 000 0000		
Total Oth	er Resident Revenue	\$ 2,999	\$	\$ .

#### Interest Income

#### Account

Page Ref Account	Balance	CCNH	RHNS	NurseFuc-Alds
INTEREST INCOME		\$ 23		
	da hasi Milang		weeks wes	74,000,000
		gerale vent	31,832 B 313 B	
Total Interest Income	18.5 (A. 1995)	\$ 23	\$ -	\$ -

#### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	NurseFac-Aid:
	MEAL\$	\$		iguesi Assakti
	TELEVISION INCOME	\$ 450		800 60000
	CONCESSIONS / VENDING INCOME	\$		
	RESIDENT LATE FEE REVENUE	\$		500000000000000000000000000000000000000
	RESIDENT ATTORNEY FEE REVENUE	\$	population and all dis-	
	TELEPHONE INCOME	\$		51705031100000
3000	OTHER INCOME	\$ 375		
	OPTUM DIVIDENDS REVENUE	\$ .		200000000000000000000000000000000000000
1944 (1944)				
				gerachech in
Total Otta	er Reveniae	\$ 825	\$	\$

## G. Balance Sheet

		Facility	License No.	Report for Year Ended	ĺ	Page	of
Chest	nut	Point Care Center, LLC	2314-CCNH	9/30/2017		31	37
			Account			Am	ount
Asset	S						
A.	Cu	rrent Assets					
	1.	Cash (on hand and in banks			\$		(109,991)
	2.	Resident Accounts Receivab	le (Less Allowance fo	or Bad Debts)	\$		565,501
	3.	Other Accounts Receivable	Excluding Owners or	Related Parties)	\$		
	4	Inventories		- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	\$		19,527
	5.	Prepaid Expenses			\$	ernekernekennernekend	143,137
		a. Prepaid Insurance		121,412			
		b. Prepaid Property Taxes		18,739			
		c. Prepaid Expenses Other		2,986			
		d.					
	6.	Interest Receivable			\$		
	7.	Medicare Final Settlement R	eceivable		\$		
	8.	Other Current Assets (itemiz	e)		\$		(188,665)
		Due From (to) Related Parties	,	(169,364)			
		Other Owners reserves		(19,301)			
					-		
A-9.	To	tal Current Assets (Lines Al	thru 8)	- Company - Comp	\$	*******************************	429,509
В.		ced Assets		A STATE OF THE STA			
'		Land			\$		
		Land Improvements	*Historical Cost		\$		
			Accum. Depreciati	on Net			
	3	Buildings	*Historical Cost	108,185	\$		97,700
	٥.	<b>5</b> 4.14.11.55	Accum, Depreciati		,		
	4	Leasehold Improvements	*Historical Cost	1,349,919	\$		574,285
	,.	Doubolista Improvements	Accum. Depreciati		T'		,
	5	Non-Movable Equipment	*Historical Cost	12,016	\$	•••••••	(1)
	٥.	Tion wo tube Equipment	Accum. Depreciati				ζ-/
	6	Movable Equipment	*Historical Cost	465,340	\$		89,167
	Ο,	Wo vaole Equipment	Accum. Depreciati				05,20,
	7	Motor Vehicles	*Historical Cost	836	\$		
]	/.	Wiotor Venicles	Accum, Depreciati		Ψ		
	8.	Minor Equipment-Not Depr		OH OJO NOC	\$		
	ο.						
	9.	Other Fixed Assets (itemize	)		\$		
		Construction in Progress					
B-10	,	Total Fixed Assets (Lines E	31 thru 9)		\$		761,152

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

## G. Balance Sheet (cont'd)

Nam	e of	Facility	License No.	Report for Year Ended		Page of
Ches	stnut	Point Care Center, LLC	2314-CCNH	9/30/2017		32   37
			Account			Amount
				Total Brought Forward:	\$	1,190,661
C.	Lea	asehold or like property record	led for Equity Purposes.			
	1.	Land		a administrative second control of the control of t	\$	AND ADDRESS OF THE PARTY OF THE
	2.	Land Improvements	*Historical Cost			
			Accum. Depreciation	Net	\$	
	3,	Buildings	*Historical Cost			
<del>, , , , , , , , , , , , , , , , , , , </del>			Accum, Depreciation	Net	\$	
	4.	Non-Movable Equipment	*Historical Cost			
			Accum, Depreciation	Net	\$	
	5.	Movable Equipment	*Historical Cost	SHIPLE SALES		
			Accum. Depreciation	Net	\$	
	6.	Motor Vehicles	*Historical Cost	- A ALLIAN PARENCE WAS ARRESTED TO THE PARENCE WAS ARRESTE		
			Accum. Depreciation	Net	\$	
	7.	Minor Equipment-Not Depre			\$	
C-8		tal Leasehold or Like Proper	ties (C1 thru 7)		\$	Management of the second of th
D.	Inv	vestment and Other Assets				
		Deferred Deposits			\$	
	2.	Escrow Deposits			\$	76,204
	3.	Organization Expense	*Historical Cost	MARKET CONTROL OF THE PARTY OF		
			Accum, Depreciation	Net	\$	
	4.	Goodwill (Purchased Only)			\$	
	5.	Investments Related to Resid	lent Care (itemize)		\$	20,162
		Patient Trust Funds		17,607		
		Long Term Deposit - prin		2,555		
	6,	Loans to Owners or Related	Parties (itemize)		\$	
		Name and Address	Amount	Loan Date		
ŀ						
		·				
	7.	Other Assets (itemize)			\$	
					-	
					-	
			/T ! The state of		M	04.044
		otal Investments and Other A			\$	96,366
D-9	. To	otal All Assets (Lines A9 + B)	10 + C8 + D8)		\$	1,287,027

<sup>\*</sup> 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 Facil			License No.	Report for Year E	inded	Page	of
Chestnut Poin	t Ca	re Center, LLC	2314-CCNH	9/30/2017	Maria Maria	33	37
			Account			Am	ount
Liabilities A.	Cw	rrent Liabilities					÷
A.	1.	Trade Accounts Payable			9	2	367,518
		Notes Payable (itemize)			3	MANAGEMENT TO THE PARTY OF THE	758,457
	۷,	Working Capital Line of C	redit	758,457	60		,
		Trousing Ouplied Line of C.					
		**************************************					
		<u></u>					
	3.	Loans Payable for Equipme	ent (Current portion)	(itemize)	9	\$	
		Name of Lender	Purpose	Amount	Date Due		
1							
	4.	Accrued Payroll (Exclusive	e of Owners and/or St	ockholders only)		\$	29,443
	5,	Accrued Payroll (Owners of			1	\$	
	6.	Accrued Payroll Taxes Pay				\$	
	7.	Medicare Final Settlement	Payable			\$	
	8,	Medicare Current Financin	g Payable			\$	
	9.	Mortgage Payable (Currer				\$	
	10	. Interest Payable (Exclusive	of Owner and/or Rea	lated Parties)		\$	
	11	. Accrued Income Taxes*				\$	
	12	. Other Current Liabilities (	itemize)			\$	814,592
		Related Party Payables	534,5	75			
		Accrued Expenses	41,4	91			
		Accrued Resident User Fees	88,8	47			
		Accrued Workers Comp Expense	149,6	79		da .	
A-13.	To	<i>tal Current Liabilities</i> (Lir	nes A1 thru 12)			\$	1,970,011

<sup>\*</sup> Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income (Carry Total forward to next page) Tax Return.

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Chestnut Point Care Center, LLC	2314-CCNH	9/30/2017		34	37
A	Account				ount
		Total Brougl	nt Forward:		1,970,011
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment (				\$	
Name of Lender	Purpose	Amount	Date Due		
Mortgages Payable				\$	
Loans from Owners or Rela	ited Parties (itemize)			\$	
Name and Address of Lender	Amount	Loan D	ate		
4. Other Long-Term Liabilitie	s (itemize )			\$	17,607
Patient Trust Funds	,	17,607			,
B-5. Total Long-Term Liabilities (	Lines B1 thru 4)			\$	17,607
C. Total All Liabilities (Lines A-	13 + B-5)			\$	1,987,618

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Che	stnut Point Care Center, LLC	2314-CCNH	9/30/2017	Carrier III	35	37
<u> </u>		Account	· · · · · · · · · · · · · · · · · · ·		Aı	mount
A.	Reserves					
	1. Reserve for value of leased	lland			\$	
	2. Reserve for depreciation va	alue of leased building	s and appurtent	ances		
	to be amortized				\$	
	3. Reserve for depreciation va	alue of leased persona	l property (Equ	ity)	\$	
	4. Reserve for leasehold real	properties on which fa	ur rental value i	s based	\$	
	5. Reserve for funds set aside	as donor restricted			\$	
	6. Total Reserves	MACHINE TO THE STATE OF THE STA		0.1000.000	\$	
B.	Net Worth					
	1. Owner's Capital				\$	1,000
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(89,425)
	6. Gain or Loss for Period	10/1/201	6 thru	9/30/2017	\$	(612,166)
	7. Total Net Worth				\$	(700,591)
C.	Total Reserves and Net Wort	lı	Continue to the second of the		\$	(700,591)
D.	Total Liabilities, Reserves, an	ud Net Worth			\$	1,287,027

# H. Changes in Total Net Worth

	e of Facility	License No.	<del>*</del>		Page	of
Ches	tnut Point Care Center, LLC	2314-CCNH	9/30/2017		36	37
		Account				ount
A.	Balance at End of Prior Period as sl		/30/2016		\$	
В.	Total Revenue (From Statement of				\$	5,003,725
C.	Total Expenditures (From Statemen	t of Expenditures Pa	ge 27)		\$	5,615,891
D.	Net Income or Deficit	Manufacture and the second sec			\$	(612,166)
E.	Balance				\$	(612,166)
F.	Additions  1. Additional Capital Contributed  2. Other (itemize)	(itemize)				
F-3.	Total Additions				\$	
G.	Deductions					
	1. Drawings of Owners/Operators.	Partners (Specify)			\$	
	Name and Address (No., City,		Title	Amount		
	2. Other Withdrawings (Specify)				\$	nanoción ciciosophica do than Adam A
	Purpose		Amou	ınt		
	3. Total Deductions				\$	
Н.	Balance at End of Period	09/30/1	.7		\$	(612,166)

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

Name of Facility		License No.	Report for Year Ended Page	
Chestnut Point Care Center, LLC		2314-CCNH	9/30/2017 3'	7 37
Check appropriate category				
Ø	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ NurseFac-Aids	
		Preparer/Reviewer Certification	ation	
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.				
Signat	ure of Preparer	Title	Date Signed	
_				
Printe	d Name of Preparer			
iCare	Management, LLC			
Address			Phone Number	
341 Bidwell Street, Manchester, CT 06040			860-570-2140	