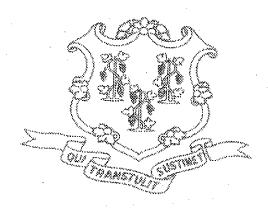
State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Bidwell Care Center,	,							
Address (No. & Stree		Zip Code)						and the second s
333 Bidwell Street M		- /						
Type of Facility								
Chronic and C Nursing Home			Rest Home wit Supervision on (RHNS)			NurseFac	-Aids	3
Report for Year Begin	nning		Report for Yea	r Ending				
10/1/2016			9/30/2017					
<u></u>							 	
License Numbers:		CCNH 2148-C	RHNS	Ni	urseFac-Aio AIDS	is	Me	dicare Provider 07-5314
		<u> </u>						
Medicaid Provider Nu	umbers:	CC	CNH	RF	INS		IC	F-IID
		CCH 002012	3					
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	umber	Signed	nd Notari	7 ed	Date Received
Assigned	Notarized	Received	Assign	ed	Signed	mu motam	zeu	Date Received

Table of Contents

Gene	ral Information - Administrator's/Owner's Certification	1
Gene	ral Information and Questionnaire - Data Required for Real Wage Adjustment	1A
Gene	ral Information and Questionnaire - Type of Facility - Organization Structure	2
Gene	eral Information and Questionnaire - Partners/Members	3
Gene	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	3B
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	7
	dule of Resident Statistics	8
Sche	dule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
ROCCIO MONOCACIONO	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
B.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
<u>C.</u>	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C. C. C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
ELECTRONIC TO STATE	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. C. D.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
F. G. G. G. G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd) - Reserves and Net Worth	35
H.	Changes in Total Net Worth	36
Ī.	Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Bidwell Care Center,LLC	2148-C	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 Bidwell 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)			Printed Name (Owner)	
Tracy Newport			Chris Wright	
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

Data Required for Real Wage Adjus	tm	ent		Page 1A	of 37
Name of Facility		Period Cov	ered:	From	То
Bidwell Care Center,LLC				10/1/2016	9/30/2017
Address of Facility 333 Bidwell Street Manchester, CT 06040					
Report Prepared By		Phone Nun	ıber	Date	
iCare Management, LLC		860-570-21	140	2/15/2017	
Item		Total	CCNH	RHNS	NurseFac- Aids
1. Dietary wages paid	\$		e e e e e e e e e e e e e e e e e e e		
2. Laundry wages paid	\$	ALCOHOL MANAGEMENT			
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire Type of Facility - Organization Structure

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page		of
		860	-645-4888		9/30/2017		2		37
Name of Facility (as shown on license)			1		Street, City, Sta	. ,			
Bidwell Care Center,LLC	·····	·····			et Manchester,	CT 0604			
	CCNH		RHNS	1	NurseFac-Aids		Medicare I	Provid	ler No.
License Numbers:	2148-C			AID	<u>S</u>		07-5314		
Type of Facility (Check appropriate box(es))	~	. **	т,					
Chronic and Convalescent Nursing Home only (CCNH)			t Home with hervision only			NurseFac	-Aids		
Type of Ownership (Check appropriate box))								
O Proprietorship O LLC O	Partnership	0	Profit Corp.	·	Non-Profit Cor		Government	0	Trust
				Date	Opened	Date Clo	sed		
If this facility opened or closed during repor	t year provide:								
Has there been any change in ownership	***************************************		tel talen 1880 en en trocken den la maria de maria de maria de la maria de la maria de la maria de la maria de	I					
or operation during this report year?	······································		Yes	0	No	If "Yes,"	explain fully	y	
Administrator Name of Administrator					Name of II				
Tracy Newport					Nursing Ho Administrat		001214		
Tracy Newport					License N		001214		
Other Operators/Owners who are assistant a	dministrators	(full	or part time)	of thi	. 	1001		··········	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name	***************************************	·	······································		License 1	√o.:			
							.,•.,•		

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility Bidwell Care Center,LLC		License No. 2148-C	Report for Y 9/30/2017	Year Ended	Page of 3 37
Legal Name of Part Bidwell Care Center,LLC	nership/LLC	Business A 333 Bidwell Stro Manchester, CT	eet		or Town(s) in egistered
Name of Partners/Members	Business A	ddress		Title	% Owned
Executive Advisors, LLC	341 Bidwell St. Manch	ester, CT 06040	Member		47.5
Apex Advisors, LLC	341 Bidwell St. Manch	ester, CT 06040	Member		47.5
Christopher Wright	341 Bidwell St. Manch	ester, CT 06040	Member		5
	-				

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	led	Page of
Bidwell Care Center, LLC	2148-C	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		ch Incorporated
		11.1 11.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		±
Name of Directors, Officers	Rusines	s Address	Title	No. Shares
Nume of Directors, Officers	Dusinos	5 / (001055	11600	Held by Each
			ensubbern som at minimister abbrevit at t	
		SERVICE CONTROL OF THE SERVICE OF TH		
Names of Stockholders Owning at Least 10%				
of Shares				
	-			

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Bidwell Care Center,LLC	2148-C	9/30/2017	3B	37
If this facility is owned or operated as an individua	al proprietorship, p	provide the following informa	tion;	
	ner(s) of Facility			
	•			
	The state of the s			bear and a second
			·	
	****		***************************************	
		MAKERIOGERICO AND		
				<u></u>
		CONCERNION OF THE PARTY OF THE		
	s.co.co.co.co.co.co.co.co.co.co.co.co.co.			

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

Related Parties*

All Provides Costs are Indicate Where Cost	Name of Facility Bidwell Care Center, LLC	Ţ	License No. 2148	e No. 2148-C	Report for Year Ended 9/3/2017		Page 4	of 37
Active State Business Condab Sarvices in Nome								
Comparison Com	Name of Related	Business	Also F Goods/Ser Related	rovides rices to Non Parties		Costs are Included in Annual Report	Cost	Actual Cost to the Related
Center 333 Bidwell St. Manchester CT 08040	Individual or Company	Address	4	\dashv	Provided	Page # / Lme #	Keported	ratiy
are 25 Lorraine St. Hartford, CT 17 Main St. East Windsor, 18 Cordt Swamp Rd. 19 Scott Swamp Rd. 10 Scott Swamp Rd. 11 Main St. East Windsor, CT Ge088 11 Main St. East Windsor, CT Ge088 12 Groboot 13 Roy St. Meriden, CT Ge089 14 Bidwell St. Manchester, 17 Ge040 18 Rosk Silas Deane Hwy, 17 Groboot 18 Rosk Silas Deane Hwy, 18 CT Ge040 19 Haidwell St. Manchester, 10 Groboot 11 Main St. East Windsor, CT 12 Groboot 13 Haidwell St. Manchester, 14 Bidwell St. Manchester, 15 CT Ge040 16 CT Ge040 17 CT Ge040 18 Bidwell St. Manchester, 17 CT Ge040 18 Bidwell St. Manchester, 18 Bidwell St. Manchester, 19 CT Ge040 10 CT Ge040 11 CT Ge040 12 CT Ge040 13 Haidwell St. Manchester, 14 Bidwell St. Manchester, 17 CT Ge040 18 St. Manchester, 18 St. Manchester, 18 St. Manchester, 18 St. Manchester, 19 St. Manchester, 19 St. Manchester, 10 CT Ge040 10 CT Ge040 11 St. Manchester, 11 St. Manchester, 11 St. Manchester, 12 CT Ge040 13 St. Manchester, 14 Bidwell St. Manchester, 17 Groboot 18 St. Manchester, 18 St. Manchester, 19 St. Manchester, 19 St. Manchester, 10 Groboot 10 Groboot 10 Groboot 10 Groboot 11 Groboot 12 Groboot 13 Haidwell St. Manchester, 14 Bidwell St. Manchester, 15 Groboot 16 Groboot 17 Groboot 18 St. Manchester, 18 St. Manche	Bidwell Care Center, LLC	333 Bidwell St. Manchester, CT 06040			Shared Employees		1	1
rt Care 171 Main St. East Windsor, CT 06088 are 20 Scott Swamp Rd. Farmington, CT 06032 are 20 Scott Swamp Rd. Farmington, CT 06032 are 96 Prospect Hill Rd. East Windsor, CT 06088 Center, 33 Roy St. Meriden, CT or 06108 are 151 Hillside Ave. Hartford, CT 06106 c 339 Biowell St. Manchester, CT 06002 Center, 33 Roy St. Meriden, CT or 06106 are 151 Hillside Ave. Bloomfield, CT 06106 CT 06106 CT 06002 Center, 33 Roy St. Manchester, CT 06002 Center, 33 Roy St. Manchester, CT 06002 CT 06002 At 1838 Silas Deane Hwy, CT 06002 CT 06008 At 1838 Silas Deane Hwy, CT 06008 At 1838 Silas Deane Hwy, CT 06008 At 1838 Silas Deane Hwy, CT 06008 At 111 Main St. East Windsor, CT At 12 Bidwell St. Manchester, At 18 Bidwell St. Manchester, At 18 Bidwell St. Manchester, CT 06040 At Bidwell St. Manchester, CT 06040	Chelsea Place Care Center, LLC	25 Lorraine St. Hartford, CT 06105			Shared Employees		1	•
Care 171 Main St. East Windsor, CT 06088 CT 06088 CT 06032 CT 06032 CT 06032 CT 06032 CT 06032 CT 06038 CT 06040 CT 0	Chestnut Point Care Center 11 C	171 Main St. East Windsor, CT 06088			Laundry Services			•
are	i	171 Main St. East Windsor, CT. 06088			Shared Employees			1
are	Care	20 Scott Swamp Rd. Farmington, CT 06032			Bank Fees		4	-
Sare 96 Prospect Hill Rd. East Windsor, CT 06088 Daringsor, CT 06088 Windsor, CT 06088 Center, 33 Roy St. Meriden, CT 06106 e T51 Hillside Ave. Harfford, CT 06106 e CT 06106 e T49 Bidwell St. Manchester, CT 06002 Center CT 06040 Center GO 0605 Center GO 06067 CT 06007 CT 06067 CT 06067 CT 06067 CT 06067 CT 06067 A11 Main St. East Windsor, CT erapy 341 Bidwell St. Manchester, 34	Care	20 Scott Swamp Rd. Farminaton, CT 06032			Shared Employees		4,230	(4,230)
Center, 33 Roy St. Meriden, CT Orings) Center, 33 Roy St. Meriden, CT Orings) 151 Hillside Ave. Harford, CT 06106 and 349 Bitwell St. Manchester, CT 06002 Conter GO West Street, Rocky Hill, CT 06007 CT 06007 At 1636 Bills Deane Hwy, CT 06008 At 1836 Mills CT 06067 171 Main St. East Windsor, CT rerapy 172 Manchester, CT 06040 341 Bidwell St. Manchester, At 16040 At 16040 At 16040 At 16040 At 16040 At 16040 At Bidwell St. Manchester, CT 06040 At 16040 At 16040		96 Prospect Hill Rd. East Windsor CT 06088			Lamdry Services			
Center, 33 Roy St. Meriden, CT prings) 06450 te 151 Hillside Ave. Hartford, CT 06106 are 140 Park Ave. Bloomfield, CT 06040 CT 06040 CT 06067 CT 06067 CT 06067 At 1838 Silas Deane Hwy, CT 06067 171 Main St. East Windsor, CT erapy 06088 341 Bidwell St. Manchester, CT 06040	Kettle Brook Care Center, LLC	96 Prospect Hill Rd. East Windsor, CT 06088			Shared Employees		08	(08)
e CT 06106 e CT 06106 are CT 06002 are TO 06002 are TO 06002 Center GO West Street, Rocky Hill, CT 06007 At 1838 Silas Deane Hwy, C Rocky Hill, CT 06067 171 Main St. East Windsor, CT arapy 06088 341 Bidwell St. Manchester, CT 06040 At Bidwell St. Manchester, CT 06040 CT 06040 At Bidwell St. Manchester, CT 06040 CT 06040 At Bidwell St. Manchester, CT 06040	Meriden Care Center, LLC (Silver Springs)				Shared Employees		2.205	(2.205)
e CT 06040 are 140 Park Ave. Bloomfield, CT 06040 Center 60 West Street, Rocky Hill, CT 06067 If 1838 Silas Deane Hwy, C Rocky Hill, CT 06067 IT Main St. East Windsor, CT erapy 60688 341 Bidwell St. Manchester, LLC CT 06040 341 Bidwell St. Manchester, CT 06040	Trinity Hill Care	151 Hillside Ave. Hartford,			Shared Employees		20.688	(20,688)
are 140 Park Ave. Bloomfield, CT 06002 Center (50 West Street, Rocky Hill, CT 06007 It (1838 Silas Deane Hwy, C Rocky Hill, CT 06067 I 71 Main St. East Windsor, CT erapy 141 Bidwell St. Manchester, C CT 06040 341 Bidwell St. Manchester, ALC CT 06040 341 Bidwell St. Manchester, CT 06040	Westside Care	349 Bidwell St. Manchester, CT 06040			Shared Employees		(16,678)	16,678
Center 60 West Street, Rocky Hill, CT 06067 1888 Silas Deane Hwy, C Rocky Hill, CT 06067 171 Main St. East Windsor, CT 171 Main St. East Windsor, CT 06088 341 Bidwell St. Manchester, CT 06040 341 Bidwell St. Manchester, CT 06040	Wintonbury Care	140 Park Ave. Bloomfield, CT 06002			Shared Employees		3,315	(3,315)
C Rocky Hill, CT 06067 171 Main St. East Windsor, CT 171 Main St. East Windsor, CT 171 Main St. Manchester, 341 Bidwell St. Manchester, 172 CT 06040 341 Bidwell St. Manchester, 170 CT 06040 341 Bidwell St. Manchester,	Secure Care Center	60 West Street, Rocky Hill, CT 06067			Shared Employees		3,994	(3,994)
171 Main St. East Windsor, CT 06088 341 Bidwell St. Manchester, LLC CT 06040 341 Bidwell St. Manchester, CT 06040 341 Bidwell St. Manchester, CT 06040 cT 06040 cT 06040	Touchpoints at Homecare LLC	1838 Silas Deane Hwy, Rocky Hill, CT 06067			Shared Employees		-	
341 Bidwell St. Manchester, CT 06040 341 Bidwell St. Manchester, 1LC CT 06040 341 Bidwell St. Manchester, CT 06040 CT 06040 as, mgmt	Touchpoints therapy	171 Main St. East Windsor, CT 06088			OT/PT/ST			(581,768)
nent, LLC CT 06040 LLC CT 06040 LC CT 06040 ars, mgmt	Bidwell Realty, LLC	341 Bidwell St. Manchester, CT 06040			Building Lease & Rent	22,22,27 10,9,14	653,253	(653,253)
J.C CT 06040 St. Manchester, CT 06040 ars, mgmt	iCare Management, LLC				Postage & Legal		11,702	(11,702)
zs, ngmt	iCare Health Management LLC				Shared EEs not part of memt aemt		128,572	(128,572)
zrs, mgmt					Management Services, Direct		142,881	
zrs, mgmt					Management Services, Indirect	20	19,348	
ars, mgmt					Management Services, Administrative	16	418,527	(418,527
ars, mgmt								,
ars, mgmt								
zs, mgnt								
ars, mgmt	0							
	All Care Centers, mgmt co, realty cos				Share Common 401k, Pension and Inst	urance plans, courier,	legal and various o	ther services

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No.		Report for Year Ended	Page of
Bidwell Care Center, LLC	2148-C		9/30/2017	5 37
If the facility is licensed as CDH and/or RCH or	r provides AID	S or TBI	services with special Medica	id rates, costs
must be allocated to CCNH and RHNS as follow	ws:			
Item			Method of Allocation	1
Dietary	N	umber of	meals served to residents	
Laundry	N	umber of	pounds processed	
Housekeeping			square feet serviced	
			hours of routine care provide	•
Nursing			lassification, i.e., Director (or	- //
		_	Nurses, Licensed Practical N	urses, Aides and
		ttendants		
Direct Resident Care Consultants			hours of resident care provid	ed by EACH
			(See listing page 13)	
Maintenance and operation of plant		quare feet		
Property costs (depreciation)		quare feet		
Employee health and welfare		ross salaı		
Management services			e cost center involved	AND THE WORLD WITH THE THE THE THE THE THE THE THE THE T
All other General Administrative expenses			rect and Allocated Costs	
The preparer of this report must answer the following	owing question	is applica		-,
1. In the preparation of this Report, were all	• Yes	ON C	If "No," explain fully why su	ch allocation was
costs allocated as required?			not made.	
		-		
2. Explain the allocation of related company ex	penses and atta	ach copy	of appropriate supporting data	ì.
77.5.0000000000000000000000000000000000	MONOTON .			Walter and the control of the contro
3. Did the Facility appropriately allocate and se			_	me cost centers?
(e.g., Assisted Living, Home Health, Outpati	ent Services, A	Adult Day	Care Services, etc.)	
	• Yes	O No	If "No," explain fully why su not made.	ich allocation was
	<u>-</u>			
			MANAGER CO. C.	

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 chould not be included in these amounts.

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Bidwell Care Center, LLC			2148-C	9/30/2017			6 37
	Related * to	d*to					
	Owners,	ers,					
	Operators,	itors,				Annual	
	Officers	sers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
Accelerated Care Plus Corp. 4850 Joule Street, Suite A-1 Reno.	0	0	Omnistim Electrotherapy and Omnisound Therapeutic Ultrasound Equipment	05/18/10	l yr with automatic	15,267	15,267
ADP, Inc., One ADP Drive MS-100, Augusta, GA 30909	0	0	Time Clocks and Payroll Punch Equip	06/01/10	60 Months	8,819	8,819
GE Capital C/O Ricoh USA, P.O.Box 41564, Philadelphai, PA 19101	0	0	Copier	03/05/14	ø	6,978	6,978
Neopost USA Inc. 25880 Network Place, Chicago, IL 60673	0	0	Postage Rental	04/16/13	Month to month	570	849
	0	0					1
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					

Is a Mileage Log Book Maintained for All Leased Vehicles?

31,913

O No

O Yes

^{*} 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

The records of this facility for the period covered by this report were maintained on the following basis: O Accrual O Cash O Modified Cash Is the accounting basis for this period the same as for the O Yes If "No," explain.	Name of Facility	License No.	Report for Year Ended		Page	or
State Recommending basis for this period the same as for the previous period the same as for the previous period the same as for the previous period? O No	Bidwell Care Center,LLC	2148-C	9/30/2017		7	37
Independent Accounting Firm Nature of Accounting Firm Nature of Accounting Firm Nature of Accounting Firm 1 O'Comnor, Davies LLP 2 1 190 Greet Meadow Road, Size 401, Wethersfield, CT 06109 Services Provided by This Firm (describe fully) 1 Taxes, financial abdoments, accounting support 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	The records of this facility for the I	period covered by this report	were maintained on the following basis:			
Independent Accounting Firm Name of Accounting Firm Name of Accounting Firm 1 O'Connot, Davies LLP 2 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109 2 2 3 4 4 505 3 4 507 4 507 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Modified Cash				
Independent Accounting Firm Address (No. & Street, City, State, Zip Code)	Is the accounting basis for this					
Independent Accounting Firm Name of Accounting Firm Address (No. & Street, City, State, Zip Code) 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109 2 3 4 5 7 100 Great Meadow Road, Ste 401, Wethersfield, CT 06109 2 3 4 5 7 1 1 Taxes, financial tatements, necounting support \$ 4,305 \$ 5 4 8 Charge for Services Provided by This Firm (describe fully) 5 \$ 8 7 1 1 Taxes, financial tatements, necounting support \$ 4,305 \$ \$ 2 8 1 1 1 Taxes, financial tatements, necounting support \$ 5 \$ 3 4 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	period the same as for the • •	Yes	If "No," explain.			
Name of Legal Firm of Independent Attorney Care Health Management, LLC Starble and Harris Durant Nichols / Robinson & Cole, LLP Various others (American Arbitration, Narious Arbitration, Murtha Cullina, Jackson Lews) Starble and Harris, Care Health Management LLC Starble and Harris, Care Health Management LLC Starble and Harris, Care Health Management LLC Various others (American Arbitration, Various Arbitration, Murtha Cullina, Jackson Lews)) Starble and Harris, Care Health Management LLC Starble and Harris, Care Acceptance LLC Starble and Ha	previous period?	No				
Name of Legal Firm of Independent Attorney Care Health Management, LLC Starble and Harris Durant Nichols / Robinson & Cole, LLP Various others (American Arbitration, Narious Arbitration, Murtha Cullina, Jackson Lews) Starble and Harris, Care Health Management LLC Starble and Harris, Care Health Management LLC Starble and Harris, Care Health Management LLC Various others (American Arbitration, Various Arbitration, Murtha Cullina, Jackson Lews)) Starble and Harris, Care Health Management LLC Starble and Harris, Care Acceptance LLC Starble and Ha	Independent Assounting Firm					
100 Great Meadow Road, Ste 401, Wethersfield, CT 06109 2			Address (No. & Street City State Zin Code)	<u> </u>		
2 Services Provided by This Firm (describe fully) 1 Taxos, financial statements, accounting support 2 S 3 S 4 S 4 S Charge for Services Provided by This Firm (describe fully) 1 Taxos, financial statements, accounting support 2 S 4 S Charge for Services Provided by This Firm (describe fully) Are Those Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. (B Yes O No 15D Legal Services Information Name of Legal Firm or Independent Attorney 1 Clere Health Management, LLC 860-570-2140 280-678-7775 3 Durant Nichols / Robinson & Cole, LLP 4 Various others (American Arbitration , Various Arbitration, Murtha Cullina, Jackson Lewis)) 5 Starble and Harris, Care Health Managements LJC Address (No. & Street, City, State, Zip Code) 1 34 Bidwell Street, Avon, CT 3 280 Trumbull St, Hartford, CT 4 S 2 Main Street, Avon, CT & 341 Bidwell Street, Manchester CT Services Provided by This Firm (describe fully) 1 Lease and contract issues, general legal advice, Labor Law 5 1,312 Lease and contract issues, general legal advice, Labor Law 5 2,466 5 Conservatorships 5 2,466 5 Conservatorships 6 Charge for Serviced Special Services Provided Special Serv	_				06100	
Services Provided by This Firm (describe fully)	1		100 Great Meadow Road, Sie 401, Wedi	cisiicia, e i	70102	
Services Provided by This Firm (describe fully) Taxon, financial statements, accounting support \$ 4,303						
Taxes, financial statements, accounting support \$ 4,303	3					j
Taxes, financial statements, accounting support \$ 4,303	Services Provided by This Firm (d)	escribe fully)	1			
\$ 3				.\$	4.303	
S 4		ig support	- Lander		.,,,,,,,	
S						
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Name of Legal Firm or Independent Attorney Telephone Number 860-570-2140 860-570-2140 860-570-2140 860-570-2140 860-570-2140 860-678-7775	1		es, Specify Expense Classification and Line No.			
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3 Employment law, arbitrations, contract negotiations 4 Employment Arbitrations, healthcare law 5 2,566 5 Conservatorships 5 Charge for Services Provided Charge for Services Provided \$ 16,206 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.	1 Lease and contract issues, general leg	gal advice, Labor Law		\$	10,159	
4 Employment Arbitrations, healthcare law \$ 2,566 5 Conservatorships \$ 121 Charge for Services Provided \$ 16,206 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.	2 Lease and contract issues, general leg	gal advice, union funds advice		\$	1,312	
5 Conservatorships \$ 121 Charge for Services Provided \$ 16,206 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.	3 Employment law, arbitrations, contra	net negotiations		\$	2,048	
Charge for Services Provided \$ 16,206 Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. 15E.	4 Employment Arbitrations, healthcare	law			2,566	
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15E				\$	16,206	w
15E	Are These Charges Reflected in the Expen	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
O res O no	O Ma	15E				
	O 168 O 100					

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

Schedule of Resident Statistics

Total All CCNH RHNS NurseFac- Level Level Level Level Aids Total RHNS NurseFac- Total All CCNH RHNS NurseFac- Total All CCNH RHNS NurseFac- Total All CCNH RHNS NurseFac- Total CCNH RHNS Steport period 131 131 131 131 131 131 131 131 131 13	Name of Facility Bidwell Care Center, L.L.C			License No. 2148	e No. 2148-C			Report for 9/30/2017	Report for Year Ended 9/30/2017	ps		Page 8	of 37
Total All CCNH RHNS NurseFactory Total All CCNH RHNS NurseFactory							Period 10/	1 Thru 6/	30		Period 7/1 Thru 9/30	Thru 9/3	0
Certified Bed Capacity 131 131 131 A. On last day of PREVIOUS report period 131 131 131 B. On last day of THIS report period 113 113 113 Number of Residents 113 113 113 A. As of midnight of PREVIOUS report period 119 113 113 B. As of midnight of THIS report period 4,675 4,675 3,379 A. Medicale A Medicale 2,675 2,6487 2 B. Medicale (Conn.) 39,222 39,252 39,252 2,6487 2 C. Medicaid (Other states) 561 486 2 2 D. Private Pay 561 561 486 2 E. State SSI for RCH 267 267 230 2 F. Other (Specify) Insurance 267 267 230 33,582 3 G. Total Care Days During Period (3A thru F) 44,755 44,755 33,582 3 A. Medicaid Bed Reserve Days A Medicaid Bed Reserve Days 33,582 3 3 </td <td></td> <td>Total All Levels</td> <td>Total CCNH Level</td> <td>Total RHNS Level</td> <td>Total NurseFac- Aids</td> <td>Total</td> <td>CCNH</td> <td>RHINS</td> <td>NurseFac- Aids</td> <td>Total</td> <td>CCNH</td> <td>RHNS</td> <td>NurseFac- Aids</td>		Total All Levels	Total CCNH Level	Total RHNS Level	Total NurseFac- Aids	Total	CCNH	RHINS	NurseFac- Aids	Total	CCNH	RHNS	NurseFac- Aids
B. On last day of THIS report period 131 131 131 Number of Residents 113 113 113 A. As of midnight of PREVIOUS report period 119 119 113 B. As of midnight of THIS report period 119 119 113 Total Number of Days Care Provided During Period 4,675 4,675 29,487 2 B. Medicaid (Conn.) 39,252 39,252 29,487 2 C. Medicaid (Conn.) 561 561 44,675 486 D. Private Pay 561 561 567 267 C. Medicaid (other states) 267 267 230 F. Other (Specity) Insurance 267 267 230 G. Total Care Days During Period (3A thru F) 44,755 44,755 33,582 3 A. Medicaid Bed Reserve Days	Certified Bed Capacity A. On last day of PREVIOUS report period	131	131			131	131			131	131		
Number of Residents 113 113 113 A. As of midnight of PREVIOUS report period 119 119 123 B. As of midnight of THIS report period 4,675 4,675 39,252 39,252 A. Medicare 4,675 4,675 29,487 2 B. Medicaid (Conn.) 39,252 39,252 29,487 2 C. Medicaid (Conn.) 561 561 486 D. Private Pay 561 561 486 E. State SSI for RCH 267 267 230 F. Other (Specify) Insurance 267 267 230 G. Total Care Days During Period (3A thru F) 44,755 44,755 33,582 3 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received Beds A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days		131	131			131	131			131	131		
A. As of midnight of PKEVIOUS report period 113 113 113 B. As of midnight of THIS report period 119 119 123 Total Number of Days Care Provided During Period 4,675 4,675 29,487 2 A. Medicare 4,675 39,252 39,252 39,252 29,487 2 C. Medicaid (Conn.) 39,252 39,252 39,252 39,252 29,487 2 C. Medicaid (other states) 561 561 486 2 D. Private Pay 561 561 486 2 F. Other (Specify) Insurance 267 267 230 G. Total Care Days During Period (3A thru F) 44,755 44,755 33,582 3 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days	Zun'A					,							
B. As of midnight of THIS report period 119 119 119 119 113 Total Number of Days Care Provided During Period 4,675 4,675 2,675 39,252 39,252 39,252 39,287 29,487 2 B. Medicaid (Conn.) 39,252 39,252 39,252 39,282 29,487 2 C. Medicaid (other states) 561 561 561 486 8 D. Private Pay 267 267 250 250 F. Other (Specify) Insurance 267 267 250 250 G. Total Care Days During Period (3A thru F) 44,755 44,755 33,582 3 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days	ŧ	113	113			113	113			123	123		,
Total Number of Days Care Provided During Period 4,675 4,675 3,379 3,379 A. Medicaid (Conn.) 39,252 39,252 39,252 29,487 2 C. Medicaid (Other states) 561 561 486 486 D. Private Pay 561 561 486 2 E. State SSI for RCH 267 267 267 230 F. Other (Specify) Insurance 267 267 230 33,582 3 G. Total Care Days During Period (3A thru F) 44,755 44,755 33,582 3 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days	- 1	119	119			123	123			119	119		
A. Medicaid (Conn.) 4,675 4,675 3,279 3,379 B. Medicaid (Conn.) 39,252 39,252 39,252 39,287 29,487 2 C. Medicaid (other states) 561 561 486 486 486 D. Private Pay 5 State SSI for RCH 267 267 267 230 230 F. Other (Specify) Insurance 267 267 44,755 33,582 3 G. Total Care Days During Period (3A thru F) 44,755 44,755 44,755 33,582 3 For Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days A. Medic													
B. Medicaid (Conn.) 39,252 39,252 29,487 29,687 29,687 29,687 29,687 29,687 29,687 20,687 20,688		4,675	4,675			3,379	3,379			1,296	1,296		
C. Medicaid (other states) 561 561 486 D. Private Pay 561 561 486 E. State SSI for RCH 267 267 230 F. Other (Specify) Insurance 267 24,755 33,582 33,582 G. Total Care Days During Period (3A thru F) 44,755 33,582 33,582 33,582 For Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days	- 1	39,252	39,252			29,487	29,487			9,765	9,765		
D. Private Pay 561 561 486 E. State SSI for RCH 267 267 250 F. Other (Specify) Insurance 267 267 230 G. Total Care Days During Period (3A thru F) 44,755 44,755 33,582 33, 582 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days													i i
E. State SSI for RCH F. Other (Specify) Insurance C. Total Care Days During Period (3A thru F) Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days		561	561			486	486			75	75		
F. Other (Specify) Insurance 267 267 280 G. Total Care Days During Period (3A thru F) 44,755 44,755 33,582 33, for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days A. Medicaid Bed Reserve Days													
G. Total Care Days During Period (3A thru F) 44,755 44,755 33,582 Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days		267	267			230	230			37	37		
1		44,755	44,755			33,582	33,582			11,173	11,173		
	B. Other Bed Reserve Days									111111111111111111111111111111111111111			
5. Total Resident Days (3G+4A+4B) 44,755 44,755 33,582 33,582	5. Total Resident Days (3G + 4A + 4B)	44,755	44,755			33,582	33,582			11,173	11,173		

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licer	ise No.				Report	for Year	Ended		Page	of
Bidwell Care	Center,	LLC		2	148-C					9/30/201	.7		9	37
	-	_	in the certified b		pacity du	ring t	he repo	ort yea	r?	0	Yes	0	No	
			f Change		Cł	nange	in Bed	s	#*************************************	Ca	pacity Afte	er Change		
Date of			NurseFac-Aids		Lost	Ŭ.	1	Gaine	i		· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·	<u> </u>	ļ			1		NurseFac~		
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Aids	Reason fo	or Change
			unanum mananan											
ECCCOMMUNICATION CONTRACTOR														
		_	in certified bed	-		the r	eport y	ear (as	s report	ed in iten	n 4 above)	provide the nur	nber of	
RESIDE	ENT DA	YS for	90 days followin	ig the	change.					T			1	
			Change in Re	esidei	nt Days					CC	CNH	RHNS	NurseF	ac-Aids
1st chan														
2nd char 3rd chan			000000000000000000000000000000000000000								· · · · · ·	<u> </u>		
4th chan														
		dents ar	d Rates on Septe	mber			ar			J				A
			Medicare		Medi	caid		<u> </u>		St	elf-Pay		Other Sta	te Assisted
	T.		CONTI		VCD TI		, D. (O	0/	ON III I	,	Dia	NurseFac-	D G II	IOE MD
No. of R	Item		CCNH 13		CNH 105	 	HNS	C	ONH ,	KI	INS	Aids	R.C.H.	ICF-MR
Per Dien		3	13		105									
a. One b				.000400000		a managaman na man		0000000000	***************		000011000001100001000110			
b, Two	bed rms		497.00		251.34				391,00					
c. Three	or mor	e												
bed i	rms.			<u> </u>		ļ		<u></u>						
			al Therapy Treat	ments	3					ТС	TAL	CCNH	RHNS	NurseFac- Aids
	Medic		rt B clusive of Part B)								2,524	2,524		
D.			ce Treatments											
			Treatments								1,625	1,625		
	Other										8,957	8,957		
			l Therapy Treati							0.0000000000000000000000000000000000000	13,106	13,106		100 CONTROL OF THE PARTY OF THE
	mber o Medic		n Therapy Treatm	ients							250	250		
			clusive of Part B)											
			ce Treatments											
		torative	Treatments							-	198	198		
	Other	Cuanal	Therapy Treatm								721 1,169	721 1,169		
			ational Therapy		nents						1,109	1,109		
	Medic			iicau	Herres						3,041	3,041		
			clusive of Part B)								, <u> </u>			
	1, Ma	intenan	ce Treatments											
		torative	Treatments			····					2,079	2,079		
	Other	Qaque = =	tional Therapy T	Fenat-	wants						8,449 13,569	8,449 13,569		
1).	i otat (оссира	wnai i nerapy i	reutt	nems					<u> </u>	95,509	13,309	<u> </u>	

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Darari	Report for Year		Page	of
Bidwell Care Center, LLC	2148-C		9/30/2017	Ended	10	37
Are time records maintained by all individuals receiving com	pensation?		Yes		No	
			Total Cost a	nd Hours	·	
_	et en 177		D.T.D.T.G		NurseFac-	
Item	CCNH	Hours	RHNS	Hours	Aids	Hours
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						***************************************
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	143,755	2,094				
Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	168,890	7,225		***************************************		000400000000000000000000000000000000000
Dietary Service a. Head Dietitian	78,654	2,086				
b. Food Service Supervisor	40,525	2,080			 	
c. Dietary Workers	469,219				***************************************	
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
Repairs & Maintenance Services Bugineer or Chief of Maintenance	64,214	2,022				
b. Other Maintenance Workers	35,860	2,331				
8. Laundry Service	,					
a. Supervisor	January Constitution of the Constitution of th				•	
b. Other Laundry Workers						
Barber and Beautician Services Protective Services						
11. Accounting Services						
a. Head Accountant	8807100040000000000440004000			1000,0000,000,000,000		000000000000000000000000000000000000000
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	183,661	3,828		***************************************		
b. RN						
Direct Care Administrative**	467,775 258,444	11,837 6,514				
c. LPN	230,444	0,314				
1. Direct Care	1,139,030	37,012	•	B00140000111000000000000000000000000000	***************************************	100000000000000000000000000000000000000
2. Administrative**						
d. Aides and Attendants	1,818,147	100,793				
e. Physical Therapists						
f. Speech Therapists g. Occupational Therapists						
h. Recreation Workers	190,213	9,287				
i. Physicians			900000000000000000000000000000000000000			
Medical Director						
2. Utilization Review						
Resident Care*** Other (Specify)						
4. Other (apochly)						
j. Dentists						
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	186,999	6,192				
n. Marketing o. Other (Specify)						
See Attached Schedule	53,291	3,499		PROCESSOR (1980)		
A-13. Total Salary Expenditures	5,298,678					

^{*} 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)

		CCI	NH	RH	INS	NurseF	ac-Aids
Position	\$		Hours	\$	Hours	\$	Hours
UNIT SECRETARIES SALARIES	\$ 15	5,847	977			\$ -	u a a a
MEDICAL RECORDS SALARIES	\$					\$ +	1
CENTRAL SUPPLY SALARIES	\$ 3'	7,444	2,522			\$ -	-
RESPIRATORY THERAPY SALARIES	\$					\$ -	
		and the second					
		61,,100/001 21,000/001					
		er ji Saveli Program					
		2 501	9 400	ď		\$.	
Total	\$ 5	3,291	3,499)	<u> Parada de la Paris</u>	1 Φ ±	

Schedule of Other Fees (Page 13)

		CC	NH	RI	INS	NurseFa	rc-Aids
Service		\$	Hours	\$	Hours	S	Hours
MEDICAL RECORDS CONTRACT SERVICE	\$	27,748	1,044			\$ +	+
ADMISSIONS C/S LABOR	\$	41,607	781			\$ -	
CENTRAL SUPPLY CONTRACT SERVICE	\$	3,558	106			\$ -	-
ADMINISTRATIVE CONTRACT SERVICE LABOR	\$	98,238	2,865			\$ -	
RESPIRATORY THERAPY CONTRACT SERVICES	\$	н				\$ -	4 S
PHYSICAL THERAPY C/S MEDICIAD	\$	33,572	441			\$ -	
SPEECH THERAPY C/S Medicaid	\$	11,109	107			\$ -	
OCCUPATIONAL THERAPY C/S MEDICIAD	\$	38,710	554			S -	
	1000						
Total	\$	254,542	5,897	\$ -		\$ -	

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*

Name of Bacility		7	Assistan	License No	Assistant Administrators and Other Inciator I arrest	Report for	Report for Year Ended		Page	Jo
rame of radiity				ALKOCHINO 110.		To Love Love	1			
Bidwell Care Center,LLC				2148-C		9/30/2017			11	37
		Salary Paid	1					-		
Name	CCNH	RHNS	NurseFac- Aids	Finge 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
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).										

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

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

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

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

		- F	ASSIStani	t Administra	ASSISIAM Administrators and Other Related Falues	Related	raines			
Name of Facility (as licensed)				License No.		Report for Year Ended	ar Ended		Page	jo
Bidwell Care Center,LLC				2148-C		9/30/2017			12	37
		Salary Paid								
				Fringe Benefits and/or Other			Line Where		Total	
Name	CCNH	RHINS	NurseFac- Aids	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Tracy Newmort	143.755			same as employees less union funds	Administrator	2.094 A2	42			
				same as						
				employees less			(
				union runds	Administrator		AZ			
				same as employees less union funds	Administrator		A2			
Section IV - Assistant										
Authren ators										
										- 17-W
			:			-				
				J						

*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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

				Page	of
			cer zaraca		37
			and Hours		
		Total cost o	110015		
			!	NurseFac-	
CCNH	Hours	RHNS	Hours	Aids	Hours
12,186	250				
2004	2630460016000016000160001600	***************************************	***************************************	***********************	etaassassastassattassattas
225,125	3,032				
16,128	35+Cable				***************************************
50,400	600				
	5				
		ļ			
20.260	70				
20,360	19				
41 415	401				
41,413	491	Linux			
230.085					
230,083	3,022				
32.137	329	*	\$10000000000000000000000000000000000000		
5,556	131	ar, approximate 600 / 700 00 / 600 000	ar-assassistati (1998)	4-0-20-0-20-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	p.,coccocotego00000000000000000000000000000000000
(1,474)	(24)				

254,542	5,897	upricos (000000000000000000000000000000000000	guaga (gasar saa saa saa saa saa saa saa saa saa	4	#4************************************
944,071	14,216				
	CCNH 12,186 225,125 4,995 16,128 50,400 20,360 41,415 230,085 32,137 52,615 5,556 (1,474) 254,542	CCNH Hours 12,186 250 225,125 3,032 4,995 16,128 35+Cable 50,400 600 5 20,360 79 41,415 491 230,085 3,022 32,137 329 52,615 404 5,556 131 (1,474) (24) 254,542 5,897	License No. 2148-C Report for Y 9/30/2017 Total Cost at a second	2148-C 9/30/2017 Total Cost and Hours	License No. 2148-C Report for Year Ended 9/30/2017 Page 13 Total Cost and Hours CCNH Hours RHNS Hours NurseFac-Aids 12,186 250 ————————————————————————————————————

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

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

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

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

Name of Facility	License No.		Report for Y	Year Ended	Page of
Bidwell Care Center,LLC	2148-C		9/30/2017		14 37
		Related**	to Owners,		
Name & Address of Individual	Full Explanation of Service	Operator	rs, Officers	Expla	nation of Relationship
		Yes	No		
Omnicare	Phannacy 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. Awaski Arhin	Medical Director	0	0		
Dr. Bogacki Robert	Medical Director	0	0		
Ready Nurse, Nurse Network	Nursing pool (RN, LPN,CNA)	0	0		
		0	0		
		0	0		
		0	0		
		0	0		
····		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		
		0	0		

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Ye	ear Ended	Page	of
Bidwell Care Center, LLC	2148-C	9/30/2017		15	37
		200-00000000			
					NurseFac-
Item		Total	CCNH	RHNS	Aids
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation		\$ 306,291	306,291		
2. Disability Insurance		\$			
3. Unemployment Insurance		\$			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
4. Social Security (F.I.C.A.)		\$ 446,929	446,929		
5. Health Insurance		\$ 857,442	857,442		
6. Life Insurance (employees only)					
(not-owners and not-operators)		\$			
7. Pensions (Non-Discriminatory)		\$ 287,110	287,110		***************************************
(not-owners and not-operators)					
8. Uniform Allowance		\$	***************************************		
9. Other (<i>Specify</i>)		\$ 36,004	36,004		000000000000000000000000000000000000000
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and		\$	non-rates sons i sons el sos el hauson elsos ha	tierra de regereror de l'eleveror de l'eleve	
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
c. Bad Debts*		\$ 284,068	284,068		
d. Accounting and Auditing		\$ 4,303	4,303		
e. Legal (Services should be fully described	on Page 7)	\$ 16,206	16,206		
f. Insurance on Lives of Owners and		\$ 			Astronoconeconolidos bidebodos
Operators (Specify)*					
g. Office Supplies		\$ 34,612	34,612		
h. Telephone and Cellular Phones					
1. Telephone & Pagers		\$ 27,900	27,900		ļ
2. Cellular Phones	· · · · · · · · · · · · · · · · · · ·	\$ 533	533		
i. Appraisal (Specify purpose and		\$			
attach copy)*					
j. Corporation Business Taxes (franchise ta		\$ 000000000000000000000000000000000000000	*******************************		
k. Other Taxes (Not related to property - Se	ee Page 22)				
1. Income*		\$ 			
2. Other (Specify)		\$ 10,177	10,177		
See Attached Schedule					
Resident Day User Fee		\$ 	941,381		
Subtotal		\$ 3,252,955	3,252,955		

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

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

Bidwell Care Center,LLC 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	NurseFac- Aids
UNION TRAINING	\$ 36,004		\$ -
Total	\$ 36,004	\$ -	\$ -

Schedule of Other Taxes

		NurseFac-
CCNH	RHNS	Aids
\$ 10,177		\$ -
\$ 10,177	\$ -	\$ -
	\$ 10,177	\$ 10,177

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

Name of Facility	License No.		Report for Y	Year Ended	Page	of
Bidwell Care Center, LLC	2148 - C		9/30/2017		16	37
Item			Total	CCNH	RHNS	NurseFac- Aids
	ls Brought Forwar	<u></u>	3,252,955	3,252,955	KIIIKO	11103
1. Travel and Entertainment	S Di ought Toi war	u.	3,434,933	3,434,733		
Resident Travel and Entertainment		\$				
Holiday Parties for Staff		\$	751	751		
3. Gifts to Staff and Residents		\$	208	208		······································
4. Employee Travel	,	\$	713	713		
5. Education Expenses Related to Seminars and	1 Conventions	\$	3,707	3,707		
6. Automobile Expense (not purchase or depre		\$	1,844	1,844		
7. Other (<i>Specify</i>)	,	\$	359	359		
See Attached Schedule		Ψ				
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses)	\$	4,862	4,862		
2. Advertising Telephone Directory (all such e.		\$				
3. Advertising Other (Specify)***	<u> </u>	\$	37,513	37,513		
See Attached Schedule			, , , , , , , , , , , , , , , , , , , ,	,		
4. Fund-Raising***	*****	\$		***************************************	***************************************	***************************************
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service i	s supplied	\$				
directly and not by contract or fee for service						
7. Postage		\$	5,091	5,091		
* 8. Dues and Membership Fees to Professional		\$	9,642	9,642		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	Illowable Org.***	\$				
9. Subscriptions		\$				
10. Contributions***		\$	250	250		
See Attached Schedule						
11. Services Provided by Contract (Specify and	-	\$	126,963	126,963		
Schedule C-2, Page 21 for each firm or ind	ividual)					
12. Administrative Management Services**		\$	418,527	418,527		
13. Other (Specify)		\$	26,001	26,001	продедурацијардин павита	
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	3,889,386	3,889,386		

^{*} Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

			NurseFac-
Description	CCNH	RHNS	Aids
MEALS	\$ 359		\$
	900.000.000.000.000	4,00,00	
	ili e iliye ban birib		
			1 4 miles
Total Other Travel and Entertainment	S 359	S -	\$ -

Schedule of Other Advertising

			NurseFac-
Description	CCNH	RHNS	Aids
COMMUNICATIONS SPECIAL EVENTS	\$ 37,513		\$
Total Other Advertising	\$ 37,513	\$ -	\$ -

Schedule of Dues

	COM	DIING	NurseFac-
Description	CCNH	RHNS	Aids
ALTCFM			344,040,043
CAHCF Dues	\$ 9,482		\$ 4
OTHER DUES	\$ 160		\$
	ii asu asukan l	o de los Galego	
			100 mm 1 100 mm
			or accounting
			3-14 (44)
Total Dues	\$ 9,642	\$	\$ -

Schedule of Contributions

			NurseFac-
Description	CCNH	RHNS	Alds
CONTRIBUTIONS	\$ 250		\$
			······································
Total Contributions	\$ 250	\$	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	NurseFac- Aids
SOCIAL SERVICE SUPPLIES	\$ 208		\$ -
SOC SVC MINOR EQUIPMENT	\$ -		\$ -
ADMINISTRATIVE MINOR EQUIPMENT	\$ 2,542		\$ -
EMPLOYEE RELATIONS	\$ 4,625		\$ -
EMPLOYEE RELATIONS-OTHER	\$ 44		\$ -
PERMITS & LICENSES	\$ 2,045		\$ -
VOLUNTEER EXPENSE	\$ -		\$ -
BANK FEES	\$ 12,120		\$ -
CMS REVISIT USER FEES	\$ -		\$ -
PENALTIES	\$ 2,995		\$ -
LATE FEES	\$ 1,423		\$ -
Rounding	\$ 0		\$ -
Total Other Administrative and General	\$ 26,001	\$	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Bidwell Care Center,LLC	2148-C	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service iCare Management, LLC/iCare Health Management, LLC	Cost of Management Service 418,527	Full Description of Mgmt. Service Provided Management of financial statements, A/R, A/P, Payroll, Financial Accounting and Management, Clinical	Indicate Where Costs are Included in Annual Report Page #/Line # Pg 16 M12
iCare Management, LLC/iCare Health Management, LLC	142,881	MANAGEMENT FEES- DIRECT CARE	Pg 20 j
iCare Management, LLC/iCare Health Management, LLC	19,348	MANAGEMENT FEES- INDIRECT CARE	Pg 20 j

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

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

		T 4		i rage 5)	1		T	
Nan	ne of Facility		Licens		Report for Y		Page	of
Bidy	vell Care Center,LLC			2148-C	9/30/2017		18	37
	Item			Total	CCNH	RHNS	Nurse	Fac-Aids
2.	Dietary							
	a. In-House Preparation & Service							
	1. Raw Food		\$	246,629	246,629			ranna aranneaeri i britari na seni e e e e e e e e e e e e e e e e e e
	2. Non-Food Supplies		\$	30,618	30,618			
	3. Other (Specify)		\$	20,040	20,040			
	DIETARY SUPPLEMENTS							
************	b. Purchased Services (by contract other		\$	(42,613)	(42,613)			
	than through Management Services)	•						
	(Complete Schedule C-2 att. Page 21)							
	c. Management Services**		\$					
	d. Other (Specify)		\$		2,388			
	DIETARY MINOR EQUIPMENT							
	222222							
2E.	Total Dietary Expenditures $(2a+b+c+d)$		9	257,062	257,062			100000000000000000000000000000000000000
2.0,								
				m . 1	COMIT	DIDIC	NI	17 A 1 1-
2F.	Dietary Questionnaire			Total	CCNH	RHNS	Nurse	Fac-Aids
G.	Resident Meals: Total no. of meals served per	day	<u>:</u> *	368	368		<u> </u>	
H.	Is cost of employee meals included in 2E?	0	Yes	0	No			
т	Did you receive revenue from employees?	0	Yes	0	No	If yes, specify		
I.	Did you receive revenue from employees?	U	1 68	•	NO	amt.		
J.	Where is the revenue received reported in the	Cost	Repor	? (Page/Line I	tem)			
	Is cost of meals provided to persons other					If was anasify		
K.	than employees or residents (i.e., Board	0	Yes	•	No	If yes, specify		
	Members, Guests) included in 2E?					cost.		
_		$\overline{}$			* *	If yes, specify		•
L.	Is any revenue collected from these people?	O	Yes	•	No	amt,		
M.	Where is the revenue received reported in the	Cost	Repor	t? (Page/Line I	tem)			
	Is cost of food (other than meals, e.g., snacks							
NT.	at monthly staff meetings, board meetings)	\cap	Yes	<u></u>	No	If yes, specify		
N.	• • • • • • • • • • • • • • • • • • •	J	I CS	•	INO	cost.		
	provided to employees included in 2E?							
	* **		T 7		3 Y	If yes, specify		
O.	Is any revenue collected from employees?	O	Yes	•	No	amt.		
P.	Where is the revenue received reported in the	Coet	Repor	12 (Page/Line I	tem)			
1,	vy here is the revenue received reported in the	~U31	robor	i, (rago/Dillo i	(CIII)			

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

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

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

	e of Facility	Licens		Report for Y 9/30/2017	ear Ended	Page of 19 37
Bidy	vell Care Center,LLC		2148-C	7/30/2017	·	19 3 <i> </i>
	Item		Total	CCNH	RHNS	NurseFac-Aids
3,	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.				
	gowns and other resident care items washed, ironed, and/or processed.***	Amt.	\$ 358	358		
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.				
	processed.***	Amt.	\$			
	3. Personal clothing of residents	Lbs.				
	washed, ironed, and/or processed.***	Amt.	\$			
	4. Repair and/or purchase of linens.***	Lbs.				
	 b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services** 		\$ 351,029 \$	351,029		
	d. Other (Specify) LAUNDRY MINOR EQUIPMENT		\$ 151			
3E.	Total Laundry Expenditures (3a + b + c + d)	<u> </u>	\$ 351,539	351,539		
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E?	Yes	•	No	If yes, specify cost.	
Н.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.	
Ī.	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?) Yes	0	No	If yes, specify cost.	
K.	Did you receive revenue from these people?) Yes	•	No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost	Report	?	(Page/Line	ltem)	

^{*} 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)

	e of Facility	License No.	Repo	ort for Year E	nded	Page	of
Bidy	vell Care Center,LLC	2148-C		9/30/2017		20	37
	Item			Total	CCNH	RHNS	NurseFac- Aids
4.	Housekeeping	Sq. Ft, Serviced					
	a. In-House Care	by Personnel					•
	1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt.	\$	27,627	27,627		
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
ŀ	than through Management Services)	by Personnei					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$	378,681	378,681		
	c. Management Services*		\$				
	d. Other (Specify)		\$				
	HOUSEKEEPING MINOR EQUI	PMENT					
4E.	Total Housekeeping Expenditures (4a +	b + c + d	\$	406,307	406,307	200200	
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						
	1. Own Pharmacy		\$	446004444000000000000000000000000000000			
	2. Purchased from		\$	162,798	162,798		
	OMNICARE PHARMACY						
	b. Medicine Cabinet Drugs	THE STATE OF THE S	\$	21,083	21,083		
	c. Medical and Therapeutic Supplies		\$	62,554	62,554		
	d. Ambulance/Limousine***		\$	1,553	1,553		
	e. Oxygen						
	1. For Emergency Use		\$	11,175	11,175		
	2. Other***		\$				
	f. X-rays and Related Radiological		\$	6,913	6,913		
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$	ANGELLANGE ANGELES ANGELS A	DOLGGLIGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG	0,1,00,2,00,1,000,1 Leona hac	apportuggiggerapportugitation - 44 eV
	salaries or fees)						
	h. Laboratory***		\$	16,585	16,585		
	i. Recreation		\$				
	j. Other (Specify)****		\$	341,259	341,259		
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	623,922	623,922		

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

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

^{***} Facility should self-disallow the expense on Page 29 of the Cost Report.

^{****} ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	NurseFac-Aids
NURSING ADMIN SUPPLIES	\$ 281		\$ +
NURSING MINOR EQUIP	\$ 14,923		S -
MEDICAL RECORDS SUPPLIES	\$ -		\$ -
MEDICAL RECORDS MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATIONS - DIRECT	\$ 142,881		\$ -
NON-COVERED PPS DR. VISITS	\$ 508		\$ -
RESIDENT CARE SUPPLIES	\$ 56		\$ -
CENTRAL SUPPLY MINOR EQUIPMENT	\$ 10,427		\$ -
PERSONAL CARE SUPPLIES	\$ 8,254		\$ +
INCONTINENCY SUPPLIES	\$ 31,160		\$ -
VACCINE RESIDENTS	\$ 335		\$ -
PATIENT SPECIAL NEEDS	\$ 289		\$ -
PHYSICAL THERAPY SUPPLIES	\$		\$ -
PHYSICAL THERAPY EQUIPMENT RENT	\$ -		\$ -
PHYSICAL THERAPY MINOR EQUIPMENT	\$ -		\$ -
OCCUPATIONAL THERAPY SUPPLIES	\$ -		\$ -
OCCUPATIONAL THERAPY EQUIP RENTAL	\$ -		\$ -
OCCUPATIONAL THERAPY MINOR EQUIP	\$ -		\$ -
SPEECH THERAPY SUPPLIES	\$ -		\$ -
SPEECH THERAPY EQUIPMENT RENT	\$ -		\$ -
SPEECH THERAPY MINOR EQUIPMENT	\$ -		\$ -
RENTALS FOR NURSING EQUIPMENT NON BILLABLE	\$ 47,456		\$ -
EQUIPMENT RENTAL: AIDS UNIT	\$ -		\$ -
PEN THERAPY SUPPLIES - NOT BILLABLE TO PART B	\$ 4,243		\$ -
PEN THERAPY FOOD NOT BILLABLE TO PART B	\$ -		\$ -
HI LOW BED RENTAL & MATTRESSES	\$ -		\$ -
IV THERAPY SUPPLIES	\$ 52,497		\$ -
IV THERAPY CONTRACT SERVICE	\$ -		\$ -
MEDICAL WASTE CONTRACT SERVICE	\$ 1,787		\$ -
ACTIVITIES SUPPLIES	\$ 6,814		\$ -
ACTIVITIES MINOR EQUIPMENT	\$ -		\$ -
MANAGEMENT ALLOCATION - INDIRECT	\$ 19,348		\$ -
ADMISSIONS SUPPLIES	\$ -		\$ -
MEDICAL COURIER SERVICES FOR SPECIAL PRESCRIPTIONS	\$ -		\$ -
STRIKE COSTS NON REIMBURSABLE	\$ -		\$ -
	0 241 060	ø.	ď
Total Other Resident Care	\$ 341,259	\$ -	\$ -

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

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

Name of Facility Bidwell Care Center,LLC				License No. 2148-C	Report for Year Ended 9/30/2017				Page 21	of 37
		Related ** to Owners, Operators, Officers	o Owners, Officers				Total Cost	Total Cost/Page Ref.***		
Name of Individual or Company	Address	Yes	Ž	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	NurseFac- Aids	Pg	Line
Health Services Group	3220 Tillman Drive, Bensalem, PA 19020	0	0	VENDOR	Housekeeping Services	396,133			0	4.b
Health Services Group/Unitex Textile Rental Services	3220 Tillman Drive, Bensalem, PA 19020	0	0	VENDOR	Laundry Services	351,417			19	3b
Eagle Elevator		0	•	VENDOR	Elevator Contract	6,126			22	6F
Bioserve, Inc.		0	•	VENDOR	Medical Waste				22	6F
Brightview Landscaping/Primary Landscaping		0	0	VENDOR	Snow Removal/Landscaping	29,471			22	6F
CWPM		0	•	VENDOR	Trash removal	19,204			22	6F
American HealthTech		0	0	VENDOR	Software Maintenance Contract	17,949			16	M11
Automatic Data Processing	P.O. Box 9001006, Louisville, KY 40290	0	0	VENDOR	Payroll Services	43,171		may Angulating Agin at Space and Agin at Space a	16	M11
National Datacare Corp		0	0	VENDOR	Resident Trust Software	3,018		-,,,	16	MII
Prime Care Technologuy services		0	0	VENDOR	Computer Consulting Services	32,116			16	M11
Priotity Express		0	0	VENDOR	Courier Services	4,130			16	MII
Point Right Inc	3.0	0	0	VENDOR	Nursing Software	4,680			16	MII
To a manufacture of the first state of the first st		0	0	VENDOR						
		0	0	VENDOR			***************************************			

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

^{**} Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Y	ear Ended		Page	of
Bidwell Care Center,LLC	2148-C	9/30/2017	10 HARRIO 112 CONTROL	00:00///	22	37
Item		Total	CCNH	RHNS	Nursel	Fac-Aids
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	34,591	34,591			
b. Heat	\$	12,916	12,916			
c. Light & Power	\$	103,461	103,461			
d. Water	\$	51,820	51,820			
e. Equipment Lease (Provide detail on p	age 6) \$	32,027	32,027	, M. C.	**************************************	
f. Other (itemize)	\$	89,329	89,329			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a	- 6f) \$	324,143	324,143			
7. Depreciation (complete schedule page 23	*)					
a. Land Improvements	\$					
b. Building & Building Improvements	\$	22,674	22,674			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	41,043	41,043			
*7e. Total Depreciation Costs (7a+b+c+d	l) \$	63,717	63,717			
8. Amortization (Complete att. Schedule Pag	ge 24*)					
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	39,098	39,098			
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a+b+c+c	d) \$	39,098	39,098			
9. Rental payments on leased real property le	ess					
real estate taxes included in item 10b	\$	580,996	580,996			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	101,634	101,634			
c. Personal property taxes	\$	12,632	12,632			
11. Total Property Expenses (7e + 8e + 9 +	10) \$	798,077	798,077			

^{*} 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	\$ 9,846		\$ -
PLANT CONTRACT SERVICE LABOR	\$ 1,961		S -
ELEVATOR CONTRACT SERVICE	\$ 6,126		\$ -
FIRE/SPRINKLER CONTRACT SERVICE	\$ 4,703		\$ -
LANDSCAPING CONTRACT SERVICE	\$ 10,735		\$ -
SNOW REMOVAL CONTRACT SERVICE	\$ 18,736		\$ -
TRASH REMOVAL CONTRACT SERVICE	\$ 19,204		\$ -
HVAC CONTRACT SERVICE	\$ -		\$ -
SECURITY CONTRACT SERVICE	\$ -		\$ -
PLANT CONTRACT SERVICE OTHER	\$ 7,386		\$ -
PLANT MINOR EQUIPMENT	\$ 7,920		\$ -
RENT AUTO	\$ -		\$ -
RENT EQUIPMENT	\$ 2,713		\$ -
RENT OTHER	\$ -		\$ -
Total Other Repairs and Maintenance	\$ 89,329	\$ -	\$ -

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

			Deprec	Depreciation Schedule	hedule					
Name of Facility			License No.			Report for Year Ended	nded		Page	of
Bidwell Care Center,LLC			2148-C	<u>ر</u>		9/30/2017			23	37
			Historical			Accumulated				
			Cost	Less		Depreciation to	Method of		,	
, i			Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	F
Property Item			Land	Value	Depreciated	Year's Operations	Дергестаноп	Life	for this Year	Lotals
A. Land Improvements										
 Acquired prior to this report period 										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)									
A-4. Subtotal		A CONTRACTOR OF THE CONTRACTOR								
B. Building and Building Improvements										
 Acquired prior to this report period 			191,701		191,701	46,065			19,170	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)		116,26						3,504	
B-4. Subtotal							(341)			22,674
C. Non-Movable Equipment										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	h schedule)									
C-4. Subtotal										
	Is a mileage									
	logbook	Date of	Historical			Accumulated	•			
1	maintained?	Acquisition	Cost	Less	•	Depreciation to	Method of			
			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										
1. Motor ventices (Specify name, moder										
and year of each vehicle) a. Van Repair: Hillside Automotive Cerx	×		7.009		7.009	7,009				
b.						,				
ú	444									
, G										
2. Movable Equipment										
a. Acquired prior to this report period			941,663		941,663	863,373			36,262	
b. Disposals (attach schedule)					•					
c. Acquired during this report period									•	
(attach schedule)			38,628						4,782	
D-3. Subtotal										41,043
E. Total Depreciation		••••								63,717

Bidwell Care Center, LLC 9/30/2017

Schedule of Land Improvements Acquired during this report period

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	infrovenients Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Fotal additions for I	Land Improvements	\$ -		\$ -
Deletions:				
Fotal deletions for I	and Improvements	\$		\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/11/2016	Lobby Flooring: Shalom	\$ 8,296	120	\$ 691
11/11/2016	Painting front of bldg: Shalom	\$ 4,254	60	\$ 709
6/30/2017	Window: Advanced Window System	\$ 81,021	120	\$ 2,026
7/13/2017	Lobby Nose Stair: Shalom Sahar	\$ 2,340	60	\$ 78
Total additions for	Building Improvements	95,910,99		\$ 3,504
Deletions:				
		100.000.000.000.000.000.000.000.000.000		
				as al car as an s
Total deletions for l	Building Improvements	\$ -		\$ -

^{*}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:				
Fotal additions for Non	-Movable Equipment	S .		\$
Deletions:				
Total deletions for Non-	-Movable Equipment	\$		\$ -

^{*}Ties to Page 23, Line C3

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

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

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
12/16/2016	Beds & Matresses: Direct Supply & Medline	\$ 10,078	60.	1,512
8/2/2017	Mattress: Medline	\$ 6,038	60	101
2/1/2017	Beds::BW Realty (Medline)	\$ 10,954	60	1,278
4/28/2017	Furniture: BW Realty	\$ 3,536	120	147
8/2/2017	Furniture; Medline	\$ 1,083	120	9
12/31/2016	Laptops: Prime Care Technologics	\$ 6,939	36	1,735
Total additions fo	r Movable Equipment	\$ 38,628		\$ 4,782
Deletions:				
Total deletions for	· Movable Equipment	\$ -		\$ -

^{*}Tics to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
5/4/2016	Install Water Softener: Proline	\$ 3,268	120	\$ 436
7/27/2016	Install Supply Registers: Solo Mechanical Maintenance	\$ 3,052	120	\$ 356
8/31/2017	Mani Entrance Door: Shalom Sahar	\$ 2,712	120	\$ -
Total additions for	r Leasehold Improvement	\$ 9,032		\$ 792
Deletions:				
Total deletions for	Leaschold Improvement	\$ -		\$ -

^{*}Ties to Page 24, Line C3

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

^{**}Tles to Page 24, Line C2

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

Amortization Schedule*

我们也是这个人,我们就是我的时候,他们也是这个人,我们也是我们的,我们也是我们的,我们就是我们的,我们也是我们的,我们也是一个人,我们也是我们的,我们就是我们的,

Name of Facility		License No.		Report for Year Ended	r Ended	PRINCESSOR	Page	Jo
Bidwell Care Center, LLC		2148-C	8-C	9/30/2017			24	37
				Accumulated				2
	Date of			Amort. to				
	Acquisition			Beginning of	Basis for			
		Length of	Cost to Be	Year's	Computing	Rate /	Rate Amortization	
Item	Month Year	Amortization	Amortized	Operations	Amortization**	% I	for This Year	Totals
A. Organization Expense								
1.								
2.		,						
3.								
A-4. Subtotal				-				
B. Mortgage Expense							•	
2.								
3.								
B-4. Subtotal								
C. Leasehold Improvements and Other	·							
l. Acquired prior to this report period	þ		637,417	464,487			38,306	
2. Disposals (attach schedule)								
3. Acquired during this report period								
(attach schedule)			9,032				792	
C-4. Subtotal								39,098
D. Total Amortization								39,098
* Other hat live and the contract he was								

* 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; ORC. Remaining Life of Lease; ORD. Actual Life if owned by Related Party.

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

Name of Facility	License No.	Report for Year End		Page of		
Bidwell Care Center,LLC	2148-C	9/30/2017	· · · · · · · · · · · · · · · · · · ·		25	37
11. Property Questionnaire						
Part A						
Is the property either owned by th	e Facility		_		If "Yes," comple	te Part B.
or leased from a Related Party?*	0	Yes	•	No	If "No," complete	
*If any owner or operator of this fac	ility is related by family, ma	rriage, ownership, ability	to control or			
business association to any person o						
related party transaction.				•		NA-0111-0-11-0-11-0-11-0-11-0-11-0-11-0-
Description		Total				
Date Land Purchased		Total				
Date Structure Completed	035 1	12/01/03				
3. If NOT Original Owner, Date	e of Purchase	12/01/03				
4. Date of Initial Licensure		12/01/03				
5. Total Licensed Bed Capacity		131				
6. Square Footage 7. Acquisition Cost		53,475				
a. Land						
b. Building						
Part B - Owner and Related Pa	untion	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	тала
1. Financing	11 1103	1st Wortgage	Ziid Wortgage	ord wordingage	+ti11V101tg	age.
a. Type of Financing (e.g., fi	ived variable)	HUD fixed				
b. Date Mortgage Obtained	ixed, variable)	05/30/13				
c. Interest Rate for the Cost	Year	335.00%				
d. Term of Mortgage (numb		23	**			
e. Amount of Principal Borr		3,259,200			·	
f. Principal balance outstand						
Complete if Mortgage was	Refinanced					
During Current Cost Ye						
g. Type of Financing (e.g., f	ixed, variable)	Sale of Real Estate				
h. Date of Refinancing		08/09/17				
i. New Interest Rate						
j. Тегт of Mortgage (numb						
k. Amount of Principal Borr						
Principal Outstanding on					<u></u>	
Part C - Arms-Length Leas	,			· ·		
Name and Address of Lesso		perty Leased			Annual Amoun	t of Lease
Summit Manchester, LLC	333 Bidwe		08/09/17	15 year with 2	\$472,500 yr 1	
	Mancheste	er, CT		5		
				year extension		
		nr ev				
			<u></u>	<u> </u>	<u> </u>	

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

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

Name of Facility	License No.		Report for Yea	ar Ended		Page	of
Bidwell Care Center, LLC	2148-C	Samuel Control of the	9/30/2017			26	37
ltem			Total	CCNH	RHNS	NurseF	ac-Aids
12. Interest							
A. Building, Land Improvement	ent & Non-Movable						
Equipment		\$					
First Mortgage Name of Lender		Rate					
Name of Lance		rence					
Address of Lender	<u> </u>						
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender	AND RECORD CONTRACTOR OF THE PARTY OF THE PA						
	ANIMATE THE TAXABLE PARTY OF THE PARTY OF TH						
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$. 2001010004.0001100994-00014-000	- HESSETS HESSET CONT.	***************************************
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information	1						
1. Original Loan Amount	,	\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Exper	nse						
12 B7. Total Building Interest Expe	nse (A1 - A4 + B5)	\$					
<u> </u>			(Care	v Subtotals	forward to r	ert nage)

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	жассынын жана жана жана жана жана жана жана	Report for Yo	ear Ended		Page of
Bidwell Care Center,LLC	2148-C		9/30/2017			27 37
,	tem		Total	CCNH	RHNS	NurseFac-Aids
1	Subtotals Bro	ught Forward:	Total	CCIVII	KIIIVD	1441501 40-21145
12. C. Movable Equipment	Duototta Dio	ugiit i oi waia.				
1. Automotive Equipm	ent	\$				
A, Item	Rate	Amount				
Lender						
Address of Lender	III.		-			
Tiggioss of Library						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Lender						
Address of Lender			1			
B. Item	Rate	Amount				
T 1			_			
Lender						
Address of Lender						
12. C. 3. Total Movable Equ	ipment Interest					
Expense (C1 + 2)	(0)	\$		04.00		
12. D. Other Interest Expense	(Specify)	\$	94,837	94,837		
INTEREST						
13. Total All Interest Expense	(12B7 + 12C3 + 12D	9) \$	94,837	94,837		
14. Insurance	(1215) 1200 1212	7	7.,00	3 1,007		
a. Insurance on Property	(buildings only)	\$	13,273	13,273		
b. Insurance on Automob	iles	\$		1,785		
c. Insurance other than Pr						
1. Umbrella (Blanket	The state of the s	9		52,700		
2. Fire and Extended (Coverage	9		2.200		
3. Other (Specify)		\$	3,388	3,388		
Other insurance, cri	ime					
14d. Total Insurance Expendit	ures (14a + b + c)	9	71,146	71,146		
15. Total All Expenditures (A		\$		13,059,166		

D. Adjustments to Statement of Expenditures

Name of Facility				Lie	cense No.	Report for Ye	ar Ended	Page	of
			ter,LLC		2148-C	9/30/2017		28	37
					Total		;		
Item					Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	NurseFa	c-Aids
	10 - S		es and Wages						
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$	·				
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$	000000000000000000000000000000000000000				*************
	13 - F		sional Fees						
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					**************
·	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.			Bad Debts	\$		284,068	1		
10.			Accounting & Legal	\$					····
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life						
			of Owners, Partners, Operators	\$				-	
14.			Gifts, flowers and coffee shops	\$					******************
15.			Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$	•				***************
16.			Travel for purposes of attending						
			conferences or seminars outside the						
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$			****		
17.			Automobile Expense (e.g. personal use)	\$		ļ			
18.			Unallowable Advertising *	\$		37,513			
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$	<u> </u>				
21.			Unallowable Management Fees	\$	5				
22.			Barber and Beauty	\$	··-				
23.			Other - See attached Schedule	\$	102,181	102,181			***************************************
Page	18 - 1	Dietar	y Expenditures						
24.			Meals to employees, guests and others						
1			who are not residents	\$	S				
Page	19 - 1	Launa	lry Expenditures						
25.		T	Laundry services to employees, guests						
			and others who are not residents	\$	3				
Page	20 - 1	House	keeping Expenditures						
26.			Housekeeping services to employees, guests		1				
			and others who are not residents	\$	Processor and a second	orrementamentamentamentamentamentamentament		Makes I see to cultipos, população,	AND THE PROPERTY OF THE PROPER
		.1	Subtotal (Items 1 - 26)			423,761			

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac-Aids
	2000				
Total Othe	r Salaries .	Adjustment	\$ -	\$ -	\$ -

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		PENALTIES 5	2,995		\$ -
16a		LATE FEES	1,423		\$ -
16a		PRIOR PERIOD EXPENSES			
		rounding:	0		
		Provider User Fee for Medicare days	97,763		\$ -
Total Othe	r A&G Ac	ljustments	102,181	\$ -	\$ -

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

<u> </u>		*1*4	D. Adjustments to Statemen					Daga		of
	e of Fa	-		Lic	ense No.	Report for Y	ear Ended	Page		
Bidw	ell Ca	re Cei	nter,LLC		2148-C	9/30/2017		29		37
					Total					
	Page		v		Amount of	CONTI	DIDIC		m	A ! -1 -
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	Nurse	rac-	Alds
			Subtotals Brought Forward	\$	423,761	423,761				
	20 - k		nt Care Supplies***	•						
27.			Prescription Drugs	\$				1		
28.			Ambulance/Limousine	\$	1,553	1,553				
29.			X-rays, etc	\$	6,913	6,913				
30.			Laboratory	\$	16,585	16,585				
31.			Medical Supplies	\$			AMOUNT - 1 - 1			
32.			Oxygen (non emergency)	\$						
33.			Occupational Therapy	\$						
34,			Other - See Attached Schedule	\$	2,086	2,086				
Page	22 - /	Mainte	enance and Property					200		
35.			Excess Movable Equipment Depreciation							
			See Attached Schedule	\$						
36.			Depreciation on Unallowable		Some spice					
			Motor Vehicles	\$						***************************************
37.			Unallowable Property and Real		9 G B B B B	and the second				
			Estate Taxes	\$		94.9222				
38.	<u> </u>		Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$	****					
	27 - 1	nsura								50000
40.	1		Mortgage Insurance	\$		1	Bauman		215000 See as 2	(Links vision) (Alle
41.			Property Insurance	\$						
	r - Mi	scella	neous							
42.	1		Research or Experimental Activities	\$		A COSTO VEING INTERPREDITATION				200000000000000000000000000000000000000
43.		 	Radio and Television Revenue	\$						
44.	 		Vending Machine Revenue	\$				\		
45.	<u> </u>		Purchase Discounts and Allowances	\$						
46.			Duplications of functions or services	\$						
47.	<u> </u>		Expenditures made for the protection,	Ψ		1.15 + 0.1 GE - 22 (E.)				
47.			enhancement or promotion of the					40.00.00		
		İ	providers interest	\$						
48.	 	<u> </u>	Interest Income on Accounts Rec	\$				ļ		·
49.	-		Other (include personnel and other	Φ						
49.			costs unrelated to resident care) - See						100 200 100 100 100	
			Attached Schedule	\$	20	20		200 miles (n. 1822)		75AF
NI 4	For P	u o Ge 4 T	The state of the s	Φ	20	40				
\vdash		rojit F	Providers Only							
50,	1		Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -	ተ						
	70.		See Attached Schedule	\$		450.010		 		
51.	. Total	Amo	unt of Decrease (Items 1 - 50)	\$	450,919	450,919				

^{***} 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 Ref	Description	CCNH	RHNS	NurseFac- Aids
20			508.44		
13	B5A	PT-Resident Care (for outpatient therapy - see schedule)	526		
13	B9A	ST- Resident Care (for outpatent therapy - sec schedule)	526		
13	B10A	OT-Resident Care (for outpatient therapy - see schedule)	526		
					8 8 8 8 8
Total Oth	er Ancillar	y Costs	\$ 2,086	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac- Aids
700000000000000000000000000000000000000					
Fotal Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

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

NurseFac-

Page Ref	Line Ref	Description	CCNH	RHNS	Aids
20	4A1	Houskeeping Supplies (for Outpatient Therapy - see schedule)	\$ 1		
20	4B	Housekeeping purchased services (for Outpatient Therapy see schedule)	\$ 13		
22	6B	Heat (for outpatient Therapy see schedule)	\$ 1		
22	6C	Light and Power (for outpatient therapy see schedule)	\$ 0		
22	6D	water (for outpatient therapy see schedule)	\$ 3		
22	6A	Repair&Maint (for outpatient therapy see schedule)	\$ 2		
Total Othe	r Adjustin	ents	\$ 20	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	NurseFac- Aids
X-1000					
3.17.18					
Total Unal	lowable Bu	alding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility License No.		Report for Y	ear Ended		Page	of
Bidwell Care Center,LLC 2148-C		9/30/2017			30	37
Item		Total	CCNH	RHNS	NurseFac	-Aids
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$	10,170,625	10,170,625	\$160514600000044460A	00004440000400400400000	HONESHONE CH
b. Medicaid Room and Board Contractual Allowance **	\$	10,170,020				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	2,110,499	2,110,499			
b. Medicare Room and Board Contractual Allowance **	\$	2,110,155	2,110,100			
4. a. Private-Pay Residents and Other	\$	328,379	328,379			
b. Private-Pay Room and Board Contractual Allowance **	\$	340,377	320,317			
II. Other Resident Revenue	Ψ					
	ď	129.720	129.720			
1. a. Prescription Drugs - Medicare	\$	138,739	138,739			
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(138,739)	(138,739)			
c. Prescription Drugs - Non-Medicare	\$	15,412	15,412			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(15,412)	(15,412)			
2. a. Medical Supplies - Medicare	\$	18	18			
b. Medical Supplies - Medicare Contractual Allowance **	\$	(18)	(18)			
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	342,437	342,437			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(295,775)	(295,775)			
c. Physical Therapy - Non-Medicare	\$	76,072	76,072			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(76,072)	(76,072)			
4. a. Speech Therapy - Medicare	\$	76,537	76,537			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(57,916)	(57,916)			
c. Speech Therapy - Non-Medicare	\$	19,826	19,826			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(19,826)	(19,826)			
5. a. Occupational Therapy - Medicare	\$	389,752	389,752			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(305,029)	(305,029)	<u> </u>		
c. Occupational Therapy - Non-Medicare	\$	99,826	99,826			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(102,674)	(102,674)			
6. a. Other (Specify) - Medicare	\$	T****	35,856			
b. Other (Specify) - Non-Medicare	\$	34,736	34,736			
III. Total Resident Revenue (Section I. thru Section II.)	\$	12,827,253	12,827,253		********************	000000000000
IV. Other Revenue*						
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 (Specify)	\$	60	60			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$					
V. Total Other Revenue (1 thru 8)	\$	60	60			
					,	

^{*} 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	NurseFuc-Ald:	
11 31.31.5	Lab Médicare	\$ 91,366			
	Lab Medicare CA	S (91,366)			
4.01.3	Oxygen Modicare:	\$ 270			
	Oxygen Medicare CA	S (270)		31.000	
9,44,14	Equipment rental	\$ 8,004			
	Equipment rental CA	\$ (8,004)			
el kvili	Pen Therapy	\$		1.000	
	Pen Therapy CA	\$		SECTOR SERVI	
	Therapy Beds Medicare	\$		<u>imilanus</u>	
Malak,	Therapy Beds Medicare CA	\$			
PHHH	Radiology Medicare	5 6,129		140000000000000000000000000000000000000	
	Radiology Medicare CA	\$ (6,129)	ide lititation de desp	1961.66.0066.13	
	IV Therapy	\$ 46,579			
	IV Therapy CA	\$ (46,579)		8 4 5	
	Medical Transportation	\$			
	Medical Transportation CA	\$ -		100000000000000000000000000000000000000	
	Glucose Lesting	s -			
	Glucose testing CA	\$		50,000,000,000	
	Outpatient therapy Medicare	35,856		36 (6.46)	
				J	
l'otal Oth	er Resident Revenue - Medicare	\$ 35,856	\$	\$ -	

Schedule of Other Non-Medicare Resident Revenue

Reinted Exp

Page Ref	Description	CCNH	RHNS	NurseFac-Ald
	Leb and the state of the state	5,430.00		
1366	Lab CA	(5,430.00)		
11111		\$ 828		\$
		\$ (828)	- 40 14 05.7 1 0 0 0 0 0 0 170 - 1	3
	Equipment restal	\$ 11,511		
TILL.	Equipment rental CA	\$:: (11,\$11)		
	Pen Therapy:	\$		18: 11 S Y 4.
7.14.0	Pen Therapy CA	\$ -		
	Therapy Beds	\$ -		San Burga
		\$		
3,500	Radiology	\$ 195		
	Radiology CA	\$ (195)	griike Kras	
	Medical Transportation	s -		
		\$	9:344.98:34.4,5	0.0000000000000000000000000000000000000
4 1111	Glucose Testing	\$		Enry Enry Hill
	Glicose Testing CA	\$	(10000000000000000000000000000000000000	
8.75.3	TV (herapy	\$ 18,494		S
	TV therapy CA	\$ (18,494)		S .
	Flu shot revenue	\$		
	Outpatient therapy	\$	200000000000000000000000000000000000000	0.000
	prior period revenue	\$ 34,736	7,00,10,00,100	. S.
		0.01.801.200		6
	rounding	\$ -		
Total Oth	er Resident Revenue	\$ 34,736	\$	\$

Interest Income

Account

Page Ref Account	Bulance	CCNH	RHNS	NurseFac-Aids
INTEREST INCOME		\$ 60		
		Transfer of the		
Total Interest Income		\$ 60	\$	3

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	NurseFac-Ald
	MEALS	\$		
	TELEVISION INCOME	\$		
3, 853, 6	CONCESSIONS / VENDING INCOME	\$		110000000000000000000000000000000000000
1000	RESIDENT LATE FEE REVENUE	\$		
9933	RESIDENT ATTORNEY FEE REVIENUE	\$		
	TELEPHONE INCOME	\$		A 11000000000
1367 4182	OTHER INCOME	S -		e Year
	OPTUM DIVIDENDS REVENUE	\$ -	and participate of Market	
100000			913. S.O.B.	
8,000,00				en illen Mille
30.000				
Total Othe	r Revenue	\$	S -	\$

G. Balance Sheet

Nam	e of	Facility	License No.	Report for Year Ended	Page	of
Bidw	/ell (Care Center,LLC	2148-C	9/30/2017	31	37
			Account		1	Amount
Asse	ts					
A.	Cu	rrent Assets				
	1.	Cash (on hand and in banks		THE ATTER CONTROL OF THE PROPERTY OF THE PROPE	\$	(258,010)
	2.	Resident Accounts Receivab			\$	1,801,499
	3.	Other Accounts Receivable (Excluding Owners o	r Related Parties)	\$	(MA)
	4	Inventories		o	\$	
	5.	Prepaid Expenses			\$	615,295
		a. Prepaid Insurance	· ·	539,810		
		b. Prepaid Property Taxes		33,447		
		c. Prepaid Expenses Other		42,038		
		d.				
	6.	Interest Receivable			\$	
		Medicare Final Settlement R	Designation 1.		\$	
	8.	Other Current Assets (itemiz	e)	(20122)	\$	(691,587)
		Other Owners reserves		(304,227) (387,360)	_	
		Office Owners reserves		(307,300)		
A- 9.	To	tal Current Assets (Lines Al	thru 8)		\$	1,467,197
B.	Fix	ked Assets				
	1.	Land			\$	
	2.	Land Improvements	*Historical Cost		\$	
			Accum, Depreciat	ion Net		· · · · · · · · · · · · · · · · · · ·
	3.	Buildings	*Historical Cost	287,612	\$	218,873
			Accum. Depreciat	ion 68,739 Net		
	4.	Leasehold Improvements	*Historical Cost	646,449	\$	142,864
1			Accum, Depreciat	ion 503,585 Net		
	5.	Non-Movable Equipment	*Historical Cost		\$	
			Accum, Depreciat	ion Net		
	6.	Movable Equipment	*Historical Cost	980,291	\$	75,874
			Accum. Depreciat	ion 904,417 Net		
	7.	Motor Vehicles	*Historical Cost	7,009	\$	
			Accum. Depreciat	ion 7,009 Net		
	8,	Minor Equipment-Not Depr	eciable		\$	
	9.	Other Fixed Assets (itemize)		\$	1,282
		Construction in Progress		1,282		
D 1/	<u> </u>	Total Fixed Assets (Lines E	El thru 9)		\$	438,892
B-10	J,	1 Old I Med Abbets (Lilles L	, I (III (I /)		Ψ	150,072

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Bidwell Care Center,LLC	2148-C	9/30/2017	32 37
	Account		Amount
WAR THE TAXABLE PROPERTY OF TAXABLE PROPERTY O		Total Brought Forward:	\$ 1,906,090
C. Leasehold or like property rec	orded for Equity Purposes	,	
1. Land			\$
2. Land Improvements	*Historical Cost		
	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost		
	Accum, Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost		
	Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost		
	Accum. Depreciation	Net Net	\$
6. Motor Vehicles	*Historical Cost		
	Accum. Depreciation	Net	\$
7. Minor Equipment-Not De	preciable		\$
C-8 Total Leasehold or Like Pro	perties (C1 thru 7)		\$
D. Investment and Other Assets			
 Deferred Deposits 			\$
2. Escrow Deposits			\$ 183,230
Organization Expense	*Historical Cost		
	Accum. Depreciation	n Net	\$
4. Goodwill (Purchased Onl	у)	**************************************	\$
5. Investments Related to Re	esident Care (itemize)		\$ 55,246
Patient Trust Funds		52,691	
Long Term Deposit - p	orimecare	2,555	
Loans to Owners or Relat	ted Parties (itemize)		\$
Name and Addres	s Amount	Loan Date	
7. Other Assets (itemize)			\$
			_
D-8. Total Investments and Other			\$ 238,476
D-9. Total All Assets (Lines A9 +	- R10 + C8 + D8)		\$ 2,144,565

^{*} 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 E	inded	Page	of	
Bidwell Care	Cent	er,LLC	2148-C	9/30/2017		33	37
			Account			Am	ount
Liabilities					İ		
A.		rrent Liabilities					525.000
	1.	Trade Accounts Payable	THE CARLES AND ADDRESS OF THE CARLES OF THE		\$		527,892
	2.	Notes Payable (itemize)	N. at.	# O 1 O 0 1	\$		581,081
		Working Capital Line of C	credit	581,081			
				M. Harastan Andrew Delta Colonia Colonia Colonia Angresia Milande III e e e e			
			CONSTRUCTION CONTRACTOR CONTRACTO				
			1.(0	. \ (242)	\$		
	3.	Loans Payable for Equipm Name of Lender	···	Amount	Date Due	•	
		Name of Lender	Purpose	Alliount	Date Due		
	4.	Accrued Payroll (Exclusive	ve of Owners and/or S	Stockholders only)	\$	}	377,317
	5.	Accrued Payroll (Owners	and/or Stockholders	only)	\$	3	
	6.	Accrued Payroll Taxes Pa	yable		\$	3	
	7.	Medicare Final Settlemen	t Payable		5	3	
	8.	Medicare Current Financi			\$	3	COLUMN TO THE PARTY OF THE PART
	9,	Mortgage Payable (Curre			5	3	
	10	. Interest Payable (Exclusiv		elated Parties)	\$	3	
		. Accrued Income Taxes*		· · · · · · · · · · · · · · · · · · ·	\$	3	
		. Other Current Liabilities	(itemize)		5	3	3,679,011
1		Related Party Payables	3,171,	,138			
		Accrued Expenses		,998)			
		Accrued Resident User Fees	209	,737			
		Accrued Workers Comp Expense	347	,134			
A-13	To	otal Current Liabilities (Li	nes A1 thru 12)		9	5	5,165,301

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page		of
Bidwell Care Center, LLC	2148-C	9/30/2017		34		37
Account					nount	
1.18 1.18 1.18 1.18 1.18 1.18 1.18 1.18	managoromont	5,16	55,301			
Liabilities (cont'd)		(A)				
B. Long-Term Liabilities						
1. Loans Payable-Equipment						
Name of Lender	Purpose	Amount	Date Due			
Mortgages Payable			\$			
3. Loans from Owners or Re	lated Parties (itemize		\$		niunniakunniakunniak	
Name and Address of Lender	Amount	Loan D	ate			
4. Other Long-Term Liabilit	ies (itamiza)		\$		-	52,691
Patient Trust Funds	ics (itemize)	52,691	19		_	,2,071
ratient Trust Funds		52,091				
B-5. Total Long-Term Liabilities	(Lines Bl. thru 4)		\$		4	52,691
C. Total All Liabilities (Lines A	(-13 + B-5)		\$			7,992
C. I DIGITAL ENGINEER (EMOST)			Ψ		د سرو ت	, _ / / //

CSP-35 Rev. 6/95

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

	ne of Facility	License No.	Report for Y	ear Ended	Page	
Bidy	well Care Center,LLC	Account	9/30/2017		35	37
4	n.		Amount			
Α.	Reserves					
	1. Reserve for value of leased	land			\$	MINISTER STATE OF THE STATE OF
	2. Reserve for depreciation val	lue of leased buildin	gs and appurten	ances		
	to be amortized				\$	
	3. Reserve for depreciation val	lue of leased person	al property (<i>Equ</i>	rity)	\$	
, market 1	4. Reserve for leasehold real p	roperties on which	fair rental value	is based	\$	
	5. Reserve for funds set aside	as donor restricted			\$	
,	6. Total Reserves				\$	
B.	Net Worth				<u> </u>	
	1 Owner's Capital				\$	25,000
	2. Capital Stock				\$	
	3. Paid-in Surplus			11.81.000	\$	
	4. Treasury Stock		· · · · · · · · · · · · · · · · · · ·		\$	
	5. Cumulated Earnings				\$	(2,866,573)
	6. Gain or Loss for Period	10/1/20	016 thru	9/30/2017	\$	(231,853)
	7. Total Net Worth				\$	(3,073,426)
C.	Total Reserves and Net Worth				\$	(3,073,426)
D.	Total Liabilities, Reserves, and	d Net Worth			\$	2,144,565

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year	Ended	Page	of
Bidwell Care Center,LLC		2148-C	2148-C 9/30/2017		36	37
		Account	THE RESERVE OF THE PARTY OF THE		 	ount
A.	Balance at End of Prior Period as	\$				
B. C.	Total Revenue (From Statement of				\$	12,827,313
C.	Total Expenditures (From Statem	ent of Expenditures F	Page 27)		\$	13,059,166
D.	Net Income or Deficit				\$	(231,853)
Е.	Balance	w			\$	(231,853)
F.	Additions 1. Additional Capital Contribute 7. 2. Other (itemize)	ed (itemize)				
F-3.	Total Additions				\$	
G.	Deductions					
	1. Drawings of Owners/Operato	ors/Partners (Specify)			\$	
	Name and Address (No., Ci.		Title	Amount		
	2. Other Withdrawings (Specify)	· · · · · · · · · · · · · · · · · · ·		\$	
	Purpose 3. Total Deductions		Amo	unt	\$	
H,	Balance at End of Period	09/30	/17		\$	(231,853)
,	<i>y</i>				<u> </u>	

I. Preparer's/Reviewer's Certification

Name of Facility		License No.	License No.		Page	of
Bidwell Care Center,LLC		2148-C	2148-C		37	37
Check appropriate category						
V	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	Ø	NurseFac-Aids		
Preparer/Reviewer Certification						
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.						
Signat	ure of Preparer	Title		Date Signed		
Printed Name of Preparer						
iCare Management, LLC				TD1 37 1		
Addre	SS			Phone Number		
341 Bidwell Street, Manchester, CT 06040				860-570-2140		