

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Lourdes Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 345 Belden Hill Road, Wilton, CT 06897	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2243	RHNS	(Specify)	Medicare Provider 07-5426
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Medicaid Provider Numbers:	CCNH 2243	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Lourdes Health Care Center, Inc. [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
<i>Sobha Lamontagne</i>		1/3/18			
Printed Name (Administrator) Sobha Lamontagne			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
VIRGINIA B. MULLER	Ct.	1/3/18	Virginia B. Muller	09/30/19	
Address of Notary Public 345 Belden Hill Rd. Wilton, Ct. 06897					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Lourdes Health Care Center, Inc.	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 345 Belden Hill Road, Wilton, CT 06897				
Report Prepared By Blum, Shapiro & Company, P.C.	Phone Number 860-561-4000	Date 1/8/2018		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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

Phone No. of Facility 203-762-3318		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Lourdes Health Care Center, Inc.		Address (No. & Street, City, State, Zip) 345 Belden Hill Road, Wilton, CT 06897		
License Numbers:	CCNH 2243	RHNS (Specify)	Medicare Provider No. 07-5426	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Sobha Lamontagne		Nursing Home Administrator's License No.:	001688	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

LOURDES HEALTH CARE CENTER, INC.
Board of Directors
(as of 8/4/17)

Charmaine Krohe, SSND (*ex officio*)
6401 North Charles Street
Baltimore, MD 21212-1099
(410) 377-7774 ext. 1132
c-443-831-3276
ckrohe@amssnd.org

John Svogun, MD, Medical Director
520 West Avenue
Norwalk, CT 06850
203-838-4000
tatkinson@soundviewmedical.com

Jane Forni, SSND Council Liaison
6401 North Charles St
Baltimore, MD 21212
410-377-2590
443-519-8167
jforni@amssnd.org

Mary Anne Powers, CND (*ex officio*)
50 Aiken Street
Unit 243
Norwalk, CT 06851
203-762-4310
c- 203-631-0937
mapowerscnd@juno.com

Carol Ann Graf, SSND (*SSND appointee*)
6401 North Charles St
Baltimore, MD 21212
410-377-7774 ext.1400
carolagraf@aol.com

Michelle Anne Reho, O. Carm (*chair*)
863 Central street
Framingham, MA 01701-4813
1-508-561-4373
smichellereho@aol.com

Marjorie Robinson, OCD ('19 2nd)
89 Hiddenbrooke Dr.
Beacon, NY 12508-2230
845-831-5572
srmarjorie@gmail.com

Marylou Lyons, CND ('16 1st)
74 Fallow Street
Norwalk, CT 06850
203-849-5985
c- 203-216-0153
mlyons8@cnd-m.org

(Board members will end their 3 year term at the fall annual meeting.)

General Information and Questionnaire Individual Proprietorship

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	22 / 6F	39,577	39,577
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Service	18 / 2B	498,400	498,400
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	20 / 4B	15,468	15,468
School Sisters of ND	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Rent	22 / 9	13,333	13,333
Sr. Teresa Spodnik	345 Belden Hill Rd, Wilton, CT 06897	<input type="radio"/>	<input checked="" type="radio"/>		Salary - Medical Records	10 / A12O	31,249	31,249
Sobha Lamontagne	7 Christine Lane, New Milford, CT, 06776	<input type="radio"/>	<input checked="" type="radio"/>		Salary Administrator	10 / A2	95,753	95,753
John Svogun, MD	761 Main Ave #201, Norwalk, CT 06851	<input checked="" type="radio"/>	<input type="radio"/>		Medical Director Fees	13 / B8a	21,000	21,000
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

**General Information and Questionnaire
Leases (Excluding Real Property)**

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

Name of Facility Lourdes Health Care Center, Inc.			License No. 2243	Report for Year Ended 9/30/2017			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
							Total ***	

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

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum Shapiro & Co., P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127
--	--

Services Provided by This Firm (*describe fully*)

1 Financial Review, Medicaid & Medicare Cost Report	\$ 27,750
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 27,750

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 Line 1e

Schedule of Resident Statistics

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243			Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCHN Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCHN	RHNS	(Specify)	Total	CCHN	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	40	40			40	40			40	40		
B. On last day of THIS report period	40	40			40	40			40	40		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	40	40			40	40			39	39		
B. As of midnight of THIS report period	40	40			39	39			40	40		
3. Total Number of Days Care Provided During Period												
A. Medicare	545	545			408	408			137	137		
B. Medicaid (Conn.)	13,742	13,742			10,223	10,223			3,519	3,519		
C. Medicaid (other states)												
D. Private Pay												
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	14,287	14,287			10,631	10,631			3,656	3,656		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	14,287	14,287			10,631	10,631			3,656	3,656		

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Schedule of Resident Statistics (Cont'd)

Name of Facility Lourdes Health Care Center, Inc.			License No. 2243			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents			40										
Per Diem Rate													
a. One bed rm.	PPS		235.80		400.00								
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									1,428	1,428			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments									1,428	1,428			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									336	336			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments									336	336			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									783	783			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments									783	783			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	95,753	1,950				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	56,410	2,805				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers						
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	80,476	6,541				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	45,945	2,137				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	50,319	3,492				
9. Barber and Beautician Services	25,837	Disallowed				
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	81,780	2,015				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	94,604	1,950				
b. RN						
1. Direct Care	559,566	13,725				
2. Administrative**	163,017	3,674				
c. LPN						
1. Direct Care	170,923	5,097				
2. Administrative**						
d. Aides and Attendants	811,958	45,046				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	51,479	1,693				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	18,773	689				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	57,181	3,491				
<i>A-13. Total Salary Expenditures</i>	2,364,021	94,305				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Chaplain	\$ 7,640	287				
Seamstress	\$ 8,717	621				
Transportation	\$ 2,550	243				
Medical Records	\$ 38,274	2,340				
Total	\$ 57,181	3,491	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medicare Professional Fees	\$ 104	Disallowed				
Medical Fees	\$ 65	Disallowed				
Total	\$ 169	Disallowed	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Lourdes Health Care Center, Inc.				2243	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Lourdes Health Care Center, Inc.				2243	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Sobha Lamontagne	95,753			Non-Preferential	Administrator	1,950	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Lourdes Health Care Center, Inc.	2243	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	12,518	285				
2. Dentist	5,457	Disallowed				
3. Pharmacist	3,476	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	50,979	1,486				
b. Other						
6. Social Worker	1,425	29				
7. Recreation Worker	7,685	59				
8. Physicians						
a. Medical Director (entire facility)	29,610	82				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	29,712	398				
b. Other						
10. Occupational Therapist						
a. Resident Care	32,934	Disallowed				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	30,558	611				
2. Administrative***						
b. LPN						
1. Direct Care	7,206	171				
2. Administrative***						
c. Aides	1,344	56				
d. Other						
12. Other (Specify) See Attached Schedule	169	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	213,073	3,177				

* 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 Lourdes Health Care Center, Inc.		License No. 2243	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
See attachment		○	○		
		○	○		
		○	○		
		○	○		
		○	○		
		○	○		
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		○	○		
		○	○		
		○	○		
		○	○		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

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

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
GRACE B. AHERN	DIETICIAN	<input type="radio"/>	<input checked="" type="radio"/>		
HEALTHDRIVE DENTAL GROUP	DENTIST	<input type="radio"/>	<input checked="" type="radio"/>		
OMNICARE OF CT	PHARMACY	<input type="radio"/>	<input checked="" type="radio"/>		
PREFERRED THERAPY SOLUTIONS	PT, OT, ST	<input type="radio"/>	<input checked="" type="radio"/>		
NICOLE MCENERNEY	SOCIAL SERVICES	<input type="radio"/>	<input checked="" type="radio"/>		
ALTHEA ERICSSON	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
DAYLE FRIEDMAN	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
DIANE BENNETT	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
EULALIA MADRIGUERE	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
GARY KAHN	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JANE MARINO	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JOHN BANKER	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JONELLE SEDGWICK	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
JOSEPH A. PISANI	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
LARRY AYCE	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
LARRY BATTER	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
ROGER HART	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
ROGER YOUNG	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
THIRZAH BENDOKAS	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
TOM SANSONE	RECREATION	<input type="radio"/>	<input checked="" type="radio"/>		
ROBERT YASNER, M.D	MEDICAL DIRECTOR	<input type="radio"/>	<input checked="" type="radio"/>		
JOHN SVOGUN, M.D.	MEDICAL DIRECTOR	<input type="radio"/>	<input checked="" type="radio"/>		
SOUND FOOD CARE OF CT	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
JOINT ACTIVE SYSTEMS	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
ARCH FOOTWARE	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
HEALTHDRIVE EYE CARE GROUP	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
ORTHOCONNECTICUT, PC	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
AMERICAN MEDICAL RESPONSE OF CT	PROFESSIONAL FEES - MEDICARE	<input type="radio"/>	<input checked="" type="radio"/>		
SOUNDVIEW MEDICAL ASSOCIATES, INC.	MEDICAL DIRECTOR / PROFESSIONAL FEES - MEDICARE/ RESIDENT CARE	<input type="radio"/>	<input checked="" type="radio"/>		
DANBURY AMBULANCE SERVICES, INC.	PROFESSIONAL FEES	<input type="radio"/>	<input checked="" type="radio"/>		
GRIFFIN PATHOLOGY CONSULTANTS	MEDICAL FEES	<input type="radio"/>	<input checked="" type="radio"/>		
REHABILITATION CONSULTANTS	MEDICAL FEES	<input type="radio"/>	<input checked="" type="radio"/>		
BRIDGEPORT HOSPITAL	MEDICAL FEES	<input type="radio"/>	<input checked="" type="radio"/>		
DEPENDABLE CARE	RN, LPN, AIDES	<input type="radio"/>	<input checked="" type="radio"/>		

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 43,006	43,006		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$			
4. Social Security (F.I.C.A.)	\$ 170,142	170,142		
5. Health Insurance	\$ 479,958	479,958		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,504	3,504		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 113,351	113,351		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 27,750	27,750		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 13,920	13,920		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 4,738	4,738		
2. Cellular Phones	\$ 3,471	3,471		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 288,837	288,837		
Subtotal	\$ 1,148,677	1,148,677		

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

(Carry Subtotals forward to next page)

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

Lourdes Health Care Center, Inc.
 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Lourdes Health Care Center, Inc.	2243	9/30/2017	16	37	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		1,148,677	1,148,677		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	773	773		
2. Holiday Parties for Staff	\$	33	33		
3. Gifts to Staff and Residents	\$	7,153	7,153		
4. Employee Travel	\$	281	281		
5. Education Expenses Related to Seminars and Conventions	\$	820	820		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$	369	369		
7. Postage	\$	464	464		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	3,794	3,794		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	4,044	4,044		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	86	86		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	52,278	52,278		
C-14 Total Administrative & General Expenditures	\$	1,218,772	1,218,772		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues	\$ 3,794		
Total Dues	\$ 3,794	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Forms Expense	\$ 671		
Miscellaneous	\$ 578		
Payroll Services	\$ 16,879		
AR Solutions	\$ 1,320		
Purchased Services - Croker Fire Drill Corporation	\$ 1,200		
Data Processing Fees	\$ 23,475		
Licenses	\$ 1,610		
Computer Equipment R&M	\$ 514		
Fines & Penalties - Disallowed	\$ 2,641		
Malpractice Insurance	\$ 3,390		
Total Other Administrative and General	\$ 52,278	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
See page 4 and 21			

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

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

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food \$				
2.	Non-Food Supplies \$				
3.	Other (Specify) _____ \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 498,400	498,400		
c. Management Services**		\$			
d. Other (Specify) _____		\$			
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 498,400	498,400		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$			
c. Management Services**		\$			
d. Other (<i>Specify</i>)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$			
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Lourdes Health Care Center, Inc.		2243	9/30/2017		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	29,213	29,213		
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	15,468	15,468		
	c. Management Services*	\$				
	d. Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	44,681	44,681		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	40,520	40,520		
	b. Medicine Cabinet Drugs	\$	23,119	23,119		
	c. Medical and Therapeutic Supplies	\$	80,836	80,836		
	d. Ambulance/Limousine****	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other****	\$	15,004	15,004		
	f. X-rays and Related Radiological Procedures****	\$	133	133		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory****	\$	2,466	2,466		
	i. Recreation	\$	1,375	1,375		
	j. Other (<i>Specify</i>)**** See Attached Schedule	\$	9,651	9,651		
5K.	Total Resident Care Expenditures (5a - 5j)	\$	173,104	173,104		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Supplies	\$ 71		
Mattresses/Furniture	\$ 6,377		
Medical Supplies	\$ 1,864		
Nursing Equipment	\$ 84		
Supplies	\$ 1,255		
Total Other Resident Care	\$ 9,651	\$ -	\$ -

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

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243		Report for Year Ended 9/30/2017			Page of 21 37			
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Sisters of Notre Dame	640 I N. Charles St, Baltimore, MD 21212	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4	Maintenance Services	39,577			22	6f
Sisters of Notre Dame	640 I N. Charles St, Baltimore, MD 21212	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4	Dietary Services	498,400			18	2b
Sisters of Notre Dame	640 I N. Charles St, Baltimore, MD 21212	<input checked="" type="radio"/>	<input type="radio"/>	See Page 4	Housekeeping Services	15,468			20	4b
Paychex	120; Rocky Hill, CT 06067	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	16,879			16	m13
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 7,434	7,434				
b. Heat	\$ 38,822	38,822				
c. Light & Power	\$ 25,649	25,649				
d. Water	\$ 10,563	10,563				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 88,368	88,368				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 170,836	170,836				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 46,682	46,682				
c. Non-Movable Equipment	\$ 2,444	2,444				
d. Movable Equipment	\$ 5,666	5,666				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 54,792	54,792				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 6,605	6,605				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 6,605	6,605				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 13,333	13,333				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 74,730	74,730				

* 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	(Specify)
Purchased Services - Exterminator	\$ 1,832		
Purchased Services - Fire Alarm	\$ 6,618		
Purchased Services - Generator	\$ 4,076		
Purchased Services - Building & Equipment	\$ 23,379		
Plant Operations and Maintenance SSND	\$ 39,577		
Purchased Services - Cable TV	\$ 6,986		
Purchased Services - Garbage	\$ 5,900		
Total Other Repairs and Maintenance	\$ 88,368	\$ -	\$ -

Depreciation Schedule

Name of Facility Lourdes Health Care Center, Inc.			License No. 2243		Report for Year Ended 9/30/2017			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			400000	*Initial capit									
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period			1,430,921		1,430,921	756,170	SL	30	46,682				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										46,682			
C. Non-Movable Equipment													
1. Acquired prior to this report period			53,024		53,024	37,302	SL	Various	2,444				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										2,444			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						291,375		291,375	267,581	SL	Various	5,424	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						5,801						242	
D-3. Subtotal													5,666
E. Total Depreciation													54,792

Lourdes Health Care Center, Inc.
9/30/2017

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/17/2017	Sabina Mobile Lift	\$ 5,801	10	\$ 242
Total additions for Movable Equipmen		\$ 5,801		\$ 242 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
5/9/2017	Fuel Tank	\$ 32,594	20	\$ 543
Total additions for Leasehold Improvemer		\$ 32,594		\$ 543 *
Deletions:				
10/1/2016	Building improvement	\$ (11,404)	15	\$ -
Total deletions for Leasehold Improvemer		\$ (11,404)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Lourdes Health Care Center, Inc.			2243		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				95,118	31,281	SL		6,062	
2. Disposals (attach schedule)				(11,404)	(6,840)				
3. Acquired during this report period (attach schedule)				32,594		SL		543	
C-4. Subtotal									6,605
D. Total Amortization									6,605

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed		2000			
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure		09/01/00			
5. Total Licensed Bed Capacity		40			
6. Square Footage		14,300			
7. Acquisition Cost					
a. Land		PerCON			
b. Building		PerCON			
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of 9/30/17					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Lourdes Health Care Center, Inc.		2243	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2017	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify)	\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$			
14. Insurance				
a. Insurance on Property (buildings only)	\$ 677	677		
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$			
2. Fire and Extended Coverage	\$ 6,244	6,244		
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$ 6,921	6,921		
15. Total All Expenditures (A-13 thru C-14)	\$ 4,764,538	4,764,538		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Lourdes Health Care Center, Inc.			2243	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 28,310	28,310		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 32,934	32,934		
7.			Other - See attached Schedule	\$ 25,185	25,185		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$ 2,031	2,031		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$ 369	369		
23.			Other - See attached Schedule	\$ 25,410	25,410		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 182,533	182,533		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 296,772	296,772		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A9	Barber/Beauty Salary	\$ 25,837		
10	A12O	Medical Records Salary - over the limit	\$ 2,473		
Total Other Salaries Adjustment			\$ 28,310	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 5,457		
13	B2	Medical Fees	\$ 65		
13	B3	Pharmacy Consultant	\$ 3,476		
13	B8a	Medical Director - over the limit	\$ 16,083		
13	B12	Medicare Professional Fees	\$ 104		
Total Other Fees Adjustments			\$ 25,185	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	L3	Employee Gifts	\$ 7,153		
16	M13	Miscellaneous	\$ 578		
16	M9	Newspaper	\$ 4,044		
16	M13	Fines & Penalties	\$ 2,641		
15	1a7	Prior Year Pension	\$ 10,994		
Total Other A&G Adjustments			\$ 25,410	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.				2243	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 296,772	296,772		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 40,520	40,520		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 133	133		
30.			Laboratory	\$ 2,466	2,466		
31.			Medical Supplies	\$ 24,322	24,322		
32.			Oxygen (non emergency)	\$ 15,004	15,004		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 9,496	9,496		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 15,964	15,964		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 404,677	404,677		

*** 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.

Lourdes Health Care Center, Inc.
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Mattresses/Furniture	\$ 6,377		
20	5j	Medical Supplies	\$ 1,864		
20	5j	Supplies	\$ 1,255		
Total Other Ancillary Costs			\$ 9,496	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Income	\$ 8,758		
30	IV5	Interest Income	\$ 220		
22	6f	Cable TV	\$ 6,986		
Total Other Adjustments			\$ 15,964	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,496,800	5,496,800				
b. Medicaid Room and Board Contractual Allowance **	\$ (2,212,271)	(2,212,271)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 193,428	193,428				
b. Medicare Room and Board Contractual Allowance **	\$ 46,018	46,018				
4. a. Private-Pay Residents and Other	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 51,269	51,269				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (51,269)	(51,269)				
c. Prescription Drugs - Non-Medicare	\$ 3,470	3,470				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (2,694)	(2,694)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 78,336	78,336				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (41,646)	(41,646)				
c. Physical Therapy - Non-Medicare	\$ 627	627				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (213)	(213)				
4. a. Speech Therapy - Medicare	\$ 44,355	44,355				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (13,614)	(13,614)				
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 60,586	60,586				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (35,558)	(35,558)				
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 3,617,624	3,617,624				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 220	220				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 18,916	18,916				
8. Other (<i>Specify</i>)	\$ 922,727	922,727				
V. Total Other Revenue (1 thru 8)	\$ 941,863	941,863				
VI. Total All Revenue (III +V)	\$ 4,559,487	4,559,487				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30	Bank Interest		\$ 220		
Total Interest Income			\$ 220	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30	Subsidy Donation	\$ 913,969		
30	Misc Other Item Revenue	\$ 8,758		
Total Other Revenue		\$ 922,727	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	24,846
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	380,831
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	2,644
a. Employee Health Insurance	1,704			
b. Dues	940			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	408,321
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
3. Buildings	*Historical Cost <u>1,430,921</u>		\$	628,069
	Accum. Depreciation <u>802,852</u> Net			
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
5. Non-Movable Equipment	*Historical Cost <u>53,024</u>		\$	13,278
	Accum. Depreciation <u>39,746</u> Net			
6. Movable Equipment	*Historical Cost <u>297,176</u>		\$	23,929
	Accum. Depreciation <u>273,247</u> Net			
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____ Net			
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	665,276

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	1,073,597
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost <u>49,480</u>		
		Accum. Depreciation <u>4,399</u> Net	\$	45,081
3. Buildings		*Historical Cost _____		
		Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost <u>66,828</u>		
		Accum. Depreciation <u>26,647</u> Net	\$	40,181
5. Movable Equipment		*Historical Cost _____		
		Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____		
		Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable		\$		
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	85,262
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense		*Historical Cost _____		
		Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care <i>(itemize)</i>			\$	

6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	
Name and Address	Amount	Loan Date		
7. Other Assets <i>(itemize)</i>			\$	

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,158,859

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

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G. Balance Sheet (cont'd)

Name of Facility Lourdes Health Care Center, Inc.		License No. 2243	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	220,098
2. Notes Payable (<i>itemize</i>)				\$	

3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	151,870
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	103,074
Accrued Accounting Fees		27,528			
Accrued User Fee		75,546			

A-13. Total Current Liabilities (Lines A1 thru 12)				\$	475,042

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				475,042
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 475,042

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lourdes Health Care Center, Inc.	2243	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	40,181
4. Reserve for leasehold real properties on which fair rental value is based			\$	45,081
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	85,262
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	803,606
6. Gain or Loss for Period	10/1/2016	thru 9/30/2017	\$	(205,051)
7. Total Net Worth			\$	598,555
C. Total Reserves and Net Worth			\$	683,817
D. Total Liabilities, Reserves, and Net Worth			\$	1,158,859

H. Changes in Total Net Worth

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	860,838
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	4,559,487
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	4,764,538
D. Net Income or Deficit			\$	(205,051)
E. Balance			\$	655,787
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	57,232
Purpose		Amount		
Reclass of Reserve for Related Party Equity removed from Net		57,232		
3. Total Deductions			\$	57,232
H. Balance at End of Period			\$	598,555

I. Preparer's/Reviewer's Certification

Name of Facility Lourdes Health Care Center, Inc.	License No. 2243	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>		Title <i>P.C.</i>		Date Signed <i>1/8/2018</i>
Printed Name of Preparer Blum Shapiro & Company, P.C.				
Address 2 Enterprise Drive, Shelton, CT 06484			Phone Number 203-944-2100	