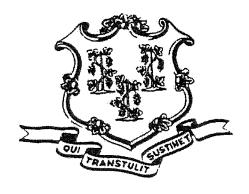
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2017

Name of Facility (as	licensed)								
NOBLE HORIZONS	3								
Address (No. & Street	et, City, State, Z	Lip Code)							
17 COBBLE ROAD,	SALISBURY,	CT 06068							
Type of Facility									
Chronic and C	Convalescent		Rest Home wit	h Nursing					
☐ Nursing Home	e only	V	Supervision or	ıly		✓ F	RCH		
(CCNH)			(RHNS)						
Report for Year Begi	nning		Report for Yea	r Ending					
10/1/2016			9/30/2017						
License Numbers:	CCNH 936-C	RHNS 177RH		RCH Medicare Provide 1763 07-5236					
Medicaid Provider N	umbers:		CNH	RHNS			ICF-MR		
		9365		- 9	01777				
For Department Us	e Only								
Sequence Number	Signed and	Date	Sequence N	lumber	Signe	ed and Notariz	ed.	Date Received	
Assigned	Notarized	Received	Assign	ed	Sign		.cu	Date Received	

Michelle L. Pascetta

From:

Karen Coulombe <kcoulombe@MSLC,COM>

Sent:

Friday, January 19, 2018 12:08 PM

To:

Michelle L. Pascetta

Subject:

Rei Request for Approval - Non-DSS Developed Electronic Filing - FYE 2017

Approved.

>>> "Michelle L. Pascetta" <MPascetta@churchhomes.org> 1/19/2018 12:07 PM >>>

Karen...it is my understanding that there are no changes to the cost reporting format for the FYE 2017 Medicaid cost report. I will be completing the 2017 Medicaid cost reports using the same cost report software that I have used for the last 10+ years. At your earliest convenience, please e-mail me your approval.

Thanks!

Michelle Pascetta Church Homes, Inc. (860) 527-9126 x518

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
NOBLE HORIZONS	936-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 NOBLE HORIZONS [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
Total .	04/10/10		
Printed Name (Administrator)		Printed Name (Owner)	
WILLIAM POND Pon L			
William Fond			
Subscribed and Sworn State of	Date _/	Signed (Notary Public)	Comm. Expires
to before me: CT	2/15/18	Marjone le Wheater	11 1 30121
Address of Notary Public			

107 Church Street, Canaen, CT 06018

State of Connecticut **Department of Social Services**

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustm	ent		Page	of
			1A	37
Name of Facility	From	То		
NOBLE HORIZONS			10/1/2016	9/30/2017
Address of Facility				
17 COBBLE ROAD, SALISBURY, CT 06068				
Report Prepared By	Phone Nun		Date	
MICHELLE PASCETTA	(860) 527-9	9126 x518	2/15/2018	
Item	Total	CCNH	RHNS	RCH
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 Fa			ear Ended	Page	of
		(860) 435-9851		/30/17		2	37
Name of Facility (as shown on licens	e)	Address (N		•			
NOBLE HORIZONS	000	17 COBBL	E ROAD	·	BURY, CT		
License Numbers:	CCNH 936-C	RHNS		RCH	1762	Medicare	Provider
Type of Facility (Check appropriate b	<u> </u>	177RH			1/03	07-5236	
	JOA(CS))	D (TT 1d	3.T .				
Chronic and Convalescent Nursing Home only (CCNH)	7	Rest Home with Supervision only	_)	RCH		
Type of Ownership (Check appropria	ite box)						
Proprietorship LLC	☐ Partnership	Profit Corp.		n-Profit Cor		Government	Trust
If this facility opened or closed durin	g report vear p	provide:	Date Op	ened	Date Clo	osed	
	5 1 7 1						
Has there been any change in owners	hip						
or operation during this report year?		□ Yes	☑ No	If "	Yes," expl	ain fully.	
Administrator							
Name of Administrator				Nurs	ing Home		
EILEEN MULLIGAN					nistrator's	540	
					ense No.:		
Other Operators/Owners who are assi	stant administ	rators (full or par	t time) o		_ 		
Name				Lic	ense No.:		

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
NOBLE HORIZONS		936-C	9/30/2017		3 37
Legal Name of Partne	Business	Address	State(s) and/oddress Which R		
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned
	· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·			

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Page of			
NOBLE HORIZONS	936-C	9/30/2017		3A 37	
If this facility is owned or operated as a corp	poration, provide	the following info	rmation:		
Legal Name of Corporation		ness Address		nich Incorporated	
CHURCH HOMES, INC.	HARTFORD,	CT	CT	*	
CONGREGATIONAL					
Name of Directors, Officers	Busi	Title	No. Shares		
				Held by Each	
	See Attached F	Page 3A.1		Non-Stock	
Names of Stockholders Owning at Least					
10% of Shares					
		,			



BOARD OF DIRECTORS AND OFFICERS 2016 - 2017

OFFIC	ERS	AND	DIRE	CTORS	

DIRECTORS - continued

David E. Canuel, Chairman

211 Cricket Knoll

(860) 985-0203

Wethersfield, CT 06109

TD Bank

Res:

Henry B. McNulty, Vice Chairman

Res: 75 Bellamy Road (October-April)

Cheshire, CT 06410-3038 (203) 271-1377

14 Seacrest Road (May-Sept) Old Saybrook, CT 06475-2920 860

(860) 395-0442

Patrick J. Gilland, President/CEO

Church Homes, Inc.

(860) 527-9126

217 Avery Heights Hartford, CT 06106

FAX: (860) 560-2469

235 Carriage Drive (203) 598-7684

Middlebury, CT 06762

Patrick S. Gilligan

Vice President, Portfolio Manager

2461 Main Street

Glastonbury, CT 06033 (860) 652-6571

FAX: (860) 652-7998

49 Whittlesey Road

(203) 263-6707

Woodbury, CT 06798

Peter L. Holland

Bus: Senior Vice President

Goman-York Property Advisors, LLC

800 Connecticut Boulevard

East Hartford, CT 06108 (860) 280-8327

FAX: (860) 525-5700

Res:

34 Musket Trail (860) 651-9933

(860) 306-2388

(860) 620-0322

(860) 983-8809

Simsbury, CT 06070

FAX (860) 651-5021

DIRECTORS Thomas P. Kelley

Gerard J. Baldwin

Bus: Retired

Res: 181 Main Street

Lakeville, CT 06039

(860) 435-9996

Mercedese E. Large

Res: 114 Steele Road

17 Stuart Drive Res: (860) 232-3025

Bloomfield, CT 06002

West Hartford, CT 06119

FAX: (860) 232-3026

Joseph C. Black, Jr.

Bus: Retired Res:

18 High Farm Road

(860) 844-8538

Peter B. Matthews

Bus:

Res: 75 Rockwood Drive

Southington, CT 06489

Robert S. Dicks, MD, FACP Ans-

Chief. Div. of Geriatric Medicine & Gerontology

Hartford Hospital 80 Seymour Street

East Granby, CT 06026

(860) 545-7043

Patrick Y. Yung

Hartford, CT 06102

Bus: Bain Capital Ventures

5215 88th Avenue SE Res:

FAX: (860) 545-7220 Mercer Island, WA 98040

Res:

243 West Mountain Road (860) 622-1999

West Simsbury, CT 06092

DIRECTORS AND OFFICERS 2016 - 2017 (cont'd)

OFFICERS

Raymond A. Gasperini

Bus: Vice President and Chief

Financial Officer, CHI (860) 527-9126

(860) 404-2064

217 Avery Heights Hartford, CT 06106

FAX: (860) 560-2469

Res: 100 Hollister Drive

Avon, CT 06001

Eileen M. Mulligan

Bus: Vice President, CHI (860) 435-9851

Administrator, Noble Horizons

17 Cobble Road Salisbury, CT 06068

FAX: (860) 435-0636

Res: 179 Under Mountain Road (860) 543-2102

Salisbury, CT 06068

William Thompson

Bus: Vice President, CHI (860) 527-9126

Administrator, Avery Heights 705 New Britain Avenue Hartford, CT 06106

FAX: (860) 525-2090

Res: 133 DiRienzo Heights (860) 418-9332

Derby, CT 06418

Marjorie K. Tessman

Bus: Corporate Secretary, CHI (860) 527-9126

217 Avery Heights Hartford, CT 06106

FAX: (860) 560-2469

Res: 56 Sherwood Road (860) 582-7880

Bristol CT 06010

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
NOBLE HORIZONS	936-C	9/30/2017	3B 37
If this facility is owned or operated as an individ		provide the following information	tion:
	Owner(s) of Facility		
·			

		.,	
·			

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

General Information and Questionnaire Related Parties*

Page of 4 1 37	 me/Address and	n on rage 11 oi me re			lowing information:			Cost Actual Cost to the	Reported Related Party	669,126 681,295		374,296 See Page 4a				
	If "Yes," provide the Name/Address and	complete the infolhation of rage 11 of the report.			If "Yes," provide the following information:	Indicate Where	Costs are Included	in Annual Report (Page # / Line # Re			2				
ıded								Joods/Services	ided	- See Page 17		8				
Report for Year Ended 9/30/2017	, N	I es			✓ Yes			Description of Goods/Services	Provided	Management Services - See Page 17		Rehabilitation Services			:	
	rough			iness		des	ces to	Parties	**%							
e No.	slated th	Clamon	ices,	acility, I, or bus	facility?	Also Provides	Goods/Services to	Non-Related Parties	No	D]				
License	cility re	288 4880	or serv	to this f control	of this f	Als	Good	Non-F	Yes			•]				
	Are any individuals receiving compensation from the facility related through	mainage, admity to comot, ownership, family of dustriess associations	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?	Activities and the second seco		Business	Address	217 Avery Heights Hartford, CT 06106-4200	705A New Britain Avenue	Hartford, CT 06106		:		
Name of Facility NORLE HORIZONS	Are any individuals recei	mannage, admity to contra	Are any individuals or co	including the rental of prirelated through family ass	association to any of the			Name of Related	Individual or Company	Church Homes, Inc. Congregational	Rehabilitation of	CT, LLC				

^{*} Use additional sheets if necessary.

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

Explanation of Related Party Transactions

Symbria Rehab of CT -

Symbria Rehab, a CALTC Health Venture Partner ("Symbria Rehab of CT") is a joint venture of CALTC Ventures, LLC and Symbria (based in Oakbrook, IL). CALTC Ventures, LLC and Symbria have a 40% and 60% owner interest in Symbria Rehab of CT, respectively. Symbria operates in 15 states and services over 200 nursing homes.

Symbria Rehab of CT currently services 7 CALTC facilities and 6 non-CALTC facilities. Each facility negotiates a rate with Symbria Rehab of CT and signs a facility-specific contract. The rates are market-driven and competitively priced. Pursuant to a telephone conversation with Craig J. Lubitski, it is unnecessary to submit the actual costs of of rehab to Symbria Rehab of CT. Furthermore, Noble Horizons did not receive profit-sharing or revenue of any kind from its relationship with Symbria Rehab of CT.

CALTC is funded by dues and currently has 11 corporate members representing approximately 28 entities. Noble Horizons pays dues to CALTC through the administrative management fee. Patrick Gilland, President/CEO of Church Homes, Inc. is also the Acting Director of CALTC, a CALTC Board Member, a CALTC Ventures, LLC Board Member and Chair of the Symbria Rehab of CT Board.

State of Connecticut **Annual Report of Long-Term Care Facility**CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page of					
NOBLE HORIZONS	936-C		9/30/2017	5 37					
If the facility is licensed as CDH and/or RCH o	r provides A	IDS or TB	I services with special Medicai	d rates, costs					
must be allocated to CCNH and RHNS as follo			•						
Item			Method of Allocation						
Dietary		Number of	meals served to residents						
Laundry		Number of	pounds processed						
Housekeeping		Number of	square feet serviced						
			hours of routine care provided	•					
Nursing	I .		elassification, i.e., Director (or	,,					
		-	Nurses, Licensed Practical Nu	rses, Aides and					
		Attendants							
Direct Resident Care Consultants	I .		hours of resident care provided	1 by EACH					
			(See listing page 13)						
Maintenance and operation of plant		Square feet							
Property costs (depreciation)		Square feet							
Employee health and welfare		Gross salar							
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 foll-	owing quest	ions applications							
1. In the preparation of this Report, were all	☐ Yes	☑ No	If "No," explain fully why such	n allocation was					
costs allocated as required?			not made.						
Direct Resident Care Consultants - Allocated ba									
Maintenance and Operation of Plant - Allocated	d based on be	eds							
Depreciation - Allocated based on beds									
The exceptions noted above more accurately ret									
2. Explain the allocation of related company ex	penses and a	attach copy	of appropriate supporting data						
	10.11.11								
3. Did the Facility appropriately allocate and se				me cost centers'					
(e.g., Assisted Living, Home Health, Outpati	ient Services	, Adult Da	y Care Services, etc.)						
	✓ Yes	□ No	If "No," explain fully why such not made.	allocation was					

State of Connecticut
Annual Report of Long-Term Care Facility
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 should not be included in these amounts.

of 37 Amount Claimed 2,200 2,200 Page Total *** of Lease Amount Annual 2,200 Report for Year Ended Term of Lease 51 Months % |} 9/30/2017 Date of Lease** 03/01/15 ☐ Yes Description of Items Leased 936-C Postage and Mail Machines License No. Is a Mileage Log Book Maintained for All Leased Vehicles Related * to % Operators, > Officers Owners, Yes Name and Address of Lessor Less: Portion Allocated to Cottages NOBLE HORIZONS Name of Facility PBCC

* 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.

Lease Agreement Effective March 10, 2015

				March	10.	2015		
PITNEY	BOWES	LEASE	AGREEMENT				 	

					Agreement Numbe	
Your Business Informat						
CHURCH HOMES INC	j Com o de la como de la				W 18 A Marin State	
Full Legal Name of Lacces 17 COBBLE ROAD				SALISBURY	Tax ID # (FEIN/T	ns) 06068-1501
	**************************************	en e		-co-concuração e são com movem com consensados.		
Dilling Address: Street				City	State	ZIP+4
CHURCH HOMES INC	, , , , , , , , , , , , , , , , , , , ,				00724217005	
DBA Name of Lessee					Billing CAN #	
17 COBBLE ROAD		Marge Wheat	<u>on</u>	SALISBURY	CY	06068-1501
instaliation Address (il dilliere	ant from billing address;: Stre	tet 196		Caty	State	ZIP+4
MARGE WHEATON		{860} -4 35 -9 8	151		0072421700	5
Installation Contact Name		Installation Contact	Pnone #		Installation CAN	*
Your Business Needs =						
Quantity	Business Solution Descr	ription	Items to be i	ncluded in customs	r's payment:	······································
1 G900	Postage Meter	Ť	F	******************************		nanda taasan marka saladan 1000 (100 (100 (100 (100 (100 (100 (10
1 SBYP DM3000	DIGITAL METER SYST	tarida esta de de de la composição de la c		vice Level Agreems rimited Postage by f		e
1 1FAE BASIC	ACCOUNTING (50 ACCO)	Purchase Pos	eer Inchided	LINCON MICTOL (10000)	٥.
1 1GW8 10 LB IN	ITEGRATED WEIGHING		Sofiguard Incl	luded		
1 MP9G INTEGR	ATED WEIGHING PLAT	F	•			
1 PTVD PESMA	RTPOSTAGE FREE					
1 WTV0 PBSMA	RTPOSTAGE SUBSCRIP	PIN TO THE PROPERTY OF THE PRO	•			
			~			
i n en en e t interestation estimation est interestation est inter			1			
* # meen products are knowledge	on your Dimer, the noutement cover	ed by this Administra President in		net have north toucast b can e	actions a confidence design sections	raymoness I
	an your Dider, the posteriors cover	ed by Ina Agreement Frances to	enereijeaura crocucas (r	net have gane hassigh out a	sans milikans sess	i process.)
Your Payment Plan www.		es by Ina Agmental Founds in				s mecess?)
Your Payment Plan www. Number of Quarters	Quarterly Amount	ed by this Agenthete Figures is	Initial Le	ase Term: 51 Mon	ins	sweetss.[
Your Payment Plan www.		ed by this Aged Desert Figures to	Initial Le	ase Term: 51 Mon	ins 180	saccoss.
Your Payment Plan www. Number of Quarters	Quarterly Amount	ed by his Agricultat Francis in	Initial Le	ase Term: 51 Mon	ins 180	avotas.
Your Payment Plan www. Number of Quarters	Quarterly Amount	ed by Ina Agreement Proposition	Initial Le	ase Term; 51 Mon implicate alloci implicate Nol F	ins 180	necess;
Your Payment Plan www. Number of Quarters	Quarterly Amount	ed by Inia Agreement Products to	Initial Le	ase Term: 51 Mon improsedificate alted impl Certificate Not F 1362571524	ins 180	arronss;
Your Payment Plan www. Number of Quarters	Ounsteely Amount* \$550		Initial Let Tax exe () Tax Exo SR #: 3-4 C3XG900	asc Term; 51 Mon improordfidate attack impt Cartificate Not F 1362571524 OSBYPX1XXX	ins 180	partenss.)
Your Payment Plan www. Number of Quarters	Quarterly Amount		Initial Let Tax exe () Tax Exo SR #: 3-4 C3XG900	asc Term; 51 Mon improordfidate attack impt Cartificate Not F 1362571524 OSBYPX1XXX	ins 180	ENTOTOS.)
Your Payment Plan Mamber of Quarters 17 17 Door sat include any specialists.	Ounsteely Amount* \$550		Initial Let Tax exe () Tax Exo SR #: 3-4 C3XG900	asc Term; 51 Mon improordfidate attack impt Cartificate Not F 1362571524 OSBYPX1XXX	ins 180	DAYCHS.;
Your Payment Plan seem Number of Querters 17 17 Dear not include any supricular at Your Signature Below #	Causterly Amount* \$ 550	for Debut stream Marks payments and	Initial Let Tax exe Tax exe Tax exe Tax Exe SR #:3-4 C3XG901	ase Term: 51 Mon rept certificate attack mept Certificate Not F 1362571524 0SBYPX1XXX under Status Unique Pursus	ins led Neguired	
Your Payment Plan Manhor of Quarters 17 Dear not areas are specials at Your Signature Below By Signing below, you agree	Ounsterly Amount' \$550	be alled answere; persons in	Initial Let Tax axe Ta	ase Term: 51 Mon impropriate attact impt Cartificate field F 4362571524 0SBYPX1XXX wide reuni Usage Pinical action page: 2 and the	ins led lequired se tocated in the F	idney Bawes Tearn
Your Payment Plan sees Number of Quarters 17 Dear seringan any specials at Your Signature Below 8 By signing below, you agree (Version 1714), which are ave	Ouasterly Amount \$550 to be board by all the farms siste at www.pb.gom/ferm	to been sowered; provers to	Initial Let Tax axe Tax axe Tax axe SR #:3-4 C3XG90t Gay those containe or reference You	ase Term; 51 Mon impt certificate stack impt Certificate Not F 1362571524 0SBYPX1XXX water favor Unique Person and on page: 2 and the acknowledge that y	ins ned taquired nee located in the F You may not care	imey Bowes Terms
Your Payment Plan Man Number of Quarters 17 Does not make an applicable at Your Signature Below is By Signing below, you agree (Version 1/14), which are any recessor and that all paymen process and have signed become	Ouarterly Amount' \$550 See an arpusery tens was set one bound by all the terms state at www.nb.nom/jerm to obligations are uncondition. The tense requires your	to blod answering persons of of this Agraement, inclu- as, and are incorporated to lored. The lease will be a either to provide proof of	Initial Let Tex exe Tex exe Tex Exe SR #:3-4 C3XG900	ase Term: 51 Mon impt certificate ettect impt Certificate file! 1362571524 0SBYPX1XXX wide having Usage Prince ett on page 2 and the acknowledge that y we have completed to	ins led lequired set located in the F rou may not cane cover and red and do	inney Bowes Terms If the loaver for an mentation opprove lacement program
Your Payment Plan Man Number of Quarters 17 Does not make an applicable at Your Signature Below is By Signing below, you agree (Version 1/14), which are any recessor and that all paymen process and have signed become	Ouarterly Amount' \$550 See an arpusery tens was set one bound by all the terms state at www.nb.nom/jerm to obligations are uncondition. The tense requires your	to blod answering persons of of this Agraement, inclu- as, and are incorporated to lored. The lease will be a either to provide proof of	Initial Let Tex exe Tex exe Tex Exe SR #:3-4 C3XG900	ase Term: 51 Mon impt certificate ettect impt Certificate file! 1362571524 0SBYPX1XXX wide having Usage Pured acknowledge that y we have completed toppate in the ValueMA	ins led lequired set located in the F rou may not cane cover and red and do	inney Bowes Terms If the loaver for an mentation opprove lacement program
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Your Payment Plan Number of Quarters 17 10 10 10 10 10 10 10 10 10	Ouarterly Amount* \$550 Substant Street Stre	to blood arcamand, payment on a finite Agraement, includes and are incorporated though. The lease will be leaver to provide provide artifal here, indicating the artifal here, indicating the artifal here.	Initial Let Tax exe Ta	ase Term; 51 Mon impropriet attact impt Cartificate littlet impt Cartificate little 1362571524 OSBYPX1XXX water main Usage Purear little and page 2 and the acknowledge that you have corneliged apate in the Value Marris and conditions in the Value Marris and con	ins led lequired set located in the F rou may not cane cover and cane cover and cover All aguipment ref	imey Bowes Terms If the leases for an Incentation approval Incernant program Print

Dat 1D: 20141217140:49658 Settili Restroot Signature

Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
NOBLE HORIZONS	936-C	9/30/2017		7	37
The records of this facility for the p	period covered by this report	were maintained on the following basis:			
·					
☑ Accrual ☐ Cash ☐	Modified Cash				
Is the accounting basis for this					
	Yes	If "No," explain.			
-	No	, 1			
	The state of the s			****	
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	•		
Blum, Shapiro & Company, P.	C.	West Hartford, CT			
2					
3					
Services Provided by This Firm (de	'7 CH\	<u> </u>			
Services Provided by This Firm (de	scribe jully)			******	
1 Financial audit and other accounting	related services. Costs are included	d in the administrative management fee.	\$		
2			\$		
3			\$		
4			\$		
			Charge fo	r Services Pr	ovided
			\$. Services in	ovided
Are These Charges Reflected in the Expend	diture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	Ψ		
	Page 16, Line m12	,, , ,			
Legal Services Information	rage 10, Line m12				
Name of Legal Firm or Independent	t Attorney		Telephone	Number	
1 See Page 7A	Audincy		Telebilon	e Nullibei	
2 3					
4					
5					
Address (No. & Street, City, State, 2	Zip Code)				
1					
2					
3					
4					
5	AT (171)			·	
Services Provided by This Firm (de.	scribe fully)				
1 Resident Related Issue			\$	450	
2 Collections			\$	48,768	
3			\$		
4			\$		
5 Less: Portion allocated to cottages			\$	(4,027)	
		777.00		r Services Pro	vided
			\$	45,191	771404
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.	1 5	45,171	
_	Page 15, Line 1e	-, -,,			
✓ Yes □ No					

NOBLE HORIZONS 9/30/2017

D

Disallowed

Attachment Page 7

48,768

Murtha, Cullina, LI	P - Hartford, C	CT - (860)	240-6000
---------------------	-----------------	------------	----------

141011110, \	Julina, Edit Filattiora, CT (000) 240 0000	
	Resident Related Issue	450 A
	Collections	641_D
	Sub Total	1,091
Melick &	2 Porter - Waterbury, CT (475) 235-2731	
	Collections	D
	Sub Total	2,494
Wiggin &	z Dana - New Haven, CT - (203) 498-4380	
	Collections	45,633_ D
	Sub Total	45,633
Total Leg	gal Fees	49,218
A	Allowable	450
В	Issue has been settled in favor of the Provider	0
C	Issue is still open - no settlement to date	0

Schedule of Resident Statistics

Name of Facility NOBLE HORIZONS			License 1	No. 5-C			Report 09/30/1	for Year	Ended		Page 8	of 37
					Pe	eriod 10	/1 Thru	6/30	P	eriod 7/	1 Thru 9	/30
	Total All Levels	Total CCNH Level	Total RHNS Level	Total RCH	Total	CCNH	RHNS	RCH	Total	CCNH	RHNS	RCH
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	110	61	30	19								
B. On last day of THIS report period	110	61	30	19								
Number of Residents A. As of midnight of PREVIOUS report period	103	60	29	14								
B. As of midnight of THIS report period	95	56	23	16								
3. Total Number of Days Care Provided During Period												MARKET TO THE PARTY OF THE PART
A. Medicare	2,516	317	2,199		1,923	204	1,719	·	593	113	480	
B. Medicaid (Conn.)	19,938	16,859	3,079		15,046	12,453	2,593		4,892	4,406	486	
C. Medicaid (other states)												
D. Private Pay	10,421	3,611	4,364	2,446	7,744	2,998	3,041	1,705	2,677	613	1,323	741
E. State SSI for RCH	2,800			2,800	2,142			2,142	658			658
F. Other (Specify) Managed Care/Commercial	383	157	226	-	329	133	196		54	24	30	
G. Total Care Days During Period (3A thru F)	36,058	20,944	9,868	5,246	27,184	15,788	7,549	3,847	8,874	5,156	2,319	1,399
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	129	22	6	101	128	22	6	100	1			1
B. Other Bed Reserve Days	290	39	110	141	219	31	86	102	71	8	24	39
5. Total Resident Days (3G + 4A + 4B)	36,477	21,005	9,984	5,488	27,531	15,841	7,641	4,049	8,946	5,164	2,343	1,439

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity		- "	Lice	ise No.				Repor	t for Ye	ar Ended		Page	of
NOBLE HOR	UZONS	,		9	36-C					9/30/20)17		9	37
1			in the certified be		acity dur	ing th	e repor	t year	?			Yes 🗸	No	
11 125	, provid		of Change			honge	in Bed	ic.			ongoity: /	After Change		
	CONTI		,			nange			1		apacity F	Titel Change	1	
	CCNH	RHNS	RCH		Lost	T		Gaine	a	-				
Date of														
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	RCH	Reason f	or Change
								<u> </u>						
								<u> </u>						
!			in certified bed ca 90 days following			the re	port ye	ar (as	reporte	ed in iter	n 4 abov	e) provide the nur	nber of	
			Change in Re	siden	t Days					CC	NH T	RHNS	R	CH
										<u> </u>				
			d Patas on Contar			t Voc	*			_			l	
G. Number	OI KESI	iciits ali		noci ,			1	Γ			elf_Pay		Other Sta	te Assisted
	_													
NICD				C			INS	CC				RCH	R.C.H.	ICF-MR
	Number of Residents and Rates on September 30 of Cost Year Medicare Medicarid Self-Pay Item CCNH CCNH RHNS CCNH RHNS No. of Residents 5 45 4 9 16 Per Diem Rate 3 247.72 214.32 505/500/465 505/500/465 b. Two bed rms. 511.67 247.72 n/a 470 470 c. Three or more bed rms. n/a n/a n/a n/a n/a	9		16	9	7								
						-		ļ		r			141.37	
			311.6/		241.12		11/8		470		470	220.00	141.37	11/8
		ž į			,		,		,		,	,	,	,
bea 1	1115.		n/a		n/a	L	n/a		n/a		n/a	n/a	n/a	n/a
7 Total Nu	mber of	Physic	al Therapy Treatn	ente						TO	TAL	CCNH	RHNS	RCH
	Medica	-		101163							4,674	3,168	1,506	ROII
			lusive of Part B)								7,077	3,100	1,500	
		•	e Treatments											
	2. Rest	torative	Treatments											
	Other										6,039	4,093	1,946	
			Therapy Treatm								10,713	7,261	3,452	
			Therapy Treatme	ents										
A.	Medica	re - Par	t B								127	86	41	
В.			lusive of Part B) e Treatments											
			Treatments										-	
C	Other	OTALIVE	Treatments								257	174	83	
		neech T	Therapy Treatme	ats				•			384	260	124	
			ational Therapy T		ents						201	200	,,,,,	
	Medica										1,185	803	382	
			lusive of Part B)											
	1. Mai	ntenanc	e Treatments											
		orative	Treatments											
	Other										5,612	3,804	1,808	
D.	Total C	rccupat	ional Therapy Tr	eatmo	ents ents					l	6,797	4,607	2,190	1

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of Ex		- Salail				
Name of Facility	License No.		Report for Yea	r Ended	Page	of
NOBLE HORIZONS	936-C		9/30/2017		10	37
Are time records maintained by all individuals receiving con	npensation?		Yes		No	
	ĺ		Total Cost a	nd Hours	- 10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Item	CCNH	Hours	RHNS	Hours	RCH	Hours
A. Salaries and Wages*						
Operators/Owners (Complete also Sec. I						
of Schedule A1)	-	-	-	-	-	
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	100,703	1,199	47,865	570	11,881	141
3. Assistant Administrator (Complete also Sec. IV					,	
of Schedule A1)	_	_	_		_	
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	241,933	9,856	114,993	4,687	41,518	1,789
5. Dietary Service	2.12,500	3,000	**,,555	1,007	11,510	1,703
a. Head Dietitian	-	-	-	-	-	
b. Food Service Supervisor	90,179	3,700	42,864	1,759	23,561	967
c. Dietary Workers	339,998	20,119	161,607	9,562	88,832	5,256
6. Housekeeping Service						
a. Head Housekeeper	-	-	-	-	-	
b. Other Housekeeping Workers	148,210	11,368	70,447	5,403	-	-
7. Repairs & Maintenance Services			1000			
a. Engineer or Chief of Maintenance	27,729	806	12,970	377	8,498	247
b. Other Maintenance Workers	82,429	4,675	38,556	2,186	25,261	1,432
8. Laundry Service	100					
a. Supervisor	_		-	-	-	-
b. Other Laundry Workers	24,303	1,718	11,551	817	-	
Barber and Beautician Services	-	-	_	-	-	
10. Protective Services	-	-	-	-	-	-
11. Accounting Services	522		1000			
a. Head Accountant	-	-	-	-	-	-
b. Other Accountants	-	-	-	-	-	-
12. Professional Care of Residents			Control of the Contro			
a. Directors and Assistant Director of Nurses	65,600	1,308	38,680	772	-	-
b. RN						100
1. Direct Care	730,218	19,565	479,069	12,834	-	-
2. Administrative**	128,135	3,253	79,366	2,008	-	-
c. LPN	-00 (200	
Direct Care	290,652	9,776	143,816	4,837	-	-
2. Administrative**	1 000 046		-	-	-	-
d. Aides and Attendants	1,098,346	62,411	286,331	16,269	192,548	10,738
e. Physical Therapists	ļ	-	-	-	-	-
f. Speech Therapists g. Occupational Therapists		-	-	-	-	-
g. Occupational Therapists h. Recreation Workers	117,289	5,417	- 	2 575	20 (44	1 417
	117,289	3,417	55,749	2,575	30,644	1,415
i. Physicians 1. Medical Director						
Utilization Review				_		
3. Resident Care***				ì		
J. Resident Cale	-	-	-	-	-	-
	-	-	-	-	-	-
4. Other (Specify)	 	-	-	-	-	-
4. Other (Specify)	-	-		-	-	
Other (Specify) j. Dentists	 	-	-	-	-	Common Co
4. Other (Specify) j. Dentists k. Pharmacists	-	-	-		-	
4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists	-	-	- - - - - - - 33 830	_	- - - - - 18 601	
4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists m. Social Workers/Case Management	- - - - 71,192	- - - 2,398	- - - - - 33,839 21,137	1,140	- - - - - 18,601 5 247	
4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists m. Social Workers/Case Management n. Marketing	-	-	- - - - 33,839 21,137	_	- - - - 18,601 5,247	
4. Other (Specify) j. Dentists k. Pharmacists l. Podiatrists m. Social Workers/Case Management	- - - - 71,192	- - - 2,398		1,140		- - - - 626 143

^{*} 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)

	CCH	ССН	RHNS	RHNS	RCH	RCH
Position	\$	Hours	\$	Hours	\$	Hours
Staff Development	18,085	488	8,596	232	4,726	128
Total	\$ 18,085	488	\$ 8,596	232	\$ 4,726	128

Schedule of Other Fees (Page 13)

	ССН	CCH	RHNS	RHNS	RCH	RCH
Service	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy	12,834	233	6,100	111	PERMIT	
Total	\$ 12,834	233	\$ 6,100	111	\$	

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*

			AS	Sistant Adın	Assistant Administrators and Uther Related Parties	Utner	Kelaled F	arnes		
Name of Facility				License No.		Report for	Report for Year Ended		Page	Jo
NOBLE HORIZONS				936-C		9/30/2017			111	37
		Salary Paid	1							
				Fringe Benefits						
				and/or Other	(L	Total	Line Where	11 v 3 1 v	Total	
Name	CCNH	RHNS	RCH	Fayments (describe fully)	Full Description of Services Rendered	Hours	Claimed on Page 10	Name and Address of All Other Employment**	Morked	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).										
	1.000	. d 1 6.	., ., .,		£ - 1 114 - 1 - 1 - 1 - 1 - 2 - 3	-				

^{*} 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.

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

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

Administrators and Other Related Parties*

				Ą	Administrators and Other Related Parties*	nd Ott	er Kelate	d Parties*		
Name of Facility (as licensed)				License No.		Report for	Report for Year Ended		Page	Jo
NOBLE HORIZONS				936-C		9/30/2017			12	37
	3 2	Salary Paid								
				Fringe Benefits						
				and/or Other		Total	Line Where		Total	
				Payments	Full Description of	Hours	Claimed on	Name and Address of All	Hours	Compensation
Name	CCNH	RHINS	RCH	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Section III - Administrators***										
Eileen M. Mulligan	100,703	47,865	11,881	Standard Responsib Employee day-to-day 11,881 Benefits Package of facility	Responsible for the day-to-day operations of facility	1,910 A.2.	A.2.			
Section IV - Assistant Administrators										
*NI 0.11.2 molecular benefit and of 11: some of 20 molecular of 11:	to concider	od malogo fi	Il informat	I Lobinson of arci	Lowing of stocks lowerist to so I because of a	Conincod				

*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

B. Report of Ex		es - Proid	,			
	License No.		Report for Y	ear Ended	Page	of
NOBLE HORIZONS	936	5-C	9/30/2017		13	37
		_T	Total Cost a	nd Hours	T	r
Item	CCNH	Hours	RHNS	Hours	RCH	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	17,332	346	8,239	165	4,529	91
2. Dentist	4,695	35	2,232	17	-	-
3. Pharmacist	5,147	77	2,446	37	-	-
4. Podiatrist	-	-	-	-	-	-
5. Physical Therapy						
a. Resident Care	146,055	2,443	69,437	1,162	-	-
b. Other	_	-	_	-	-	-
6. Social Worker	-	_	-	-	-	-
7. Recreation Worker	-	-	-	-	-	-
8. Physicians						
a. Medical Director (entire facility)	24,566	121	11,676	57	-	-
b. Utilization Review	0.000					
(Title 18 and 19 only) monthly meeting	-	-	-	-	-	-
c. Resident Care**	-	-	-	-	-	-
d. Administrative Services facility						
 Infection Control Committee (Quarterly meetings) 	_	_	_	_	_	_
2 Pharmaceutical Committee					_	
(Quarterly meetings)		-	-	-	-	-
3. Staff Development Committee						
(Once annually)	-	-	-	-	-	-
e. Other (Specify) Physician Visit						
9. Speech Therapist	-	-	-	-	-	-
a. Resident Care	10,277	152	4,901	72		
b. Other	10,277	132	4,901	12	-	-
10. Occupational Therapist	1	-	-	-	-	-
a. Resident Care	84,516	2,056	40,176	978		
b. Other	04,510	2,030	70,170		_	
11. Nurses and aides and attendants			_			
a. RN						
1. Direct Care	_	_	_	-	_	-
2. Administrative***		_		_	_	-
b. LPN						
1. Direct Care	_	_	-	-	-	-
2. Administrative***	_	_	_		-	-
c. Aides	61,535	2,348	16,042	612	10,407	397
d. Other	,555	-,5.5		-	,,,,,	-
12. Other (Specify)						
See Attached Schedule	12,834	233	6,100	111	-	-

^{*} 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	Year Ended	Page	of	
NOBLE HORIZONS		936-C		9/30/2017		14	37	
			Related**	to Owners,				
Name & Address of Individual	Full Expla	nation of Service	Operator	s, Officers	Expla	nation of R	elationship	
			Yes	No	_			
Susan F. Mastrangelo)	Dietician	Е	Ū				
Elizabeth A. Dekker, DDS		Dentist	E	Z				
Value Health Care	Pharm	acy Consultant	Г	Ī.				
Symbria Rehab of Connecticut	Phys	sical Therapy	区	Е	See Page 4a		test of the set Well of Miles	
			Г	Г				
			Е	Е				
Michael Keliy, MD	Med	ical Director		ত				
			Г	Е				
Symbria Rehab of Connecticut	Spe	ech Therapy	Ū	Е	See Page 4a			
Symbria Rehab of Connecticut	Occupa	ntional Therapy	ē	Е	See Page 4a			
Nurse Network, LLC	Tempora	ry Labor - Aides		ē			· · · · · · · · · · · · · · · · · · ·	
Symbria Rehab of Connecticut	Respi	ratory Therapy	∠	С	See Page 4a			
			Е	Г				
			Е	Е				
				C.				
				Е				
			Г	С				
			Е	Е				
			Е					

^{*} Use additional sheets if necessary.

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility L	icense No.		Report for Year Ended		Page	of
NOBLE HORIZONS	936-C	-	9/30/2017		15	37
_			m 1	~~~	77710	T. CYT
Item			Total	CCNH	RHNS	RCH
1. Administrative and General						
a. Employee Health & Welfare Benefits			150.001	11006	-4 -0-	
1. Workmen's Compensation		\$	179,094	113,362	51,597	14,135
2. Disability Insurance		\$	46,185	29,234	13,306	3,645
3. Unemployment Insurance		\$	20,598	13,038	5,934	1,626
4. Social Security (F.I.C.A.)		\$	403,923	255,672	116,371	31,880
5. Health Insurance		\$	866,630	548,552	249,678	68,400
6. Life Insurance (employees only)			1			
(not-owners and not-operators)		\$	7,347	4,650	2,117	580
7. Pensions (Non-Discriminatory)		\$	369,308	233,761	106,399	29,148
(not-owners and not-operators)						
8. Uniform Allowance		\$	10,252	6,489	2,954	809
9. Other (Specify)		\$	2,709	1,714	781	214
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$	-	-	-	1
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*				100		
c. Bad Debts*		\$	126,935	79,667	37,868	9,400
d. Accounting and Auditing		\$	-	-	_	-
e. Legal (Services should be fully described or	n Page 7)	9	45,191	28,363	13,481	3,347
f. Insurance on Lives of Owners and	8 /	\$	-	-	_	-
Operators (Specify)*		-				
g. Office Supplies		\$	33,232	20,300	9,647	3,285
h. Telephone and Cellular Phones		4	33,232	20,200	3,677	2,200
1. Telephone and Pagers		\$	19,706	12,368	5,879	1,459
2. Cellular Phones		\$	3,296	2,069	983	244
i. Appraisal (Specify purpose and		\$	3,270	2,009		
attach copy)*		Ψ	_	200		
					50.00 A 500	
j. Corporation Business Taxes (<i>franchise tax</i>)		•				
		1	-	-	-	-
k. Other Taxes (Not related to property - See 1) 1. Income*	uge 42)					
		\$		-	-	_
2. Other (Specify)		\$	-	1	-	-
See Attached Schedule		_	500.40=	400.000	10111	
3. Resident Day User Fee		\$	593,185	402,073	191,112	4 20 4==
Subtotal		\$	2,727,591	1,751,312	808,107	168,172

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

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

NOBLE HORIZONS 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	RCH
Personal Time Accrued	(680)	(309)	(85)
Vaccinations	2,394	1,090	299
Total	\$ 1,714	\$ 781	\$ 214

Schedule of Other Taxes

Description	CCNH	RHNS	RCH
Total	\$ -	\$ -	\$ -

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

· ·	License No.	110	Report for Y	Year Ended	Page	of
NOBLE HORIZONS	936-C		9/30/2017		16	37
Item			Total	CCNH	RHNS	RCH
	s Brought Forwa	ard:	2,727,591	1,751,312	808,107	168,172
Travel and Entertainment			_,·_·,	-,,,-	,	
1. Resident Travel and Entertainment		\$	1,867	1,074	510	283
2. Holiday Parties for Staff		\$	7,019	4,405	2,094	520
3. Gifts to Staff and Residents		\$	4,601	2,887	1,373	34
4. Employee Travel		\$	513	318	150	4:
5. Education Expenses Related to Seminars an	d Conventions	\$	12,759	7,355	3,496	1,90
6. Automobile Expense (not purchase or depre		\$	17,974	10,350	4,920	2,704
7. Other (<i>Specify</i>)		\$	_	-	-	
See Attached Schedule		·				
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	s)	\$	8,899	5,228	2,483	1,18
2. Advertising Telephone Directory (all such e		\$	-	-,	-,	
3. Advertising Other (Specify)***		\$	104,748	65,726	31,238	7,78
See Attached Schedule			,	,		
4. Fund-Raising***		\$	15,370	9,647	4,585	1,13
5. Medical Records		\$	-		-	
6. Barber and Beauty Supplies (if this service	is supplied	\$	-	-	_	
directly and not by contract or fee for service						
7. Postage		\$	4,782	3,001	1,427	35
* 8. Dues and Membership Fees to Professional		\$	11,414	7,164	3,405	84.
Associations (Specify)						
See Attached Schedule						F. 10.
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$	-	-	-	
9. Subscriptions		\$	538	311	149	7
10. Contributions***		\$	-	-	-	
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	36,833	24,557	11,673	60
Schedule C-2, Page 21 for each firm or indi						
12. Administrative Management Services**		\$	669,126	419,962	199,614	49,55
13. Other (Specify)		\$	22,391	13,531	6,431	2,42
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	3,646,425	2,326,828	1,081,655	237,94

^{*} 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	RCH
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	RCH
All Marketing Non-Salary Expenses	56,441	26,827	6,659
All Public Relations Non-Salary Expenses	9,285	4,411	1,125
Total Other Advertising	\$ 65,726	\$ 31,238	\$ 7,784

Schedule of Dues

Description	CCNH	RHNS	RCH
Leading Age	7,029	3,341	829
Association for Long Term Care Financial Managers	49	23	6
IAAP	86	41	10
Total Dues	\$ 7,164	\$ 3,405	\$ 845

Schedule of Contributions

Description	CCNH	RHNS	RCH
Total Contributions	\$	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	RCH
CHEFA Admin Fees	1,394	663	87
Licenses - See Schedule Below	3,140	1,494	630
Pre-Employment Services	8,465	4,021	1,608
Penalties and Late Fees	244	116	29
Special Events and Functions	288	137	75
Total Other Administrative and General	\$ 13,531	\$ 6,431	\$ 2,429

Licenses:		
Department of Public Health	\$ 560	일당 : 하네. 이번도 발전하기 있다.
Notary Public	\$ 130	
Torrington Area Health District	\$ 415	
FCC	\$ 95	
Drug Enforcement Agency	\$ 731	
Consumer Protection Agency	\$ 40	
LTCMAP	\$ 350	
Broadcast Music	\$ 1,155	
Motion Picture Licensing Corporation	\$ 1,989	
Sub Total	\$ 5,465	
Less: Portion Allocated to Cottages	\$ (201)	를 하는 것이 없는데 보다면 되었다. 사람들은 얼마를 다 물 - 이 시청한 요한 일하는 것들은 것이 있는데 되었다.
Total Licenses	\$ 5,264	

Schedule C-1 - Management Services*

License No.	Report for Year Ended	Page of
936-C	[9/30/2017	17 37
Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
669,126	Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and Data Processing Services	Page 16, Line m12
	936-C Cost of Management Service	Cost of Management Service Full Description of Mgmt. Service Provided Corporate Administration, Financial Management, Accounts Receivable Management, IT Support, Information Systems and

^{*} 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)

Nan	ne of Facility		cense	No.		port for Ye	ear Ended	Page	of
ı	BLE HORIZONS			936-C		9/30/2017		18	37
	Item			Total		CCNH	RHNS	R	CH
2.	Dietary								
	a. In-House Preparation & Service			44.00	,				
	1. Raw Food		\$	294,415		169,537	80,583		44,295
	2. Non-Food Supplies		\$	36,171		20,829	9,900		5,442
	3. Other (Specify)	_	\$	-		-	-		-
	b. Purchased Services (by contract other		\$	-		-	-		-
	than through Management Services)								
	(Complete Schedule C-2 att. Page 21)			25.00			1000		
	c. Management Services**		\$	_			_		-
	d. Other (Specify)	_	\$	-		-	-		-
							4 - 4 - 4		
2E.	Total Dietary Expenditures $(2a+b+c+d)$		\$	330,586		190,366	90,483		49,737
2F.	Dietary Questionnaire			Total		CCNH	RHNS	R	СН
G.	Resident Meals: Total no. of meals served pe	er da	ıy:*	300		173	82		45
H.	Is cost of employee meals included in 2E?		Yes	▽	No)			
I.	Did you receive revenue from employees?		Yes	V	No	,	If yes, specify amt.		
J.	Where is the revenue received reported in the	e Co	st Re	port? (Page/L	Line	Item)			
	Is cost of meals provided to persons other						10 :0		
K.	than employees or residents (i.e., Board	V	Yes		No)	If yes, specify		\$35,549
	Members, Guests) included in 2E?						cost.		
Т	Is any revenue collected from these people?		Voc		No		If yes, specify		\$35,549
L.	is any revenue confected from these people?		1 62		110		amt.		\$33,349
M.	Where is the revenue received reported in the	e Co	st Re	port? (Page/L	ine	Item)		Page 30	Line IV, 1
	Is cost of food (other than meals, e.g., snacks	S					If yes, specify		
N.	at monthly staff meetings, board meetings)		Yes	V	No	•	cost.		
	provided to employees included in 2E?								
O.	Is any revenue collected from employees?		Yes	~	No	•	If yes, specify amt.		
P.	Where is the revenue received reported in the	e Co	st Re	port? (Page/L	ine	Item)			

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

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

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

Name of Facility	License	No.	Report for Y		Page	of
NOBLE HORIZONS	9:	36-C	9/30/2017		19	37
Item		Total	CCNH	RHNS	R	CH
3. Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.	145,710	98,765	46,945		-
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	4,776	3,237	1,539		_
Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.	-	-	-		<u>-</u>
processed.***	Amt. \$	-	-	_		_
3. Personal clothing of residents	Lbs.	-	_	_		-
washed, ironed, and/or processed.***	Amt. \$	-	-	-		-
4. Repair and/or purchase of linens.***	Lbs.	145,710	98,765	46,945		-
	Amt. \$	1,135	769	366		-
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	95,988	60,062	28,549		7,377
c. Management Services** d. Other (Specify)	\$	-	-	-		-
3E. Total Laundry Expenditures (3a + b + c + d)	\$	101,899	64,068	30,454		7,377
3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? □	Yes	V	No	If yes, specify cost.		
H. Did you receive revenue from employees?	Yes	V	No	If yes, specify cost.		
I. Where is the revenue received reported in the C	ost Report	?	(Page/Line	Item)		
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes		No	If yes, specify cost.		\$1,740
K. Did you receive revenue from these people?	Yes		No	If yes, specify cost.		\$1,740
L. Where is the revenue received reported in the C	ost Report	.?	(Page/Line	Item)	Page 30, I	Line IV, 8

^{*} 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)

Nar	ne of Facility	License No.	Rep	ort for Year E	nded	Page	of
NO	BLE HORIZONS	936-C		9/30/2017		20	37
	Item			Total	CCNH	RHNS	RCH
4.	Housekeeping	Sq. Ft. Serviced		75,742	35,960	17,092	22,690
	a. In-House Care	by Personnel					
	1. Supplies - Cleaning (Mops,	Amt.	\$	36,325	17,246	8,197	10,882
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced		75,742	35,960	17,092	22,690
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	-	-	-	-
	Page 21)						
	c. Management Services*		\$	-	-	-	-
	d. Other (Specify)		\$	_	_	_	_
4E.	Total Housekeeping Expenditures (4a +	b + c + d)	\$	36,325	17,246	8,197	10,882
5.	Resident Care (Supplies)**			12.5			
	a. Prescription Drugs***			1.00			
	1. Own Pharmacy		\$	-	-	_	-
	2. Purchased from		\$	125,949	85,371	40,578	
	Value Health Care						
	b. Medicine Cabinet Drugs		\$	14,052	9,525	4,527	-
	c. Medical and Therapeutic Supplies		\$	178,574	121,041	57,533	
	d. Ambulance/Limousine***		\$	-	-	-	-
	e. Oxygen				7.		
	1. For Emergency Use		\$	-	-	-	-
	2. Other***		\$	3,599	2,440	1,159	
	f. X-rays and Related Radiological		\$	6,308	4,276	2,032	-
	Procedures***						
	g. Dental (Not dentists who should be inc	luded under	\$	-		-	-
	salaries or fees)	10.7					22502
	h. Laboratory***		\$	13,261	8,989	4,272	
	i. Recreation		\$	35,491	20,122	9,454	5,915
	j. Other (Specify)****		\$	28,187	18,701	8,889	597
	See Attached Schedule						
5K.	Total Resident Care Expenditures (5a - 5	j)	\$	405,421	270,465	128,444	6,512

^{*} 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.

5.c. - Medical & Therapeutic Supplies

Description	CCNH	RHNS	RCH
Oxygen Rental - Month-to-Month	\$ 8,760	\$ 4,163	\$ -
Medical and Therapeutic Supplies	\$ 50,973	\$ 24,229	\$ -
Disposable Incontinent Supplies	\$ 35,809	\$ 17,021	\$ -
Resident Vaccinations - Disallowed	\$ 1,053	\$ 501	\$ -
Minor Equipment and Furniture - Please refer to note below *	\$ 8,197	\$ 3,896	\$ -
Prescription Drugs Not Covered by Medicaid	\$ 16,249	\$ 7,723	\$
Total Other Resident Care	\$ 121,041	\$ 57,533	\$ -

Schedule of Other Resident Care

P	CONT	RHNS	RCH
Description	CCNII	KIIINS	KCH
Pastoral Care	\$ 2,285	\$ 1,085	\$ 597
Physical Therapy	\$ 16,416	\$ 7,804	\$ -
Total Other Resident Care	\$ 18,701	\$ 8,889	\$ 597

^{*} Minor Equipment and Furniture - This account represent those medical supplies that have a useful life but do not qualify to be capitalized. None of the items in this account relate to a specific patient. Examples of minor equipment include - humidifiers, small storage cabinet, oral probe, seat cushions and finger probes.

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

7;1; -4310				1 :- ::- : 1	D 4 6 37 F - 1 -					J
NOBLE HORIZONS				Licelise Ind. 936-C	Keport for Tear Ended 9/30/2017	1			rage 21	37
		Relate	Related ** to	ALON, MINISTER, DESCRIPTION OF THE PROPERTY OF						
		Owners, Oper-Officers	Operators, ficers				Total Cost/Page Ref.***	age Ref.**	¥	
Name of Individual or	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Ž	Explanation of	Full Explanation of	IIIVO	פועום	пОа	2	.;
Company	Address	res	INO	Relationship	service Flovided	HIJO	KILIND	RCFI	rg L	ellie Lille
MatrixCare	Bloomington, MN		>		Computer Software Contract	14,218	6,758		16 m11	a11
A&G Purchased Services Under \$10,000	Various		7		Equipment/Software Maintenance, Data	10,339	4,915	603	16 m11	a11
H&H Linen Services, Inc.	New Britain, CT		✓		Laundry Contract	25,676	12,204	6,552	19 3	36
Unitex Textile Rental Services	South Windsor, CT		>		Laundry Contract	31,227	14,843		19 38	٩
Laundry Purchased Services Under \$10,000	Various		<u> </u>		Laundry Purchased Services	3,159	1,502	825	19 3	3b
Lawrence C. Casey Jr	Canaan, CT				Groundskeeping Service	14,790	6,918	4,533	22 6f	"
Otis Elevator	Charlotte, NC	District Control of the Control of t	7		Elevator Service	13,079	6,117	4,008	22 6f	بيو
Grodsky Service, Inc.	Springfield, MA		<u>~</u>		Heating and Air Conditioning Service	13,749	6,431	4,213	22 6f	بين
Lawrence C. Casey Jr	Canaan, CT		<u>\</u>		Plowing and Sanding	21,238	9,934	6,508	22 6f	Ţ
William Perotti & Sons	East Canaan, CT				Plumbing Service	9,928	4,644	3,043	22 6f	J
Maintenance Purchased Services Under \$10,000	Various		~			34,491	16,324	690'6	22 6f	Į
		,								

^{*} 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

94,720	110,141	2/2,338	4//,399	(U)	11. I out Froperty Expenses ($/e + \delta e + 9 + 10$)	<u></u>
04 700	110141	363 666	200		- 1	T
1	1	-	ī	\$	c. Personal property taxes	
•	1	•	ı	\$	b. Real estate taxes paid by lessor	,
1	r	r	ī	€	a. Real estate taxes paid by owner	Π
					10. Property Taxes	1
1		ī	1	8	real estate taxes included in item 10b	Γ
				ess	9. Rental payments on leased real property less	9.
66	508	1,070	1,644	\$	*8e. Total Amortization Costs $(8a + b + c + d)$	*
Ţ	,		r	\$	d. Other (Specify)	
1	1	ſ	1	\$	c. Leasehold Improvements	
66	508	1,070	1,644	↔	b. Mortgage Expense	
1	-	ī	1	\$	a. Organization Expense	
				ze 24*)	8. Amortization (Complete att. Schedule Page 24*)	.∞
94,654	109,633	271,468	475,755	\$	*7e. Total Depreciation Costs $(7a + b + c + d)$	*
14,744	28,269	58,715	101,728	\$	d. Movable Equipment	
16,865	18,260	69,344	104,469	8	c. Non-Movable Equipment	
59,371	50,076	113,413	222,860	\$	b. Building & Building Improvements	
3,674	13,028	29,996	46,698	.	a. Land Improvements	
				*	7. Depreciation (complete schedule page 23*	.7
100,736	169,901	359,845	630,482	6f) \$	6g. Total Maint. & Operating Expense (6a -	39
		ir offic			See Attached Schedule	
31,374	50,368	107,275	189,017	\$	f. Other (itemize)	
331	602	1,267	2,200	age 6) \$	e. Equipment Lease (Provide detail on page 6)	
8,947	13,656	29,197	51,800	\$	d. Water	
38,514	70,066	147,409	255,989	\$	c. Light & Power	
6,732	12,247	25,767	44,746	8	b. Heat	
14,838	22,962	48,930	86,730	\$	a. Repairs & Maintenance	
	-				6. Maintenance & Operation of Plant	6.
RCH	RHNS	CCNH	Total		Item	
22 37			9/30/2017	936-C	NOBLE HORIZONS	Z
		ear Ended	Report for Year Ended	License No.	Name of Facility	\mathbf{z}

^{*} 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	RCH
Equipment Maintenance Contract	13,638	6,474	2,508
Refuse Removal	10,498	4,990	2,583
Carpet and Flooring	2,483	1,180	1,567
Carpentry Service	3,045	1,424	933
Electrician Service	38	17	11
Elevator Service Contract	13,079	6,117	4,008
Exterminator Service	910	426	279
Grounds Service	16,140	7,549	4,947
Heating & Air Conditioning Service	14,691	6,871	4,501
Painting Service	1,587	742	486
Plowing & Sanding	21,238	9,934	6,508
Plumbing Service	9,928	4,644	3,043
Total Other Repairs and Maintenance	\$ 107,275	\$ 50,368	\$ 31,374

NOBLE HORIZONS 09/30/17

Asset Group	Cost	2017 Total <u>Depreciation</u>	2017 Deprec to Nursing Home	<u>ССН</u>	RHNS	<u>RCH</u>	<u>Cottages</u>
Land Improvements:							
- CON - Non-CON	315,122 1,488,200	4,315 88,204	4,315 42,383	2,289 27,707	1,896 11,132	130 3,544	0 45,821
Totals	1,803,322	92,519	46,698	29,996	13.028	3,674	45,821
Building & Improvements:							
- CON - Non-CON	3,336,305 12,566,609	85,059 364,446	85,059 137,801	52,221 61,192	29,745 20,331	3,094 56,277	0 226,645
Totals	15,902,914	449,505	222,860	113,413	50,076	59,371	226,645
Fixed Equipment:							
- CON - Non-CON	1,045,676 3,355,031	0 173,089	0 104,469	0 69,344	0 18,260	0 16,865	0 68,620
Totals	4,400,708	173,089	104,469	69,344	18,260	16,865	68,620
Moveable Equipment:							
- CON - Non-CON	526,475 2,323,468	0 123,299	101,728	58,715	28,269	0 14,744	0 21,571
Totals	2,849,943	123,299	101,728	58,715	28,269	14,744	21,571

State of Connecticut

Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

Depreciation Schedule

5. cs					Deprecia		<u> </u>	15		- 1 1		D	· ·
Name of Facility NOBLE HORIZONS					License No. 936-0	٦			ort for Year I I/2017	±nded		Page 23	of 37
NOBLE HORIZONS) 		 		T	<u> </u>	23	37
					Historical	r		1	ccumulated	N4.411C			
					Cost Exclusive of	Less Salvage	Cost to Be		preciation to	Method of Computing	I Iao fisi	Depreciation	
Property Item					Land	Value	Depreciated		eginning of r's Operations	Depreciation		for This Year	Totals
Property Item					Land	value	Depreciated	1 68	i s Operations	Depreciation	Life	101 THIS Teal	101415
A. Land Improvements					1 002 222		007.000		606 114	S/L	37	46,698	100
1. Acquired prior to this report period					1,803,322	-	986,898	 	686,114	S/L	Variou	40,098	45.00
2. Disposals (attach schedule)	-11-	- 1-1-1			-	-	-	 		S/L	37	_	
3. Acquired during this report period (atta	en sen	eaule)			-	-	_		-	S/L	Variou	-	46.608
A-4. Subtotal							SHEET STATE	-					46,698
B. Building and Building Improvements					15 742 215		0.076.976		6 521 510	S/L	37:	216 152	
1. Acquired prior to this report period			· · · · ·		15,743,215	-	9,076,876	<u> </u>	6,521,518	S/L	Variou	216,152	
2. Disposals (attach schedule)	.11.	. 1 1.5			159,699	-	92,171	 	-	S/L	77. 1.	6,708	
3. Acquired during this report period (atta	en sen	eaule)			159,699	-	92,171	-	-	S/L	Variou	0,708	222.860
B-4. Subtotal C. Non-Movable Equipment													222,860
f					4 225 770		2 120 472		2 647 422	g/ī	Vania	02.047	
1. Acquired prior to this report period					4,235,770	-	3,139,473	├	2,647,423	S/L	Variou	92,047	- sur recul
2. Disposals (attach schedule)	.11	. 1 1.			164.020	-	114 520	 	-	S/L	Variou	12,422	
3. Acquired during this report period (atta	en sen	eaule)			164,938	-	114,529		-	S/L	variou	12,422	104,469
C-4. Subtotal	T		г					T					104,409
		ileage									l		
		oook		e of	Historical				ccumulated				
	maint	ained?	Acqu	isition	Cost	Less		1	preciation to	Method of			
				-	Exclusive of	Salvage	Cost to Be		Beginning of	Computing		Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Yea	r's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment													100
Motor Vehicles (Specify name, model									100				
and year of each vehicle)					and the second								
a. Various	X		Var	Var	208,949	-	182,479	<u> </u>	311,057	S/L	Variou	15,004	1000
b.			ļ		-	-		-	-	-	-	-	
c. d.			l		-	-	<u>-</u>	-	-		-	-	
Movable Equipment							-				_	_	
a. Acquired prior to this report period					2,510,511	_	1,994,690		2,758,347	S/L	Vario	79,451	ni.
b. Disposals (attach schedule)					2,510,511		1,774,090	 	2,730,347	-	7 41101	17,731	
c. Acquired during this report period						-							Chieron.
(attach schedule)					130,484	_	113,127	3000	_	_	_	7,273	
D-3. Subtotal					130,404	_	113,147		-	-	-	1,213	101,728
E. Total Depreciation						1	100						475,755
E. Total Deprectation								1					413,733

NOBLE HORIZONS 9/30/2017

The accumulated depreciation expense reported on Page 23 is calculated on that portion of the fixed assets specifically allocated to nursing units. The accumulated depreciation expense reported on Page 31 is calculated on the entire fixed asset. Please refer to your prior year workpapers for further explanation.

Schedule of Land Improvements Acquired during this report period

		Total	Cost Alloc	Useful	Total NH
Acquisition Date	Description of Item	Cost	to NH	Life	Depreciation
Additions:					
			April (Sept. 11)		
Total additions for Land Im	provements	\$ -	\$ -		*
Deletions:					
		Jeffy (mod. W.)			
Total deletions for Land Im	provements	\$ -	\$ -		**

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:	Description of item	Cost	loni	Life	Depreciation
10/31/2016	Cobble roof replacement	58,060	58,060	10	5,806
11/30/2016	Ext painting M3&M4 I1&I2	13,800	Appropriate Section	5	
12/31/2016	Ext painting- cots E1 and E2	4,800	Partie Sul	- 5	
12/31/2016	Shower unit Q2	3,881		15	
2/28/2017	Int paint Cot I-2	3,250		5	4946745044
2/28/2017	Paint walls, trim in chapel	2,325	2,325	5	310
3/31/2017	Int Painting - C1	2,600	'Harataja'	5	
3/31/2017	Interior paint D-4	2,600		5	
4/30/2017	Window-Rm 63	2,212	2,212	15	74
4/30/2017	Window-Rm 64	2,862	2,862	15	95
4/30/2017	Sliding door A-1	3,914		15	
4/30/2017	Sliding door A-4	3,914		15	
6/30/2017	Int Paint P-2	2,650		5	
8/31/2017	Windows cottage C3	4,022	4,022	15	45
8/31/2017	Sliding door cot-d2	3,914		15	<u>.</u>
7/31/2017	Window-Admin Office	3,245	3,245	15	54
9/30/2017	Ext Staining L&M cottages	14,000		5	
9/30/2017	Exterior Staining of Wagner Bld	8,875	8,875	5	148
8/1/2017	Paint L-1 Interior	3,400	tile gantelle	5	
9/30/2017	Chapel Roof	15,375	10,570	5	176
Total additions for	r Building Improvements	\$ 159,699	\$ 92,171		\$ 6,708
Deletions:					
Fotal deletions for	Building Improvements	\$ -	- \$		\$ -

^{*}Ties to Page 23, Line B3

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

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

Acquisition Date	Description of Item	Total Cost	Cost Alloc to NH	Useful Life	Total I Deprecia	
Additions:]	
10/31/2016	Water heater	10,380	10,380	10	1	,038
11/30/2016	Carpeting Rm 53	1,365	1,365	5	ga Alberta	250
10/1/2016	Hot water heater M4	1,435		15	1941	
12/31/2016	Carpeting rm 45	1,290	1,290	5	15000	215
11/30/2016	Carpeting and tile O2	6,920		5	1100	
1/31/2017	Riga Hallway Carpet	29,925	29,925	5	4	,489
1/31/2017	Carpet in Wagner Corridor	23,400	23,400	5	3	,510
1/31/2017	Carpet - Rm 24	1,175	1,175	.5	11111111	176
2/28/2017	Flooring Cot- I2	5,060		5		7.54
2/28/2017	Cottage I-2 renovation	8,945		15		
2/28/2017	Hot Water Heater Cot H2	1,180		10	- Victory	
2/28/2017	Hot water heater	11,390	11,390	10		759
2/28/2017	Carpeting in chapel	7,800	7,800	5	1	,040
3/31/2017	Carpet- Rm 81	1,386	1,386		18.50	162
3/31/2017	Carpet- Rm 55	1,380	1,380	5	T State	161
3/31/2017	Carpet - RM 18	1,175	1,175	- 5	3000	137
3/31/2017	Carpeting C-1	2,360		5	11.75%	
3/31/2017	Carpet D-4	2,300		5		
3/31/2017	Heat Exchanger	3,597	3,597	15	A NAME OF	140
12/31/2016	Fireplace P-1	4,201		15	75. May 24	
4/30/2017	Carpet - Rm 38	1,230	1,230	.5	18.55	123
5/31/2017	Carpet - Cot G2	2,300		- 5		
3/31/2017	Water Heater - Cot C1	1,180		10	grana)	
5/31/2017	Carpet B-1	2,910		5	- 11. Tales	
5/31/2017	Logset and burner-dn room	1,580	1,580	15		44
6/30/2017	Flooring - Cot P2	3,775			31.47.15	
8/31/2017	Carpet - Room 88	1,300	1,300	5		43
7/31/2017	Cot I2 Propane Line	919		10	San Track Man	- L
8/1/2017	Carpert L-1	3,500		5		
8/1/2017	Countertops L-1	2,546		15	100	
9/1/2017	Propane piping for range R-1	878		25		-
9/30/2017	Therapeutic side entry bath	16,156	16,156	10		135
Total additions for	Non-Movable Equipment	\$ 164,938	\$ 114,529		\$ 12	,422
Deletions:						
Total deletions for	Non-Movable Equipment	ta ta e i de A <mark>ls</mark> de ta ta (4 - 4	\$ -		\$	-

^{*}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	Total Cost	Cost Alloc to NH	Useful Life	Total NH Depreciation
Additions:					
11/30/2016	4 computers and licenses	6,328	4,351	3	1,329
11/30/2016	Table tops (6)	3,600	2,475	15	151
1/31/2017	Mattresses (13)	3,887	3,887	10	292
1/31/2017	Projector	1,600	1,100	10	83
2/28/2017	Resident room furniture	33,154	33,154	15	1,474
2/28/2017	Sonic Wall	4,414	4,414	5	589
2/28/2017	Potato peeler	1,320	1,320	10	88
2/28/2017	Lift recliners for dementia unit	3,966	3,966	10	264
2/28/2017	Dishwasher Cot I-2	750		10	
2/28/2017	Arm chairs (50) for chapel	15,833	15,833	15	704
3/31/2017	Appliances C-1	1,490		10	
3/31/2017	Ariens Snow Blower	2,100	1,444	5	168
2/28/2017	In House TV Sta Upgrade	5,474	3,763	5	502
4/30/2017	Food processor (Buffalo chopper)	5,427	5,427	10	271
5/31/2017	Computers and software (4)	1,786	1,786	3	248
5/31/2017	Computers and software (4)	1,786	1,786	3	248
5/31/2017	Computers and software (4)	1,786	1,786	3	248
5/31/2017	Computers and software (4)	1,786	1,786	3	248
6/30/2017	Dishwasher - P2	1,217		10	
7/31/2017	Patient lift and scale	2,737	2,737	10	68
8/31/2017	Electric Height/Width Paralell Bars	6,897	6,897	15	77
7/31/2017	Cott I2-Range	406		10	
8/1/2017	Air Conditioners/Range L-1	1,689		10	
9/1/2017	Gas Range R-1	406	PARTANTA	10	
9/30/2017	New website	15,075	10,364	5	173
9/30/2017	Low beds (3)	3,270	3,270	12	23
9/30/2017	Microphones/CD player for Chapel	2,300	1,581	5	25
Total additions fo	r Movable Equipment	\$ 130,484	\$ 113,127		\$ 7,273
Deletions:					
				Rose Grand III	
Total deletions for	Movable Equipment	\$	\$ -		\$ -

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Annual Report of Long-Term Care Facility

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Amortization Schedule*

Nam	e of Facility			License No.		Re	port for Yea	r Ended		Page	of
1	LE HORIZONS			936	5-C	9/3	30/2017			24	37
						A	ccumulated				
		Dat	e of			ļ	Amort. to				
		Acqui	isition			В	eginning of	Basis for			
		Mont	"	Amortizatio	Cost to Be		Year's	Computing		Amortization	
	Item	h	Year	n	Amortized	(Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense										
	1.				-	<u> </u>	-	_	144	-	AND THE STATE OF STAT
	2.				-		-		-	-	17 a 17 East 1990
	3.		***************************************		-		Yes	-	-	-	200
A-4.	Subtotal										-
B.	Mortgage Expense										
<u> </u>	1. Bond Issuance Costs	12	2015		31,178		1,370	S/L	Var	1,644	
	2.				_	<u> </u>	-	-	-	-	
	3.				-		-	-	-	-	
B-4.	Subtotal				and the second			and the second second second			1,644
C.	Leasehold Improvements and Other										
	1. Acquired prior to this report period				-	<u> </u>	-	-	-	-	
	2. Disposals (attach schedule)				-		-	-	-	-	
	3. Acquired during this report period		para panganan p	are the second							
	(attach schedule)				-		-	-	-	-	
	Subtotal			SW COAL ST						100	-
D.	Total Amortization									200	1,644

^{*} Straight-line method must be used.

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

^{**} Specify which of the following bases were used:

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

Name of Facility	License No.	Report for Year B	nded		Page of
NOBLE HORIZONS	936-C	9/30/2017			25 37
11. Property Questionnaire					
Part A Is the property either owned by the or leased from a Related Party?* *If any owner or operator of this factor or business association to any personal parts.	cility is related by family on or organization from w			☑ No	If "Yes," complete Part B. If "No," complete Part C.
considered a related party transacti	on.		r		
Description	· · ·	Total			
Date Land Purchased	1	1971			
2. Date Structure Completed	CD1	1973		The second secon	Control of the Contro
3. If NOT Original Owner, Date	e of Purchase	01/06/75		SECTION AND ADDRESS OF THE PERSON AND ADDRES	
4. Date of Initial Licensure		01/06/75			
5. Total Licensed Bed Capacity		110			
6. Square Footage		120,660			
7. Acquisition Cost		38,000	100	Description of the second	
a. Land b. Building		38,000 1,782,023			
Part B - Owner and Related Pa	wtios	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing	ii ties	1st Wortgage	Zhu Mortgage	31d Wortgage	4ui Mortgage
a. Type of Financing (e.g., f	ived variable)	Fixed			
b. Date Mortgage Obtained	ixed, variable)	11/18/15			
c. Interest Rate for the Cost	Vear	2.58%			
d. Term of Mortgage (numb		15			
e. Amount of Principal Borr		3,266,375			
f. Principal balance outstand				-1	
Complete if Mortgage was		=			
During Current Cost Ye		Control of the Contro			The second secon
g. Type of Financing (e.g., f					
h. Date of Refinancing	ixed, variable)				
i. New Interest Rate					
j. Term of Mortgage (numb	er of years)				
k. Amount of Principal Born					
Principal Outstanding on					
Part C - Arms-Length Leas		Improvements O	nly		<u></u>
Name and Address of I	Lessor Pro	operty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
A A A A A A A A A A A A A A A A A A A					

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 L	icense No.		Report for Ye	ar Ended		Page of
NOBLE HORIZONS	936-C		9/30/2017			26 37
Item			Total	CCNH	RHNS	RCH
12. Interest						
A. Building, Land Improveme	nt & Non-Movable	Э				
Equipment		_				
1. First Mortgage		\$	62,180	40,444	19,224	2,512
Name of Lender		Rate				
Salisbury Bank and Trust Address of Lender		2.58%		7.50		
5 Bissell Street, Lakeville, CT 06039				200		
2. Second Mortgage		\$				
Name of Lender		Rate	-	-	-	-
1 value of Bender		Rate				
Address of Lender		J				
				200		
3. Third Mortgage	,	\$	-	-	-	1
Name of Lender		Rate		100		200
				2	Control of the Contro	
Address of Lender					1000	The second secon
				100	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Control of the Contro
4. Fourth Mortgage		\$	-	-	-	-
Name of Lender		Rate				
Address of Lender					22	
Address of Lender					200	Charles of the Charle
B. CHEFA Loan Information					The second secon	
1. Original Loan Amount		\$	-			
2. Loan Origination Date		· · · · · · · · · · · · · · · · · · ·	_		En America de Servicio de La Companya de La Company	
3. Interest Rate %			-			1979 M
4. Term			-	7		
5. CHEFA Interest Expens	e		_	-	-	-
12 B7. Total Building Interest Expens		\$	62,180	40,444	19,224	2,512
			(0	Subtotals f		

(Carry Subtotals forward to next page)

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

Name of Facility	License No.		Report for Y	ear Ended		Page of
NOBLE HORIZONS	936-C		9/30/2017			27 37
Iter	n		Total	CCNH	RHNS	RCH
	Subtotals Bro	ought Forward	: 62,180	40,444	19,224	2,512
12. C. Movable Equipment						
1. Automotive Equipme	nt	•	-	-	-	-
A. Item	Rate	Amount			100	
Lender			1,500	Control of the Contro		The second secon
Lender			200 miles 200 mi			
Address of Lender			100 mg			
2 04 (9 ()			h			
2. Other (Specify)			-	-	1	-
A. Item	Rate	Amount	10.00 mg	7		
Lender	I					Control of the Contro
			200 E			Control of the Contro
Address of Lender						
B. Item	Rate	Amount				
T 4		_				
Lender				many the second of the second		
Address of Lender						
Tradioss of Dondor						
12. C. 3. Total Movable Equip	ment Interest					
Expense (C1 + 2)			-	-		
12. D. Other Interest Expense (Specify)		-	-	-	-
			Section Control			
10 77 (1411)	1007 + 1002 + 10	272)	(0.100	10 111	10.004	0.710
13. Total All Interest Expense (1	12B7 + 12C3 + 12	2D) S	62,180	40,444	19,224	2,512
14. Insurance	wildings only)	•	55.051	21 142	14566	0.542
a. Insurance on Property (b b. Insurance on Automobile			55,251 12,165	31,142 6,857	14,566 3,207	9,543 2,101
c. Insurance other than Pro			12,103	0,03/	3,207	2,101
1. Umbrella (<i>Blanket Co</i>		-	10,433	5,880	2,751	1,802
2. Fire and Extended Co			5 10,433	3,000	2,731	1,002
3. Other (<i>Specify</i>)			835	471	220	144
See Page 27a		•	555	.,1		
					1000	194
					100	
14d. Total Insurance Expenditur		(78,684	44,350	20,744	13,590
15. Total All Expenditures (A-1.	3 thru C-14)	(12,030,766	7,572,577	3,467,928	990,261

Schedule of Other Insurance

Description	CCNH	RHNS	RCH
Crime	471	220	144
Total Other Insurance	\$ 471	\$ 220	\$ 144

D. Adjustments to Statement of Expenditures

Name of Facility NOBLE HORIZONS			cense No.	Report for Ye	ar Ended	Page	of		
NOR	LE HO	JKIZO	JNS	<u> </u>	936-C	9/30/2017		28	37
_	_				Total				
	Page	ž l			Amount of			_	
No.		No.	Item Description		Decrease	CCNH	RHNS	R(CH
Page	10 - S		es and Wages						
1.			Outpatient Service Costs	\$		_	_		-
2.	10	12.n	Salaries not related to Resident Care	\$		44,469	21,137		5,247
3.			Occupational Therapy	\$	_	_	_		_
4.			Other - See attached Schedule	\$	-	-	-		-
Page	13 - F	Profes	sional Fees						
5.			Resident Care Physicians **	\$	-	-	-		-
6.	13	10.a	Occupational Therapy	\$	124,692	84,516	40,176		-
7.			Other - See attached Schedule	\$	18,934	12,834	6,100		-
Page	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$	-	-	-		-
9.	15	1.c	Bad Debts	\$		79,667	37,868		9,400
10.		1.e	Accounting & Legal	\$		28,104	13,358		3,316
11.			Telephone	\$	Ļ	752	357		89
12.		h.2	Cellular Telephone	\$		1,165	554		137
13.	1.5	11.2	Life insurance premiums on the life	Ψ,	1,030	1,100	351		137
15.			of Owners, Partners, Operators	\$	-	_	_		_
14.	16	1.2/3	Gifts, flowers and coffee shops	\$		1,208	575		143
15.	10	1.2/3	Education expenditures to colleges or	Ф	1,920	1,208	373		143
13.			universities for tuition and related costs						
				ø					
1.0			for owners and employees	\$	-	-	-		-
16.			Travel for purposes of attending		7644 2378 2478				
			conferences or seminars outside the						
			continental U.S. Other out-of-state	_	\$25. \$25.				
			travel in excess of one representative	\$		_	-		
17.	16		Automobile Expense (e.g. personal use)	\$	 	8,461	4,022		998
18.	16	m.3	Unallowable Advertising *	\$		65,726	31,238		7,784
19.			Income Tax / Corporate Business Tax	\$	+	-	-		-
20.	16	m.4	Fund Raising / Contributions	\$	15,370	9,647	4,585		1,138
21.	16	m.12	Unallowable Management Fees	\$		(5,699)	(2,709)		(672)
22.			Barber and Beauty	\$		-	-		
23.			Other - See attached Schedule	\$	4,332	2,741	1,304		287
Page	18 - I	Dietar,	y Expenditures						
24.	30	IV.1	Meals to employees, guests and others						
			who are not residents	\$	35,549	20,471	9,730		5,348
Page	19 - I	aund	ry Expenditures						
25.			Laundry services to employees, guests						
•			and others who are not residents	\$	1,740	1,179	561		-
Page	20 - F	Touse	keeping Expenditures		-,. 10				
	29c/2		Housekeeping services to employees						
۵0.			and others who are not residents	\$	641	435	206		_
	JW 30	/1 / 0	Subtotal (Items 1 - 26)			355,676	169,062		33,215
			Wanted"	Ψ		arry Subtotal f	<u> </u>	<u> </u>	ريورر

^{*} 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	RCH
Total Othe	r Salaries 2	Adjustment	\$ -	\$	\$ -

Schedule of Fees Adjustments

Page Ref Line Ref Description	CCNH	RHNS	RCH
13 B.12 Respiratory Therapy	12,834	6,100	
Total Other Fees Adjustments	\$ 12,834	\$ 6,100	\$ 5 5 5 5 5 5

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
16	m.13	CHEFA Administration Fee	1,394	663	87
16	m.13	Penalties & Late Fees	244	116	29
16	m.13	Special Events and Functions	288	137	75
30	IV.8	Finance Charges	815	388	96
Total Othe	r A&G Ad	justments	\$ 2,741	\$ 1,304	\$ 287

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

NT.	-CT	- 1114	D. Adjustments to Statem				Desir		
Name of Facility NOBLE HORIZONS			cense No.	Report for Y	ear Ended	Page	of		
NOR.	LE HO	JKIZO	JNS		936-C	9/30/2017		29	37
Τ,	т.	~ ·			Total				
	Page		T. 70		Amount of	C C Tri	DID IO		CTT
No.	No.	No.	Item Description	Φ.	Decrease	CCNH	RHNS	K	CH
			Subtotals Brought Forward	\$	557,953	355,676	169,062		33,215
			nt Care Supplies***	Φ.	107.010	0.5.0.51	10.77		
27.	20	5.a.2	Prescription Drugs	\$	125,949	85,371	40,578		-
28.			Ambulance/Limousine	\$	-	-	-		
29.		_	X-rays, etc	\$	6,308	4,276	2,032		
30.			Laboratory	\$	13,261	8,989	4,272		-
			Medical Supplies	\$	3,451	2,339	1,112		-
32.	20	5.e.2	Oxygen (non emergency)	\$	3,599	2,440	1,159		-
33.			Occupational Therapy	\$	-	-	-		-
34.			Other - See Attached Schedule	\$	46,438	28,939	13,661		3,838
	<u> 22 - N</u>		enance 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	\$	9,379	5,401	2,567		1,411
	<u> 27 - 1</u>	nsura		_			10.0		
40.			Mortgage Insurance	\$	-	-	-		-
	29b/c/d		Property Insurance	\$	8,922	5,042	2,363		1,517
	- Mis	scellar							
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	\$	-	-	-		-
	or Pr	ofit P	roviders Only					2.5	
50.			Building/Non Movable Eq. Depreciation	1					
			Unallowable Building Interest -						
			See Attached Schedule	\$	4,637	2,613	1,223		801
51.	Total	Amoi	unt of Decrease (Items 1 - 50)	\$	779,897	501,086	238,029		40,782

^{***} 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

20 5.i Cable Television \$	\$ 12,523	\$ 5,857	\$ 3.838
			4 2,020
20 5.j Physical Therapy Supplies \$	\$ 16,416	\$ 7,804	\$ -
Total Other Ancillary Costs \$	\$ 28,939	\$ 13,661	\$ 3,838

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
					The specific
Total Exce	ss Movable	Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref Line Ref Description	CCNH	RHNS	RCH
29c Outpatient Therapy Allocation	\$ 1,518	\$ 721	\$ 396
29d Gift Shop Allocation	\$ 3,883	\$ 1,846	\$ 1,015
Total Other Property Adjustments	\$ 5,401	\$ 2,567	\$ 1,411

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	RCH
Usiyya, 93					
Total Othe	r Adjustm	ents किया के किया के समित कर के किया के किया है किया है कि किया कि	\$ -	\$ -	\$ -
		•			

Schedule of Unallowable Building Interest

Page Ref Line Ref Description	CCNH	RHNS	RCH
29c Outpatient Therapy Allocation	\$ 734	\$ 344	\$ 225
29d Gift Shop Allocation	\$ 1,879	\$ 879	\$ 576
Total Unallowable Building Interest	\$ 2,613	\$ 1,223	\$ 801

Automobile Expense - Disallowance

Noble Horizons reported 8 vehicles, including a utility vehicle.	Since the facility had 110 beds in cost year
2017, the Provider is allowed 2 vehicles.	

2017, the Florider is allowed 2 vehicles.		
Depreciation Expense Disallowance:		
Automobile Depreciation Per Page 23		\$ 15,004
Allowed Vehicles:		
2011 Dodge Grand Caravan	4,500	
2012 Ford E350 Bus	10,504	
Allowed Amount Allocated to Annual Report		15,004
Disallowed Depreciation Expense		\$ -
Automobile Expense Disallowance:		
Automobile Expense per Page 16		\$ 17,974
% Disallowed (6 Vehicles out of 8)		75.00%
Disallowed Automobile Expense		<u>\$13,481</u>
Insurance Expense Disallowance:		
Disallowed Vehicles in Excess of State Guidelines:		
Utility Vehicle		\$0
2006 Ford Truck		1,118
2001 Honda CRV		1,115
2010 Ford Startrans		3,126
2005 Honda Odyssey		1,111
2012 Ford Escape		1,370
Disallowed Insurance Expense Amount		\$7,840

Outpatient Therapy Overhead

Outpatient therapy treatments associated with the outpatient program are included in the therapy treatments reported on Page 9, which effectively disallows all direct expenses. The therapy space is not leased. The following overhead and fair rent costs associated with the outpatient program are calculated as follows:

Calculation	n of Outpatient Allocation	
Total Squa	are Footage	75,742
-	otage of Therapy Space	2,408
-	pace as a % of Total Space	3.1792%
Total Ther	rapy Treatments	17,894
	Therapy Treatments	2,573
_	Therapy Treatments as a % of Total Treatments	14.3791%
Outpatient	Allocation of Therapy Space	0.4571%
Expense It	ems	
A & G	Repairs and Maintenance	86,730
1100	Other Maintenance	189,017
	Heat	44,746
	Light & Power	255,989
	Total	576,482
	Outpatient Allocation	0.4571%
	Unallowable Amount	\$2,635
House-	Supplies	\$ 36,325
keeping	Purchased Services	\$ -
	Total	36,325
	Outpatient Allocation	0.4571%
	Unallowable Amount	\$166
Capital	Property Tax	-
	Outpatient Allocation	0.4571%
	Unallowable Amount	\$0
Insurance	Property Insurance (Not Including Auto)	66,519
	Outpatient Allocation	0.4571%
	Unallowable Amount	\$304
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029
	Outpatient Allocation	0.4571%
	Unallowable Amount	\$3,470
Deprec &	Building Depreciation	222,860
Interest	Building Interest	62,180
	Total	285,040
	Outpatient Allocation	0.4571%
	Unallowable Amount	\$1,303

The Fair Rent figure comes from the 7/2016 Rate Computation Report which includes fixed assets through FYE 2015. M&SLLC needs to recalculate this disallowance to include the FYE 2015 Fair Rent additions.

Gift Shop Overhead

Outpatient therapy treatments associated with the outpatient program are included in the therapy treatments reported on Page 9, which effectively disallows all direct expenses. The therapy space is not leased. The following overhead and fair rent costs associated with the outpatient program are calculated as follows:

Calculation	n of Gift Shop Allocation	
Total Squa	ure Footage	75,742
	otage of Therapy Space	886
-	Space as a % of Total Space	1.1698%
1	•	
Gift Shop	Space as a % of Total Space	1.1698%
Expense It	<u>ems</u>	
A & G	Repairs and Maintenance	86,730
	Other Maintenance	189,017
	Heat	44,746
	Light & Power	255,989
	Total	576,482
	Gift Shop Allocation	1.1698%
	Unallowable Amount	\$6,744
House-	Supplies	\$ 36,325
keeping	Purchased Services	\$ 50,525
Keeping	Total	36,325
	Gift Shop Allocation	1.1698%
	Unallowable Amount	\$425
	Old	
Capital	Property Tax	-
	Gift Shop Allocation	1.1698%
	Unallowable Amount	
Insurance	Property Insurance (Not Including Auto)	66,519
Inou and	Gift Shop Allocation	1.1698%
	Unallowable Amount	\$778
Fair Rent	Real Property and Land (From 7/2016 Rate Comp Report) *	\$759,029
	Gift Shop Allocation	1.1698%
	Unallowable Amount	\$8,879
Deprec &	Building Depreciation	222,860
Interest	Building Interest	62,180
	Total	285,040
	Gift Shop Allocation	1.1698%
	Unallowable Amount	\$3,334

The Fair Rent figure comes from the 7/2016 Rate Computation Report which includes fixed assets through FYE 2015. M&SLLC needs to recalculate this disallowance to include the FYE 2016/2017 Fair Rent additions.

CHI NOBLE HORIZONS MEDICARE COST REPORT SQUARE FOOTAGE STATISTICS CYE SEPTEMBER 30, 2017

Cost		Subtotal		Whitridge		Riga	Subtotal		Wagner	Subtotal			Cobble	Cobble	
Center	Totals	SNF	Whitridge	Basement	Riga	Basement	ICF	Wagner	Lower	RCH	Copple 1	Copple 2	Comm 1	Comm 2	Cottages
Employee Benefits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	00	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Admin, & General	4,093.0	482.0	96.0	0.0	258.0	168.0	620.0	357 0	263.0	2,991.0	0.0	315.0	0.0	2,676.0	0.0
Maintenance & Repairs	2,488.0	248.0	0.0	0.0	0.0	248.0	0.0	00	0.0	140.0	0.0	0.0	0.0	140.0	2,100.0
Plant Operations	1,012.0	172.0	0.0	0.0	0.0	172.0	380.0	00	380.0	460.0	43.0	305.0	42.0	70.0	0.0
Laundry	1,399.0	452.0	202.0	0.0	250.0	0.0	726.0	1680	558.0	101.0	101.0	0.0	0.0	0.0	120.0
Housekeeping	242.0	88.0	56.0	0.0	32.0	0.0	28.0	00	28.0	126.0	40.0	50.0	28.0	8.0	0.0
Dietary	5,210.0	0.089	680.0	0.0	0.0	0.0	0.0	00	0.0	4,530.0	182.0	0.0	3,904.0	444.0	0.0
Nursing Admin.	1,463.0	1,094.0	169.0	0.0	925.0	0.0	369.0	00	369.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical Records	240.0	0.0	0.0	0.0	0.0	0.0	240.0	00		0.0	0.0	0.0	0.0	0.0	0.0
Social Services	381.0	0.0	0.0	0.0	0.0	0.0	0.0	00		381.0	0.0	381.0	0.0	0.0	0.0
SNF - Participating	12,317.0	12,317.0	4,499.0	0.0	7,818.0	0.0	0.0	00		0.0	0.0	0.0	0.0	0.0	0.0
NF - Non-Participating	7,134.0	0.0	0.0	0.0	0.0	0.0	7,134.0	7,1340		0.0	0.0	0.0	0.0	0.0	0.0
Other Long Term Care	4,105.0	0.0	0.0	0.0	0.0	0.0	0.0	00		4,105.0	2,479.0	1,626.0	0.0	0.0	0.0
Oxygen	0.0	0.0	0.0	0.0	0.0	0.0	0.0	00		0.0	0.0	0.0	0.0	0.0	0.0
Physical Therapy	2,181.0	0.0	0.0	0.0	0.0	0.0	1,161.0	00		1,020.0	0.0	1,020.0	0.0	0.0	0.0
Occupational Therapy	187.0	0.0	0.0	0.0	0.0	0.0	187.0	00		0.0	0.0	0.0	0.0	0.0	0.0
Speech Pathology	40.0	0.0	0.0	0.0	0.0	0.0	40.0	00		0.0	0.0	0.0	0.0	0.0	0.0
Medical Supplies	144.0	144.0	0.0	0.0	144.0	0.0	0.0	00		0.0	0.0	0.0	0.0	0.0	0.0
Drugs	78.0	43.0	25.0	0.0	18.0	0.0	35.0	350		0.0	0.0	0.0	0.0	0.0	0.0
Gift Shop	886.0	0.0	0.0	0.0	0.0	0.0	886.0	0.0		0.0	0.0	0.0	0.0	0.0	0.0
Barber & Beauty	508.0	0.0	0.0	0.0	0.0	0.0	309.0	00		199.0	0.0	199.0	0.0	0.0	0.0
Cottages	54,012.0	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	54,012.0
Sub Total	98,120.0	15,720.0	5,687.0	0.0	9,445.0	588.0	12,115.0	7,6940	4,421.0	14,053.0	2,845.0	3,896.0	3,974.0	3,338.0	56,232.0
Common Area	33,973.5	15,064.0	3,769.0	679.0	7,242.0	3,374.0	10,153.0	3,462,0	6,691.0	8,636.5	2,473.5	2,610.0	1,982.0	1,571.0	120.0
Total Square Footage	132,093.5	30,784.0	9,456.0	679.0	16,687.0	3,962.0	22,268.0	11,156,0	11,112.0	22.689.5	5,318.5	6,506,0	5,956.0	4,909.0	56,352.0

Facility Square Footage	(56,352)
	75,742
PT Square Footage OT Square Footage ST Square Footage	2,181 187 40
Therapy Square Footage	2,408

2/8/2018

NOTIONS
NOTIONS
THERAPY REVENUE RECONCILIATION THERAPY LOGS VS. GENERAL LEDGER
FYE SEPTEMBER 30, 2017
Balanced? Yes

Physical Therapy:

Explanation				Explanation				Explanation		
Difference	0.00	0.00		Difference	0.00 0.00 0.00 0.00 0.00	0.00		Difference	0.00 0.00 0.00 0.00 0.00	0.00
Adjusted Revenue	4,661.18 0.00 172,476.82 166,256.76 16,683.50 21,269.54	381,347.80		Adjusted Revenue	3,764,30 0.00 184,872.19 47,125.72 20,089.88 9,095.20	264,947.29	Adjusted	Revenue	0.00 0.00 19,423.56 8,243.35 1,720.44 2,047.29	31,434.64
PMA Adj. Revenue	0.00	0.00		PMA Adj. Revenue	0.00	0.00	PMA Adj.	Revenue	0.00	0.00
Adjust. to G/L	(329.21) 0.00 0.00 (1.31) 0.00 329.21	(1.31)		Adjust. to G/L	0.00 0.00 0.00 0.00 0.00	(0.33)	Adjust. to	G/L	0.00	(0.08)
Revenue Per G/L	4,990.39 0.00 172,476.82 166,258.07 16,683.50 20,940.33	381,349.11		Revenue Per G/L	3,764.30 0.00 184,872.19 47,126.05 20,089.88 9,095.20	264,947.62	Revenue	Per G/L	0.00 0.00 19,423.56 8,243.43 1,720.44 2,047.29	31,434.72
#\D	1202032003200 1202032003210 1202032003230 1202032003240 1202032003260			#T/5	1202032013200 1202032013210 1202032013230 1202032013240 1202032013260			B/L #	1202032023200 1202032023210 1202032023230 1202032023240 1202032023260 1202032023265	
Revenue Per Log	4,661.18 0.00 172,476.82 166,256.76 16,683.50 21,269.54	381,347.80		Revenue Per Log	3,764.30 0.00 184,872.19 47,125.72 20,089.88 9,095.20	264,947.29	Revenue	Per Log	0.00 0.00 19,423.56 8,243.35 1,720.44 2,047.29	31,434.64
Unit Charge				Unit Charge			Unit	Charge		
# of Units Per Logs	131 0 4,860 4,674 461 587	10,713	py:	# of Units Per Logs	99 0 4,767 1,185 524 222	6,797	# of Units	Per Logs	0 218 127 177	384
Inpatient - Inst. 02	Private Medicaid Medicare A Medicare B HMO - MA HMO - COMM	Total P/T	Occupational Therapy:	Inpatient - Inst. 02	Private Medicaid Medicare A Medicare B HMO - MA	Total O/T	Speech Therapy:	Inpatient - Inst. 02	Private Medicaid Medicare A Medicare B HMO - MA HMO - COMM	Total S/T

Annual Report of Long-Term Care Facility

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F. Statement of Revenue

Name of Facility NOBLE HORIZONS License No. 936-C	Report for Y 9/30/2017	ear Ended		Page of 30 37
NODED HORIZONS	 3,50,2017			
Item	Total	CCNH	RHNS	RCH
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (CT only)	\$ 9,885,720	7,941,275	1,367,195	577,250
b. Medicaid Room and Board Contractual Allowance **	\$ (4,701,081)	(3,807,614)	(725,000)	(168,467)
2. a. Medicaid (All other states)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (all inclusive)	\$ 1,162,385	152,195	1,010,190	
b. Medicare Room and Board Contractual Allowance **	\$ 205,756	46,407	159,349	
4. a. Private-Pay Residents and Other	\$ 4,843,359	1,961,769	2,266,615	614,975
b. Private-Pay Room and Board Contractual Allowance **	\$ 15,797	(25,858)	41,655	
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$ 111,892	75,843	36,049	
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (111,892)	(75,843)	(36,049)	
c. Prescription Drugs - Non-Medicare	\$ 10,319	6,994	3,325	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (10,319)	(6,994)	(3,325)	
2. a. Medical Supplies - Medicare	\$ 571	387	184	
b. Medical Supplies - Medicare Contractual Allowance **	\$ (569)	(386)	(183)	
c. Medical Supplies - Non-Medicare	\$ (2,156)	(1,461)	(695)	
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (129)	(87)	(42)	
3. a. Physical Therapy - Medicare	\$ 338,735	229,586	109,149	
b. Physical Therapy - Medicare Contractual Allowance **	\$ (204,356)	(138,507)	(65,849)	
c. Physical Therapy - Non-Medicare	\$ 42,615	28,883	13,732	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (23,298)	(15,791)	(7,507)	
4. a. Speech Therapy - Medicare	\$ 27,667	18,733	8,934	
b. Speech Therapy - Medicare Contractual Allowance **	\$ (19,442)	(13,164)	(6,278)	
c. Speech Therapy - Non-Medicare	\$ 3,767	2,551	1,216	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (2,372)	(1,606)	(766)	
5. a. Occupational Therapy - Medicare	\$ 231,998	157,248	74,750	
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (191,932)	(130,091)	(61,841)	
c. Occupational Therapy - Non-Medicare	\$ 32,949	22,333	10,616	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (25,350)	(17,182)	(8,168)	
6. a. Other (Specify) - Medicare	\$			
b. Other (Specify) - Non-Medicare	\$ 4,257	2,885	1,372	
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,624,891	6,412,505	4,188,628	1,023,758
IV. Other Revenue*				
Meals sold to guests, employees & others	\$ 35,549	20,471	9,730	5,348
2. Rental of rooms to non-residents	\$			
3. Telephone and Telegraph	\$ 1,198	752	357	89
4. Rental of Television and Cable Services	\$			
5. Interest Income (Specify)	\$ 1	1		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (Specify)	\$ 9,468	6,352	3,021	95
V. Total Other Revenue (1 thru 8)	\$ 46,216	27,576	13,108	5,532
VI. Total All Revenue (III+V)	\$ 11,671,107	6,440,081	4,201,736	1,029,290

^{*} 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

Page Ref Description	CCNH	RHNS	RCH
Total Other Resident Revenue - Medicare	\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNH	RHNS	RCH
Pg. 20 Complex Medical Equipment - Private	\$ 750	\$ 357	\$ -
Pg. 13 Respiratory Therapy - Private	\$ 2,135	\$ 1,015	\$ -
Total Other Resident Revenue	\$ 2,885	\$ 1,372	\$

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	RCH
HMO/Medicare Interest Income				
Total Interest Income		\$ 1	\$ -	\$ 100 00 00

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	RCH
	Finance Charge - Resident	\$ 815	\$ 388	\$ 96
X.00043	Housekeeping Service	\$ 34	\$ 16	\$
	Personal Laundry	\$ 1,179	\$ 561	3 - 1 1 3 4 4 4 5
	Personal Supplies	\$ 1,286	\$ 611	\$
	Returned Check Fee	\$ (19)	\$ (8)	\$ (1)
	Flu Vaccine - Expense already disallowed on Page 29 line 31	\$ 3,057	\$ 1,453	\$ -
Total Other	er Revenue	\$ 6,352	\$ 3,021	\$ 95

G. Balance Sheet

Name of Facility			Report for Year End	ed	Page	of
NOBLE HORIZONS	· · · · · · · · · · · · · · · · · · ·	936-C	9/30/2017		31	37
***************************************		Account			An	nount
Assets						
A. Current Assets	1 . 1 . 1 . 1					5 0 41 00 4
1. Cash (on hand a		α + 11	D 1D 1.	\$		7,341,836
		e (Less Allowance for		\$		1,105,663
	Receivable (I	Excluding Owners or R	Related Parties)	\$		11,348
4 Inventories				\$		36,485
5. Prepaid Expense			22.040	\$		44,280
a. Prepaid Sewe			23,940			
b. Prepaid Other	<u>. </u>		20,340			
C						A CONTRACTOR OF THE PARTY OF TH
d. 6. Interest Receival	-1-			σ.		
7. Medicare Final S		o o ivrolato		\$ \$		
8. Other Current A				\$		V
8. Other Current A	sseis (nemize)		Þ		And the second s
						The second of th
						1000
A O T-4-1 C 4	- (T ' A 1 A	1 0\		ı dı		0.520.610
A-9. Total Current Asset	s (Lines Al 1	nru 8)		\$		8,539,612
B. Fixed Assets						0.707.070
1. Land		*TT' / 1 G /	1.002.202	\$		2,737,278
2. Land Improvement	ents	*Historical Cost	1,803,322	\$		462,911
2 D '11'		Accum. Depreciation	···			4.670.444
3. Buildings		*Historical Cost	15,902,914	\$		4,650,444
4 T 1 11 T		Accum. Depreciation	11,252,470 Net			
4. Leasehold Impro	ovements	*Historical Cost	NT.	\$		
7 N. N. 11 D.	•	Accum. Depreciation				1.006.060
5. Non-Movable E	quipment	*Historical Cost	4,400,708	\$		1,036,060
() (11 T) '		Accum. Depreciation				
6. Movable Equipm	nent	*Historical Cost	2,640,995	\$		507,363
		Accum. Depreciation				
7. Motor Vehicles		*Historical Cost	208,949	\$		9,293
		Accum. Depreciation	199,656 Net			<u> </u>
8. Minor Equipmen	nt-Not Depred	ciable		\$		
9. Other Fixed Ass	ets (itemize)			\$		21,334
Project in Pro	gress		21,334			
B-10. Total Fixed Ass	ots (Lines R1	thru 9)		\$		0 121 692
D 10. I TOUR I ROCK / 1889	on (Lines Di	v.a. v. 2 j		Ιφ		9,424,683

^{*} 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		f Facility	License No.	Report for Year Ended		Page		of
NOE	NOBLE HORIZONS		936-C	9/30/2017		32		37
			Account			Am	ount	
				Total Brought Forward:	\$		17,96	4,295
C.	Leasehold or like property recorded for Equity Purposes.							
	1. Land						****	
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	n Net	\$			
		Minor Equipment-Not Depre	iable					
C-8	To	tal Leasehold or Like Propert	ies (C1 thru 7)		\$			
D.	Investment and Other Assets							
	1.	Deferred Deposits			\$			
	2.	Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
			Accum. Depreciation	n Net	\$			
		Goodwill (Purchased Only)			\$			
	5.	Investments Related to Reside	ent Care (itemize)					
	6.	Loans to Owners or Related I	Parties (itemize)		\$			
		Name and Address	Amount	Loan Date				
}								
					<u></u>		-	5.0 55
	7.	7. Other Assets (itemize)					2	7,262
		Bond Issuance Costs (Net)		27,262				
							_	= 0 :-
		tal Investments and Other Ass			\$			7,262
D-9.	10	tal All Assets (Lines A9 + B1)) + C8 + D8)		\$		17,99	1,557

^{*} 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		License No.	Report for Year	Ended	Page	of
NOBLE HO	RIZONS	936-C	9/30/2017		33	37
		Account			An	nount
Liabilities						
A.	Current Liabilities					
	1. Trade Accounts Payable				\$	210,569
	2. Notes Payable (itemize)				B	
						Marcolline Communication Commu
	2 Logo Davahla for Union	and (Carrier to anti-	.) (:4:)		h	
	3. Loans Payable for Equipment Name of Lender				<u> </u>	
	Name of Lender	Purpose	Amount	Date Due	1	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
					100 April 100 Ap	
					10 (10 m) 10 (10 m) 10 (10 m) 10 (10 m) 10 (10 m)	
					531575 531575 531575 531575	
					100 mm m	100 mg
					100 mg 10	100 C
					75,000 100,000 100,000 100,000	100 E
					200 April 100 Ap	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	4. Accrued Payroll (Exclusiv	ve of Owners and/or L	Stockholders only)	9	3	388,989
	5. Accrued Payroll (Owners	and/or Stockholders	only)	S	3	
	6. Accrued Payroll Taxes Pa	yable		9	3	7,817
	7. Medicare Final Settlemen	t Payable		9	3	
	8. Medicare Current Financi	ng Payable		9	3	
	9. Mortgage Payable (Curre	nt Portion)			3	188,177
	10. Interest Payable (Exclusiv	e of Owner and/or R	elated Parties)	9	3	19,800
	11. Accrued Income Taxes*			9	3	
	12. Other Current Liabilities ((itemize)		9)	273,547
	Accrued Expenses	7,1	015 Resident Deposits	77,000		
	Accrd Pmt In Lieu Of Tax	16,3	352 Suspense	(30)		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Nursing Home Tax	144,;	323			100
	Resident Personal Funds	28,	887			10 mm (mm)
A-13.	Total Current Liabilities (Lin	nes A1 thru 12)		13)	1,088,899

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page	of	
NOBLE HORIZONS	936-C	9/30/2017		34	37	
		Amount				
	nt Forward:		1,088,899			
Liabilities (cont'd)						
B. Long-Term Liabilities						
1. Loans Payable-Equipment	\$					
Name of Lender	Purpose	Amount	Date Due			
					100 miles	
					1000	
				100		
					Section 2015	
				586.53	200	
2. Mortgages Payable			\$		2,814,827	
3. Loans from Owners or Rela	ated Parties (itemize	2)	\$			
Name and Address of Lender	Amount	Loan D	ate	1000000		
				100	The second secon	
				250		
					Profit for Date of the Control of th	
				100	TO SECURE OF THE	
4. Other Long-Term Liabilitie	\$					
					4-1-1-1	
		100				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)		\$		2,814,827	
C. Total All Liabilities (Lines A-13 + B-5)					3,903,726	

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

l .	ne of Facility	License No.		Year Ended	Page	of
NOI	BLE HORIZONS	936-C	9/30/2017		35	37
		Account				Amount
A.	Reserves					
	1. Reserve for value of leased land					
	2. Reserve for depreciation va					
	to be amortized				\$	
	3. Reserve for depreciation va	lue of leased perso	nal property (E	quity)	\$	
	4. Reserve for leasehold real p	properties on which	fair rental valu	ne is based	\$	
	5. Reserve for funds set aside	as donor restricted			\$	
	6. Total Reserves				\$	
В.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	14,221,864
	6. Gain or Loss for Period	10/1/20	16 thru	9/30/2017	\$	(134,033)
	7. Total Net Worth				\$	14,087,831
C.	Total Reserves and Net Worth				\$	14,087,831
D.	Total Liabilities, Reserves, and	l Net Worth			\$	17,991,557

H. Changes in Total Net Worth

Nam	e of Facility	License No.	Report for Year	Ended	H	Page of		
NOE	BLE HORIZONS	936-C	9/30/2017			36 37		
	Account					Amount		
A.	Balance at End of Prior Period as shown on Report of 09/30/2016					14,168,735		
В.	3. Total Revenue (From Statement of Revenue Page 30)					11,671,107		
C.	Total Expenditures (From Stateme	nt of Expenditures .	Page 27)		\$	12,030,766		
D.	Net Income or Deficit				\$	(359,659)		
E.	Balance				\$	13,809,076		
F.								
	1. Additional Capital Contributed	(itemize)						
	2 (41(4)							
	2. Other (itemize)		225 (25					
	Cottages - Profit	225,625 and 53,130				The second secon		
	Transfers to Operating Fun	u	33,130			The control of the co		
·						Control of the Contro		
						Property of the Control of the Contr		
F-3.	Total Additions				\$	278,755		
G.	Deductions							
	1. Drawings of Owners/Operators	/Partners (Specify)			\$			
	Name and Address (No., City,	State, Zip)	Title	Amount				
						Andrews Comments		
	2. Other Withdrawings (Specify)				\$			
	Purpose		Amo	unt				
					\$	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
l	3. Total Deductions							
H.	Balance at End of Period	09/30/	17		\$	14,087,831		

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page		of	
NOBLE HORIZONS	936-C	9/30/2017	37	37	
	Check appropriate category				
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	1 V K(.H			
Pr	eparer/Reviewer Certifi	ication			
I have prepared and reviewer governing its preparation. I have reports for the Facility and have in this report of expenses which non-reimbursable expenses of automatically removed in the S inquiry or other services perfor Pages 28 and 29 (adjustments to this report is in agreement with	e inquired of appropriate person are not reimbursable under which I am aware (except the tate rate computation system) med by me are properly report of statement of expenditures).	ral and State issued fiest connel as to the possibility the applicable regulated as expenses known to as a result of reading tred as such in this representation.	eld audit ble incluitions. All blo be reports port on tained in	sion Il	
Signature of Preparer	Title	Date Signed			
Michelle Fasutta Director of Budgeting and 2/15/2018 Reimbursement					
Printed Name of Preparer					
Michelle Pascetta					
Address		Phone Number			
217 Avery Heights, Hartford, CT 06	106-4200	(860) 527-9126 x518			