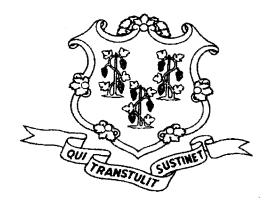
### **State of Connecticut**



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

Name of Facility (as licensed)					
Notre Dame Convalescent Home, Inc	c.				
Address (No. & Street, City, State, Z	Zip Code)				
76 West Rocks Road, Norwalk, CT	06851				
Type of Facility					
Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Supervision only (RHNS)	_	☐ (Specify)	
Report for Year Beginning		Report for Year I	Ending		
10/1/2016		9/30/2017	C		
License Numbers:	CCNH 286-C	RHNS	(Specify	) Me	edicare Provider 07-5356
Medicaid Provider Numbers:	CC 000002865	CNH	RHNS	IC	F-IID
For Department Use Only					
Sequence Number   Signed and	Date	Sequence Nui	mber	d and Notarized	Date Received
Assigned Notarized	Received	Assigned	l Signed	J and Notalized	Date Received

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### **General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Home, Inc.	286-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 Notre Dame Convalescent Home, Inc. [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above. {a}

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner)	
Dana J. Paul				
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:				, ,
Address of Notary Public	<del></del>	<del>-</del>		

(Notary Seal)

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

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
		<del></del>		1A	37
Name of Facility		Period Cov	ered:	From	То
Notre Dame Convalescent Home, Inc.				10/1/2016	9/30/2017
Address of Facility					
76 West Rocks Road, Norwalk, CT 06851					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	12/21/2017	7
Item		Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$				
2. Laundry wages paid	\$	<u> </u>			
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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

		Pho	ne No. of Fac	ility	Report for Ye	ar Ended	Page	of	_
		203	-847-5893		9/30/2017		2	37	
Name of Facility (as shown on license)			Address (No	). & S	Street, City, Sta	te, Zip)			
Notre Dame Convalescent Home, Inc.	<b>4</b>		<del></del>	cks R	Road, Norwalk,	CT 0685			
	CCNH		RHNS		(Specify)			Provider No	).
License Numbers:	286-C	<u> </u>					07-5356		
Type of Facility (Check appropriate box(es)	))								
Chronic and Convalescent Nursing Home only (CCNH)			t Home with l ervision only		- 11	(Specify)			
Type of Ownership (Check appropriate box	)				,	<del></del>			
O Proprietorship O LLC O	Partnership	0	Profit Corp.	•	Non-Profit Corp	р. О	Government	O Trust	
If this facility opened or closed during repor	rt year provide:	:		Date	Opened	Date Clos	sed		
Has there been any change in ownership				L					_
or operation during this report year?		0	Yes	•	No	If "Yes,"	explain fully	y <b>.</b>	
Administrator							<u> </u>		_
Name of Administrator					Nursing Ho	ome			_
Dana J. Paul					Administrat	or's	001576		
					License N	lo.:	<del> </del>	<del>,, </del>	
Other Operators/Owners who are assistant a	idministrators (	(full	or part time)	of thi		<del>.</del> 1			_
Name N/A					License N	No.:			
							······································		

### General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Notre Dame Convalescent Hon	ne, Inc.	286-C	9/30/2017		3   37
Legal Name of Part		Business A		State(s) and/o Which R	or Town(s) in
N/A					
Name of Partners/Members	Business Ac	ldress		Γitle	% Owned
N/A					
				•	
				, , , , ,	

### General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year En	ded	Page of
Notre Dame Convalescent Home, Inc.	286-C	9/30/2017		3A 37
If this facility is owned or operated as a corpo			on:	
Legal Name of Corporation	Busine	ss Address	State(s) in Whi	ch Incorporated
Notre Dame Convalescent Home,	76 West Rocks R	oad, Norwalk, CT	CT	
Inc.	06851			
Name of Directors, Officers	Busine	ss Address	Title	No. Shares Held by Each
Sister François Golder	76 West Rocks R 06851	oad, Norwalk, CT	President	
Sister Marie Lucie Monast	76 West Rocks R 06851	oad, Norwalk, CT	Vice President	
John B. Devine	65 East Avenue,	Norwalk, CT 06851	Secretary	
Mark Simon	191 East Avenue, 06855	, Norwalk, CT	Treasurer	
Georgette Anne Yvonne Pierrette Michel	92200 Neuilly-Su	r-Seine, France	Member	
Names of Stockholders Owning at Least 10% of Shares				
N/A				
		·		

### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Home, Inc.	286-C	9/30/2017	3B	37
If this facility is owned or operated as an individua	al proprietorship, p	provide the following informa	ation:	
	ner(s) of Facility			
	•			
N/A				
		***************************************		
				•
		· · · · · · · · · · · · · · · · · · ·		
<del></del>			-	
		•		
	· · · · · · · · · · · · · · · · · · ·			
			· · · · ·	

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### General Information and Questionnaire Related Parties\*

Name of Facility Notre Dame Convalescent Home, Inc.	nt Home, Inc.	License No 286	. No. 286-C	1 6	Report for Year Ended 9/30/2017		Page 4	of 37
Are any individuals rece	Are any individuals receiving compensation from the facility related through	acility rel	ated thro	، ا	o'N C	If "Yes," provide the Name/Address and	ne Name/Add	dress and
mainage, admy to com	ioi, ownersinp, raining of ousin	C33 4330(	Jacions			complete the imorniation on rage 11 of the report.	nation on Fa	ge 11 of the report.
Are any individuals or confinction including the rental of properties through family as	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	or service to this far, control,	ces, cility, or busing	SSS	O Yes © No			
association to any of the	association to any of the owners, operators, or officials of this facility?	of this fa	acility?			If "Yes," provide the following information:	ne following	information:
				}				
		Als Good	Also Provides Goods/Services to	s to		Indicate Where Costs are Included		
Name of Related	Business	Non-R	Non-Related Parties	rties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	**%	Provided	Page # / Line #	Reported	Related Party
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					

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

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

Name of Facility	License No		Report for Year Ended	Page	of
Notre Dame Convalescent Home, Inc.	286-C		9/30/2017	5	37
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TBI	services with special Medicaid	rates, cos	sts
must be allocated to CCNH and RHNS as follow	ws:				
Item			Method of Allocation		
Dietary		Number of	meals served to residents		
Laundry		Number of	pounds processed		
Housekeeping		Number of	square feet serviced		
		Number of	hours of routine care provided	by EACH	ł
Nursing		employee c	lassification, i.e., Director (or C	Charge Ni	urse),
		Registered	Nurses, Licensed Practical Nur	ses, Aide	s and
		Attendants			
Direct Resident Care Consultants			hours of resident care provided	by EAC	Н
			(See listing page 13)		
Maintenance and operation of plant		Square feet	· · · · · · · · · · · · · · · · · · ·		
Property costs (depreciation)		Square feet			
Employee health and welfare	<del> ,</del>	Gross salaı	<del></del>		
Management services		· · · · · · · · · · · · · · · · · · ·	e cost center involved		
All other General Administrative expenses			rect and Allocated Costs		
The preparer of this report must answer the following	owing questi	ons applica	ble to the cost information prov	ided.	
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why suc	h allocation	on was
costs allocated as required?	O 165	O NO	not made.		
		. 1			
2. Explain the allocation of related company exp	penses and a	ttach copy	of appropriate supporting data.	<del></del>	
N/A					
	10 11 11	1' 4 1'	P. A.		4 0
3. Did the Facility appropriately allocate and se			•	ie cost cei	nters?
(e.g., Assisted Living, Home Health, Outpation	ent Services	, Adult Day	•		
	• Yes	O No	If "No," explain fully why such not made.	h allocatio	on was
					İ

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### 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

should not be included in these amounts.							
Name of Facility			License No.	Report for Year Ended	ear Ended		Page of
Notre Dame Convalescent Home, Inc.			286-C	9/30/2017			6 37
	Related * to	d * to					
	Owners,	ers,		_			
	Operators,	tors,				Annual	
	Officers	ers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
U.S. Bank Equipment Finance, Inc., P 0. Box 790448, St. Louis, MO 61379	0	0	Copiers/Fax (See attached amendment to include additional equipment)	02/03/16	Monthly	34,395	34,395
Pitnery Bowes Global Financial, P.O. Box 371887, Pittsburgh, PA 15250	0	0	Postage Machine	06/01/12	Monthly	884	884
Marlin Business	0	0	Telephone Messaging Service	12/01/11	Quarterly	628	879
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					

Is a Mileage Log Book Maintained for All Leased Vehicles?

Total \*\*\*

% O

O Yes

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

\*\* Attach copies of newly acquired leases.

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

### General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Notre Dame Convalescent Home, In	286-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 O Cash O	Modified Cash				
Is the accounting basis for this					
F	Yes	If "No," explain.			
previous period?	No				
Independent Accounting Firm		V			
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 Marcum LLP		555 Long Wharf Drive, New Haven, CT	06511		
2  3					
4	, I C II \				
Services Provided by This Firm (de					
Cost Reporting, Accounting and Audit	<u> </u>		\$	43,955	
2	· · · · · · · · · · · · · · · · · · ·		\$		<del> </del>
3			\$		
4		27723	\$		· · · · · · · · · · · · · · · · · · ·
			Charge for	or Services Pi	rovided
			\$	43,955	
		s, Specify Expense Classification and Line No.			
	Page 15, Line 1d				
Legal Services Information			T		
Name of Legal Firm or Independen	t Attorney			e Number	
1 Wiggin & Dana LLP	0		203-498-		
<ul><li>2 Goldman Gruder &amp; Woods LL</li><li>3</li></ul>	C		203-899-	8900	
4					
5			i		
Address (No. & Street, City, State,	Zin Code)		1		
P.O. Box 1832, New Haven, C					
2 Connecticut Ave., Norwalk, C					
3					
4					
5					
Services Provided by This Firm (de	scribe fully)				
1 General representation and employee	matters		\$	7,945	
2 Collections and probate court (Disallo	owed on Pg. 28)		\$	5,560	
3			\$		
4			\$		
5			\$		
			Charge fo	or Services Pi	ovided
Are These Charges Deflected in the Event	iture Portion of This Panert? 16 Va	s Specific Expense Classification and Line No.	<u> </u>	13,505	
-	Page 15, Line 1e	s, Specify Expense Classification and Line No.			
● Yes O No					

State of Connecticut
Annual Report of Long-Term Care Facility
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## Schedule of Resident Statistics

Name of Facility Notre Dame Convolucement Home Inc			License No.	No.			Report for	Report for Year Ended	P		Page	of 27
TOUCE DAILIE CONVAICNCE I TOURS, IIIC.			07	١-٥٠			107/00//				0	
			,		-	eriod 10/	Period 10/1 Thru 6/30	30		Period 7/1 Thru 9/30	Thru 9/3	0
	Total All	Total	Total RHNS	Total								-
	Levels	Level	Level	(Specify)	Total	CCNH	RHINS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity	-											
A. On last day of PREVIOUS report period	99	09			09	09			9	09		
B. On last day of THIS report period	09	09			99	09			09	09		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	59	59			59	59			57	57		
B. As of midnight of THIS report period	58	58			57	57			58	58		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,700	2,700			2,116	2,116			584	584		
B. Medicaid (Conn.)	12,999	12,999			9,351	15£,6			3,648	3,648		
C. Medicaid (other states)												
D. Private Pay	4,990	4,990			4,004	4,004			986	986		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	20,689	20,689			15,471	15,471			5,218	5,218		
<ol> <li>Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds</li> <li>A. Medicaid Bed Reserve Days</li> </ol>												
B. Other Bed Reserve Days	38	38			=	11			72	27		
5. Total Resident Days (3G + 4A + 4B)	20,727	20,727			15,482	15,482			5,245	5,245		

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licer	ise No.				Report	for Year	Ended		Page	of .
Notre Dame (	Convales	scent Ho	me, Inc.	2	86-C					9/30/201	7		9	37
	•	-	in the certified blowing informat		pacity du	ring t	he repo	ort yea	г?	0	Yes	0	No	
			f Change		Cl	nange	in Bed	s		Ca	pacity Afte	er Change		
Date of		RHNS	(Specify)		Lost			Gaine	<u> </u>		<del>-</del>	[	1	
			( · 1 · 2 /						-	1				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
	L	l								L			<u></u>	
	•	_	in certified bed o	-		the r	eport y	ear (as	report	ed in item	14 above)	provide the nur	mber of	
			······································	<del></del>										
			Change in R	esider	nt Days					CC	NH	RHNS	(Spe	ecify)
1st chan					<del> </del>									
2nd char 3rd chan			,							<b></b>				
4th chan														
		lents and	d Rates on Septe	mber	30 of Co	st Ye	ar					·	1	
			Medicare		Medi					Se	lf-Pay		Other Sta	te Assisted
		Ī									·			
	Item		CCNH	C	CNH	RI	INS	CC	CNH	RH	INS	(Specify)	R.C.H.	ICF-MR
							11							
Per Diem Rate								-\$47 <b>6</b> 17			<b>排除物质</b>			
a. One b			Various		228.64				415.00					
b. Two	-		Various		228.64				385.00					
c. Three		•												
bed r	ms.													
										ļ				:
7. Total Nu	ımber of	Physica	al Therapy Treat	ments						TO	ΓAL	CCNH	RHNS	(Specify)
	Medica										1,167	1,167	101115	(Броспу)
B.	Medica	id (Exc	usive of Part B)							Walle.		rajerazi (ide s		
			e Treatments											
		torative	Treatments							ļ				
	Other	· · ·	an an							ļ	7,657	7,657		
			Therapy Treatm Therapy Treatm							7352752406743	8,824	8,824		
	Medica	•		iciits						多種的問題	442	442		
			usive of Part B)							No.	NEW THE			<b>HENRY</b>
		,	e Treatments							ALLEGA STATE				
		torative	Treatments	•		•					-			
	Other										397	397		
			herapy Treatm							ACSONII/SWIPPERASII	839	839	20000000 100000000000000000000000000000	1.12.0004400150.0000000000000000000000000000
			tional Therapy	l'reatn	nents									e ilangeri
	Medica		Busive of Part B)					-			612	612		
Б.			e Treatments										webet of	
			Treatments				·			<del> </del>				
C.	Other									<u> </u>	7,232	7,232		
D.	Total C	Occupati	onal Therapy T	reatn	nents						7,844	7,844		

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

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea		Page	of
Notre Dame Convalescent Home, Inc.	286-C		9/30/2017	. 2	10	37
Are time records maintained by all individuals receiving cor			Yes		No	4,
the time records maintained by an individuals receiving con	inpensation:					
			Total Cost a	and Hours		T ····
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*	- CONT	1.623		Tiours		A DESCRIPTION OF THE PROPERTY
Operators/Owners (Complete also Sec. I			10773 <b>38</b> 0		超過初期	l ma
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III			PER LEGIS			
of Schedule A1)	114,285	2,514		a stances communicated the con-	on or the property of the second	DE DESPESAN DESSE CONSESSOR
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)	EAREN SIDE OF STREET	A SAN PERSONAL PROPERTY AND			1000 1000 1000 1000 1000 1000 1000 100	
4. Other Administrative Salaries (telephone	190,327	7,726				
operator, clerks, receptionists, etc.)  5. Dietary Service	190,327	7,720				THE REL
a. Head Dietitian		ar dhoo in an 19				
b. Food Service Supervisor	74,270	2,359				<u> </u>
c. Dietary Workers	323,452	20,372				ne however excess
6. Housekeeping Service	THE PLAN		<b>表示公约</b> 编集	NAMES.		<b>HEADER</b>
a. Head Housekeeper	125 212	0.444		ļ	<del> </del>	+
b. Other Housekeeping Workers     Repairs & Maintenance Services	125,312	9,444	aliga er Nullsvalli			1 12 10 10 10 10
a. Engineer or Chief of Maintenance	66,607	2,055		24 00 0 46		
b. Other Maintenance Workers	83,870	3,512		<u> </u>	1	1
8. Laundry Service	Militar a Edition	i Bádil				
a. Supervisor	· ·					
b. Other Laundry Workers	84,089	6,831		ļ	<b>_</b>	<del> </del>
Barber and Beautician Services     Protective Services			<b>_</b>	<u> </u>	<del> </del>	<del> </del>
11. Accounting Services				12/3/2012		
a. Head Accountant					A DESCRIPTION OF THE PARTY	A PARTICIPATION AND A PART
b. Other Accountants						
12. Professional Care of Residents	AMERICAN		医非甲状菌虫病	Market .		
a. Directors and Assistant Director of Nurses	101,041	2,127				
b. RN	4.00	a waata	化银矿油化单铁	13. 精神		并表现。
1. Direct Care	517,609 206,375	13,297 5,412		ļ	<del> </del>	<del> </del>
2. Administrative** c. LPN	200,373	3,412		na kome		SA NASAL
Direct Care	460,239	14,366		124514 TV-1751		
2. Administrative**	, , , , , , , , , , , , , , , , , , , ,					
d. Aides and Attendants	998,148	58,092				
e. Physical Therapists				ļ	<del> </del>	
f. Speech Therapists				ļ	<del> </del>	<del>                                     </del>
g. Occupational Therapists h. Recreation Workers	109,725	5,917	<del>                                     </del>	<u> </u>	<del></del>	+
i. Physicians	107,723					
Medical Director				AND SALES SEEMS TO SEE SEED	A CONTRACTOR OF THE CONTRACTOR	
Utilization Review						
3. Resident Care***		AC THE STATE OF TH		es anna earn de al diagnos antifestation		NE SHIPPONDE GARANTE KANAS
4. Other (Specify)	<b>9/11/0/94</b> 0/1					
j. Dentists	+		<del>                                     </del>	<del>}</del>	<del> </del>	+
j. Dentists k. Pharmacists	<del>  </del>		<del>                                     </del>	1	<del> </del>	<del> </del>
1. Podiatrists	1			†	1	<del>                                     </del>
m. Social Workers/Case Management	100,330	2,871				
n Modratina						
n. Marketing	AAJMIN MAANAMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	With the Control of t	D. GOOD HER CO. STREET, BUTTON AND THE PARTY			
o. Other (Specify) See Attached Schedule	159,251	5,962				1 21 2

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

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

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

### Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RF	INS	(Spe	ecify)
Position	S	Hours	\$	Hours	S	Hours
Medical Records	\$ 27,828	1,245				
Human Resources	33,437	1,081	FIREFE			**************************************
Religious - Nuns Pastoral	97,986					
	T # 11 52 52		Barrier State	Barton Car		
			Part Parts	55 <b>3</b> 435.		
				V 200	# WEIGHT # 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1 C - 1	
		75079				
						1
			-		<u> </u>	<del></del>
			<del>                                     </del>		<u> </u>	
	<u> </u>	<u> </u>				
	ļ				<b> </b>	16 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
		had derivide				
		Name of the American	nduser van 197 tildes omses			
			ary 4. Chair Nobel Carlo	Carrier and the second		
	<del>                                     </del>			Davida, v	Appropri	
Total	\$ 159,251	5,962	\$ -	-	S -	

Schedule of Other Fees (Page 13)

	CC	NH	RH	INS	(Spe	cify)
Service	S	Hours	S	Hours	\$	Hours
		us area ed				
Psychiatrist Consultant	\$ 5,875	24				
Religious - Visiting Priests	10,560	352			1 Harris	
						·
			1			
		1				
					11 3 4 5 7 1 7 1 5 7	
	sa ili kanasa ka	erei i likek 159				
			a distribution di Albier			
			Heroida			
		i i i i i i i i i i i i i i i i i i i				
The state of the s		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 396 34			
Total	\$ 16,435	376	s -		\$ -	200000

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\*

		Ì	Assistan	t Administra	Assistant Administrators and Other Related Parties*	Relate	a rarnes			
Name of Facility				License No.		Report for	Report for Year Ended		Page	of
Notre Dame Convalescent Home, Inc.	, Inc.			286-C		9/30/2017			=	37
		Salary Paid	P.							
Name	CCNH	KHINS	(Specify)	Fringe Benetits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners							)			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
See Attached Page 12a										
		: :								
* No allowantion is maintained in the considered in language and accompanies of the language of the control of	Po concide	saplan ber	6.11 information		Lowinson fi steads longitible and	Position				

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

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

State of Connecticut

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

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

Assistant Administrators and Other Related Parties\*

		ł	Assistant	Administra	Assistant Administrators and Other Related Parties*	Kelated	rarties*			
Name of Facility (as licensed)				License No.		Report for Year Ended	ar Ended		Page	of
Notre Dame Convalescent Home, Inc.	Inc.			286-C		9/30/2017			12	37
		Salary Paid	d							
				Fringe Benetits and/or Other			Line Where		Total	
Name	CCNH	RHNS	(Specify)	Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Dana J. Paul	114,285			Life Insurance	Administrator	2,514 A2	5			
Section IV - Assistant Administrators										
*No allowance for salaries will be considered unless full information is	be consider	ed unless fi	Il informatio		provided Use additional sheets if required	nired				

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

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

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

Notre Dame Convalescent Homes, Inc. Attachment to Page 12 September 30, 2017

Section II - Other Related Parties of Operators/Owners employed in and paid by the facility

		-	Salary Paid		Fringe Benefits and/or	Full Description of Services	Total Hours	Line Where Claimed
Name		CCNH	RHNS	(Specify)	Other Payments	Rendered	Worked	on Page 10
Sisters Congregation - Saint Thomas of Villanova	<del>∽</del>	\$ 18,553			Non-Discrim.	Employee- Sister Lucie (Admin)	889	A.4
Sisters Congregation - Saint Thomas of Villanova	<b>6</b> 9	\$ 13,855		•	Non-Discrim.	Employee- Sister Lucie (RN)	514	A.12.b.1.
Sisters Congregation - Saint Thomas of Villanova	€9	\$ 45,860	ı		Non-Discrim.	Employee- Sister Lucie (Pastoral)	1,702	A.12.0.
Sisters Congregation - Saint Thomas of Villanova	-	\$ 52,126		'	Non-Discrim.	Employee- Sister Frances (Pastoral)	1,934	A.12.0.

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

CSP-13 Rev. 9/2002

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

Name of Facility	License No. 286	. C	Report for Y 9/30/2017	ear Ended	Page	of
Notre Dame Convalescent Home, Inc.	280	)-C		111	13	37
			Total Cost	and Hours	1	
						}
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hour
B. Direct care consultants paid on a fee		110013		Tiours	(Specify)	
for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian	19,100	497				
2. Dentist		Monthly Fee				<u> </u>
3. Pharmacist	7,320	Fee Based	<u> </u>			
4. Podiatrist						
5. Physical Therapy			134424	Larse 1		Me OF
a. Resident Care	169,882	2,463		HELD TO THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADR		of a A
b. Other	··· · · · · · · · · · · · · · · · · ·			<u> </u>		<b></b>
6. Social Worker	5,000	100				<b></b>
7. Recreation Worker	- 2			<u> </u>		<u> </u>
8. Physicians	I TAMATA	ti III sasa				17.54
a. Medical Director (entire facility)	26,845	105		3 S. (1987) 1955 (1987)	endikasa in Marijai in i	
b. Utilization Review	<b>存得其实</b>		A Company	I Hiller		
(Title 18 and 19 only) monthly meeting						A A STATE OF THE S
c. Resident Care**						
d. Administrative Services facility				I I I Walte	<b>797</b> 774 (Market)	
1 Infection Control Committee	TO A PARTICIPATION FOR EXC.					Carlo Trans.
(Quarterly meetings)						
2. Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee						
(Once annually)						ļ
e. Other (Specify)	A A STORY			A Company		
Medical Staff & Board Meeting	9,700	46		GWENCHED STREET		
9. Speech Therapist			37442 <i>0</i> 646			List As
a. Resident Care	49,267	532				
b. Other	<del></del>					
10. Occupational Therapist			enalisti na	48 31 Mg-1	医眼神经病	#14 H/M
a. Resident Care	148,557	2,002				
b. Other	· · · · · · · · · · · · · · · · · · ·	<del> </del>				
11. Nurses and aides and attendants	LEN K			67.34.41		1.E
a. RN			Teners.			
1. Direct Care	53,301	802				A STATE OF
2. Administrative***	28,224	279		<u> </u>		
b. LPN			Miller.	<b>美女教育教</b>	rain indi	
1. Direct Care	109,874	2,672		25 S S S S S S S S S S S S S S S S S S S		
2. Administrative***		-,-:				
c. Aides	9,931	442				-
d. Other	- 7			<u> </u>		
12. Other (Specify)						e treets
See Attached Schedule	16,435	376				
13 Total Fees Paid in Lieu of Salaries	664,715	10,316				-

<sup>\*</sup> Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

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

Name of Facility Notre Dame Convalescent Home, Inc.	License No. 286-C		Report for \ 9/30/2017	Year Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	1	* to Owners, ors, Officers No	Expla	nation of Rela	
Lynn Holmberg, 6 Ellin Drive, Greenwich, CT 06831	Dietician Consultant	0	<b>⊙</b>	N/A		
Joan Danford 251 Hoyt Farm Rd New Canaan, CT 06492	Dietician Consultant	0	0	N/A		
Health Drive Dental Group, 888 Worscester St, Suite 130, Wellesley, MA 02482	Dentist	0	0	N/A		
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555-9689	Pharmacist	0	0	N/A		· · · · · · · · · · · · · · · · · · ·
Preferred Therapy, Wethersfield, CT	Physical, Occupational and Speech Therapy	0	0	N/A		
Sharon Coffey, 52 First St., Nowalk, CT 06855	Social Services	0	0	N/A	<del></del>	
Dr. Richard Huntley, 40 Cross Street #400, Norwalk, CT 06851	Medical Director	0	0	N/A		
J. James Lewis, 40 Cross Street, Norwalk, CT 06861	Medical Director/Staff	0	0	N/A	··· ·· · · · · · · · · · · · · · · · ·	
Claudio R. Petrillo M.D., 698 West Ave, Norwalk, CT 06850	Medical Director/Staff	0	0	N/A	<del></del>	
Access Capital	Nursing Agency	0	0	N/A		
Emily Quade	MDS Consultant	0	0	N/A		
Kuhlcare Staffing, 13752 Scard Rd., Wallingford, CT 06492	Nursing Consultant	0	0	N/A		
Neurology Associates of Norwalk, P.C., 637 West Ave #200, Norwalk, CT 06850	Psychiatrist	0	0	N/A		
Father Paul Sankaralengam	Visiting Priest	0	0	N/A		
Father D'Souza	Visiting Priest	0	0	N/A		
Father Desruisseaux	Visiting Priest	0	0	N/A		
Father Anemelu	Visiting Priest	0	0	N/A		
Father Vettakunnel	Visiting Priest	0	0	N/A		
Father Pereira	Visiting Priest	0	0	N/A		
Father Karickal	Visiting Priest	0	0	N/A		
Father Anthony Jonhn Britto	Visiting Priest	0	0	N/A		<del></del>
		0	0			

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

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

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

Name of Facility	License No.		Report for Ye	ear Ended	Page	of
Notre Dame Convalescent Home, Inc.	286-C		9/30/2017		15	37
		ī				
Item			Total	CCNH	RHNS	(Specify)
1. Administrative and General						
a. Employee Health & Welfare Benefits					<b>医放射线性</b>	
Workmen's Compensation		\$	85,765	85,765		
2. Disability Insurance		\$	15,822	15,822		
3. Unemployment Insurance		\$	11,707	11,707		
4. Social Security (F.I.C.A.)		\$	267,277	267,277		
5. Health Insurance		\$	317,526	317,526		
6. Life Insurance (employees only)				FRANKSSI		
(not-owners and not-operators)		\$	10,571	10,571		
7. Pensions (Non-Discriminatory)		\$	20,000	20,000		
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other (Specify)		\$				
See Attached Schedule						A BANK TO IT
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
					ie drag in d	
c. Bad Debts*		\$	51,375	51,375		
d. Accounting and Auditing		\$	43,955	43,955		
e. Legal (Services should be fully described	on Page 7)	\$	13,505	13,505		
f. Insurance on Lives of Owners and		\$				•
Operators (Specify )*						人公理工工工工
g. Office Supplies		\$	26,425	26,425		-
h. Telephone and Cellular Phones				<b>学生学生等</b>	Káj jegi (j. j.	
1. Telephone & Pagers		\$	14,038	14,038		
2. Cellular Phones		\$	342	342		
i. Appraisal (Specify purpose and		\$				
attach copy)*			接线数据数			re juga.
						<b>计图验数</b>
j. Corporation Business Taxes (franchise tax	:)	\$				
k. Other Taxes (Not related to property - See						Statistics.
1. Income*		\$				
2. Other (Specify)		\$				
See Attached Schedule		8 6				
3. Resident Day User Fee		\$	377,960	377,960		
Subtotal		\$	1,256,268	1,256,268		
		<del>1</del>	<u>_</u>			

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

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

Notre Dame Convalescent Home, Inc. 9/30/2017

Attachment Page 15

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

Description	CCNH	RHNS	(Specify)
		roa jakenaris e	
	P Direct Australian Color Colo		
			4 IV 1 IV
	A STATE OF THE STA		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total	\$	\$	\$ -

**Schedule of Other Taxes** 

Description	CCNH	RHNS	(Specify)
			1. Ke= - 4
And of Philipsel State (A. 18) Sharmoning of the State of State of State (State			
Total	\$	% <b>\$</b>	\$ 1.5 pt. 1.5

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

Name of Facility	License No.		Report for Year Ended		Page	of
Notre Dame Convalescent Home, Inc.	286-C		9/30/2017		16	37
Item			Total	CCNH	RHNS	(Specify)
Subtotal	ls Brought Forwar	rd:	1,256,268	1,256,268		
l. Travel and Entertainment						排出数
Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff	\$	381	381			
3. Gifts to Staff and Residents	\$	14,702	14,702		, ,	
4. Employee Travel		\$	2,645	2,645		
5. Education Expenses Related to Seminars and	d Conventions	\$	10,749	10,749		
6. Automobile Expense (not purchase or depre	eciation)	\$	9,529	9,529		
7. Other (Specify)		\$				· · · · · · · · · · · · · · · · · · ·
See Attached Schedule					机器位置计	
m. Other Administrative and General Expenses					<b>解摄影</b>	
1. Advertising Help Wanted (all such expenses	)	\$	12,637	12,637		
2. Advertising Telephone Directory (all such ex	xpenses )***	\$	1,587	1,587		
3. Advertising Other (Specify)***		\$	52,985	52,985		
See Attached Schedule						根數例
4. Fund-Raising***		\$				
5. Medical Records		\$				
6. Barber and Beauty Supplies (if this service is	s supplied	\$				
directly and not by contract or fee for service	e)***		組織數數	衛科科	经损损损	<b>医腹侧</b>
7. Postage		\$	6,668	6,668		
* 8. Dues and Membership Fees to Professional		\$	10,690	10,690		
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$	825	825		
9. Subscriptions		\$	6,094	6,094		
10. Contributions***		\$			<u> </u>	
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	99,641	99,641	A::018	
Schedule C-2, Page 21 for each firm or indi		3 85 80 10 10 10 10 10 10 10 10 10 10 10 10 10		BANK BAKETALI (* BAKEYA BITAN		
12. Administrative Management Services**	\$				4000	
13. Other (Specify)		\$	44,409	44,409		
See Attached Schedule			建制件等制制	表分子FF-167	1 4 4	La Astron
C-14 Total Administrative & General Expenditures		\$	1,529,810	1,529,810		

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

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

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

### Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	440		
		Alah Kadalah Li	
Total Other Travel and Entertainment	\$ -	S -	\$ -

### Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Public Relations	\$ 52,985		
Total Other Advertising	\$ 52,985	S .	\$ -

### Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 4,614		
CHA Dues	280		
ACHCA	100		16 18 28 18
Leading Age	5,637		
Chaple Dues	59		
			Kat
	5 12-4 - 1 2 <sub>6-2</sub> - 1		
Total Dues	\$ 10,690	\$ -	\$ -

### Schedule of Contributions

CCNH	RHNS	(Specify)
		100
	Barr IV.	1. 2.4
\$	S -	\$ -
		v a. 7 2 30 2 40 5

### Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
			1 4 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Bank Service Charge	S 2,211		
Pre Employment Screening	8,469		
Civil Penalties (Disallowed on Pg. 28)	1,580		
Paychecks/ADP	27,824		
Misc. Expense (Disallowed on Pg. 28)	652		
Religious Supplies	1,693		240 223
Licenses and Fees	1,636	- F 12 E	144 156
Amex / Amazon Prime / Costco Memberships	344		
Total Other Administrative and General	\$ 44,409	\$ -	\$ -

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

Name of Facility Notre Dame Convalescent Home, Inc.	License No. 286-C	Report for Year Ended 9/30/2017	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			
·			

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

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

Nan	·			: No.	Report for Y	ear Ended	Page of
1	re Dame Convalescent Home, Inc.			286-C	9/30/2017		18   37
	Item			Total	CCNH	RHNS	(Specify)
2.	Dietary						
	a. In-House Preparation & Service						
	1. Raw Food		\$	147,829	147,829		
	2. Non-Food Supplies		\$	23,280	23,280		
	3. Other (Specify)		\$				
l							
	h Dimphood Complete (h. contract of the		Φ.	<b>PER</b>	10.104		
	b. Purchased Services (by contract other		\$	10,104	10,104		
Ì	than through Management Services)						
	(Complete Schedule C-2 att. Page 21)		Φ.				
	c. Management Services** d. Other (Specify)		<u>\$</u>				<u> </u>
	d. Other (specify)		Э				
				10411.1.5°G			
2E	Total Dietary Expenditures $(2a + b + c + d)$		\$	181,213	181,213		Harrist State Advisor Co.
<u> </u>			Ψ	101,213	101,213	1	
2F.	Dietary Questionnaire			Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per	douis	k	Total	CCNII	Knins	(Specify)
						1	<u> </u>
Н.	Is cost of employee meals included in 2E?	<u> </u>	Y es	<u> </u>	No		
I.	Did you receive revenue from employees?	<b>O</b> Y	Yes	0	No	If yes, specify	\$677
<u> </u>						amt.	
J.	Where is the revenue received reported in the	Cost I	Report?	P (Page/Line I	tem)		Pg. 30 / Line IV1
	Is cost of meals provided to persons other					If yes, specify	
K.	than employees or residents (i.e., Board	0 7	Yes	•	No	cost.	
	Members, Guests) included in 2E?						
L.	Is any revenue collected from these people?	0 1	Ves	0	No	If yes, specify	
	· ·					amt.	
M	Where is the revenue received reported in the	Cost I	Report	(Page/Line It	tem)		
	Is cost of food (other than meals, e.g., snacks						
N.	at monthly staff meetings, board meetings)	0 1	Vec	0	No	If yes, specify	
```	provided to employees included in 2E?	<u> </u>	. Ç3	9	110	cost.	
	provided to employees included in 25;					<del></del>	
O.	Is any revenue collected from employees?	0 1	Vec	•	No	If yes, specify	
Ľ.					140	amt.	
P.	Where is the revenue received reported in the	Cost I	Report	(Page/Line It	tem)		
_					<del> </del>		

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

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

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

	ne of Facility	License		Report for Y	ear Ended	Page	of
Not	re Dame Convalescent Home, Inc.	1 2	286-C	9/30/2017	T	19	37
	Item		Total	CCNH	RHNS	(S	pecify)
3.	Laundry  a. In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.	808	808			
	<ol> <li>Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***</li> </ol>	Lbs.					
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					
	4. Repair and/or purchase of linens.***	Lbs.					
	<ul> <li>b. Purchased Services (by contract other than through Management Services)         (Complete Schedule C-2 att. Page 21)</li> <li>c. Management Services**</li> </ul>	\$	2,187	2,187			
<u> </u>	d. Other (Specify)  Laundry Supplies	\$	11,616	kanta K			
3E.	<b>Total Laundry Expenditures</b> (3a + b + c + d)  Laundry Questionnaire	\$	14,611	14,611		<u> </u>	<del></del>
G.		Yes	•	No	If yes, specify cost.	· · · · · · · · ·	
Н.		Yes	•	No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost I	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.		
K.	Did you receive revenue from these people?	Yes	•	No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost I	Report?		(Page/Line	Item)		

<sup>\*</sup> Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4. All allocations should add to total recorded in 3E.

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

<sup>\*\*\*</sup> Pounds of Laundry only required for multi-level facilities.

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

Nar	ne of Facility	License No.	Rep	ort for Year E	nded	Page	of
Not	re Dame Convalescent Home, Inc.	286-C		9/30/2017		20	37
	Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel		,			
	1. Supplies - Cleaning (Mops,	Amt.	\$	27,353	27,353		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
l	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$	90	90		
	Page 21)						
	c. Management Services*		\$				
	d. Other ( <i>Specify</i> )		\$	CONTRACTOR OF THE CONTRACTOR O			
				2 可提供证明		<b>高级权力会</b> 能	A CONTRACTOR
4E.	Total Housekeeping Expenditures (4a +	b+c+d	\$	27,443	27,443		
5.	Resident Care (Supplies)**					<b>《李扬·</b>	<b>的数据数</b>
	a. Prescription Drugs***						
	Own Pharmacy		\$				
	2. Purchased from		\$	87,122	87,122		ASSOCIATES TRACIS TO A TOTAL STREET
	Partners Pharmacy						
	b. Medicine Cabinet Drugs		\$	7,683	7,683		
	c. Medical and Therapeutic Supplies		\$	113,085	113,085		
	d. Ambulance/Limousine***		\$	1,198	1,198		
	e. Oxygen					(建) (基本)	
	1. For Emergency Use	<del></del>	\$	<del></del>		· · · · · · · · · · · · · · · · · · ·	
<u> </u>	2. Other***		\$	6,718	6,718		
	f. X-rays and Related Radiological		\$	9,691	9,691		
	Procedures***			· 以前 (水醇)	数 小 加工工程	<b>建筑建筑</b> 建筑。	
	g. Dental (Not dentists who should be incl	luded under	\$				CERTAIN CONTRACT BEHAVIOR
<u> </u>	salaries or fees)			ALTHUR COURSELS		SPACHEDES.	
	h. Laboratory***		\$	11,543	11,543		
<u> </u>	i. Recreation		\$	26,271	26,271	.,,	
	j. Other (Specify)****		\$	4,297	4,297		
	See Attached Schedule					organical.	
5K.	Total Resident Care Expenditures (5a - 5	<u>J)</u>	\$	267,608	267,608	L	l

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

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

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

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

### **Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Therapy Supplies	\$ 4,297	a kirik	
			\$ 150 E. Sugar 1961 P. A. F.
		Riggs of Army.	
Medical Control of the Control of th			
			1 (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.1 ) (14.
	CONTRACTOR OF THE CONTRACTOR O		
		77 00 Al (272 - 276) - 200 7	
Total Other Resident Care	\$ 4,297	<b>s</b> -	<b>S</b>

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

Name of Facility  Notre Dame Convalescent Home, Inc.	me, Inc.			License No. 286-C	Report for Year Ended 9/30/2017	-			Page of 21   37
		Related ** to Owners,	o Owners,						
		Operators, Officers	Officers				Fotal Cost/	Total Cost/Page Ref.***	
Name of Individual or Company	Address	Yes	Ž,	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg Line
Signature Landscaping	34 Esquire Road Norwalk, CT 06851	0	0	N/A	Grounds	15,475			7
Pylon Tecnology	P.O. Box 85, Greenwich, CT 06386	0	0	N/A	IT Support Consulting	43,711			16 m11
Point Click Care/Wescom Solutions	Box 8500, Philidelphia, PA 19178	0	0	N/A	Computer Software	25,085			16 m11
P.O. Box 6406, Ratick Combustion Bridgeport, CT	P.O. Box 6406, Bridgeport, CT 06606	0	0	N/A	System Cleaning & Repair	10,213			22 6f
Honeywell		0	0	N/A	Heating & A/C	26,000			22 6f
		0	0						
		0	0						
		0	0						
		0	0						
		0	0			,			
		0	0						
		0	0						
		0	0						
		0	0						

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

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

<sup>\*\*\*</sup> Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for '	Year Ended		Page	of
Notre Dame Convalescent Home, Inc.	286-C	9/30/2017			22	37
Item		Total	CCNH	RHNS	(Spe	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance		54,752	54,752			
b. Heat		88,016	88,016			
c. Light & Power	(	70,424	70,424			
d. Water	9	18,664	18,664			•
e. Equipment Lease (Provide detai	l on page 6)	36,158	36,158	-		·
f. Other (itemize)		145,662	145,662			
See Attached Schedule		描述值	) 并继续批准	描译符号	<b>静静的</b>	hd Ath
6g. Total Maint. & Operating Expense	(6a - 6f)	413,676	413,676			
7. Depreciation (complete schedule pa	ge 23*)					
a. Land Improvements	9	3				
b. Building & Building Improveme	nts S	33,666	33,666			
c. Non-Movable Equipment		22,668	22,668			
d. Movable Equipment		25,072	25,072			
*7e. Total Depreciation Costs (7a + b +	c + d)	81,406	81,406			
8. Amortization (Complete att. Schedu	le Page 24*)					
a. Organization Expense		5				
b. Mortgage Expense	9	5				
c. Leasehold Improvements	9	3				
d. Other (Specify)		3				
*8e. Total Amortization Costs (8a + b +	-c+d)					
9. Rental payments on leased real prop	erty less					
real estate taxes included in item 10th	5	3				
10. Property Taxes						
a. Real estate taxes paid by owner		17,107	17,107			
b. Real estate taxes paid by lessor	9					
c. Personal property taxes	9	3				<del>-</del>
11. Total Property Expenses (7e + 8e -	+9+10)	98,513	98,513			

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

### Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Plant Operations - Purchased Services	\$ 128,118		
Plant Operations - Grounds Maintenance	17,544		
		1	
			esta sufereiro en en escr
Total Other Repairs and Maintenance	\$ 145,662	\$	\$

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Depreciation Schedule

Name of Facility Notre Dame Convalescent Home, Inc.			License No. 286-C	ب		Report for Year Ended 9/30/2017	nded		Page 23	of 37
			Historical Cost	Less	ı	Accumulated Depreciation to	Method of			
Property Item			Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements			0.00		610		į.			
Acquired prior to this report period     Disposals (attach schedule)			94,832		94,852	94,832 S/L	7/F	Various		
	ch schedule)									
A-4. Subtotal			and the first of the second			<b>突然的激烈的激烈</b>		<b>通過過過過過</b>		
B. Building and Building Improvements										
<ol> <li>Acquired prior to this report period</li> </ol>		•	2,715,269		2,715,269	2,399,137	S/L	Various	25,258	
2. Disposals (attach schedule)		-								
3. Acquired during this report period (attach schedule)	ch schedule)		142,025		142,025		S/L	Various	8,408	
B-4. Subtotal								Contract Section	a candidate by the season	33,666
C. Non-Movable Equipment										
1. Acquired prior to this report period			433,873		433,873	309,118 S/L	S/L	Various	22,668	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)	ch schedule)									
C-4. Subtotal			April 18 Mary				<b>通用的位置通信制度</b>		April Carle	22,668
	Is a mileage	٩	Historical			Accumulated				
	<u></u>	Acquisition	Cost	Less		Depreciation to	Method of			
	2	,	Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	Totale
	res No Month		Laiki	v alue	Deprecialed	rears Operations	Depreciation	air	IOI TIIIS LEAF	Iotais
<ul><li>D. Movable Equipment</li><li>1. Motor Vehicles (Specify name, model</li></ul>										
and year of each vehicle)										
		8 2002	9,538		9,538	9,538	S/L	8		
		1 2004	17,025		17,025	17,025		5		
2005 Chrysler Van		2008	6,500		6,500	6,500	S/L	5		
d. 2012 GMC Sierra Iruck	7 X	7010	73,710		23,710	4,742	S/L	5	4,742	
2. Movable Equipment		17.	047.421		047.421	))E C3E	7.0		C21 01	
a. Acquired prior to this report period	JRA Market Market	var v	04/,431		847,431	00/'66/	3/F .	various	18,133	
b. Disposais (attach schedule)	States west		Consult half commended				Sales of the Control		The second name of policy of the second	
c. Acquired during this report period (attach schedule)	Var	Var	21.765		21.765		7/8	Various	2.177	
D-3. Subtotal			The second second	ARCHITE ADDRESS			Section Transfers	Name of the last		25.072
E. Total Depreciation							The street of			81,406

Notre Dame Convalescent Home, Inc. 9/30/2017

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

	improvements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	-			
		The Landblad American American	se fantiration	######################################
The same of the sa				111111
				# 5 <b>5</b> 4 5 5
Total additions for	Land Improvements	\$ -	34673.49	\$
Deletions:				
EMBERGE			SPEEDS (76)	
Application 1-16-22				
		1.0		
Fotal deletions for l	Land Improvements	\$ -		\$ -

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/4/2017	Front Doorway Project	\$ 99,987	15	\$ 6,666
4/7/2017	Therapy Room Project	18,470	15	1,231
9/14/2017	Boiler Project	63,568	20	3,178
9/30/2017	Less: Restricted Contributions Revenue	\$ (40,000)	15	\$ (2,667)
			- 217	
Total additions for	Building Improvements	\$ 142,025	The second second	\$ 8,408
Deletions:				
				3000
			LHIBE	
				1.1
Total deletions for l	Building Improvements	8 -		\$ -

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

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

	, , , , , , , , , , , , , , , , , , , ,		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				8
September 1				954 / 1948 (1948 1947 19
		7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
dkarafaar a				
Total additions for	Non-Movable Equipment	S		\$ -
Deletions:				
			ert er de di	leter - g
Total deletions for	Non-Movable Equipment	s -		S -

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

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

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

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/18/2016	Hospital Beds	\$ 1,829	10	\$ 183
1/24/2017	Hospital Beds	2,926	10	293
7/17/2017	Hospital Beds	5,423	10	542
12/1/2016	HK Laundry Equipment	11,587	10	1,159
	The second secon			
Total additions for	Movable Equipment	\$ 21,765		\$ 2,177
Deletions:				
		and Series	Barrier League Calling	
evance ti				
		To the Salahan Live	Alba de Carte do Alba esta dos ser	
				Kā 6 - hadi
Total deletions for l	Movable Equipment	\$	Face	5

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

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				State (Sec.)
Total additions for L	easehold Improvement	\$ -		\$ -
Deletions:				
- savatal H				
			les and a second	
Fotal deletions for La	easehold Improvement	32.0		\$ -

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

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

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

09/30/17										
PROPERTY CATEGORY	Acquisition <u>Year</u>	Historical <u>Costs</u>	Cost to Be Depreciated	<u>Life</u>	Method <u>Life</u>	2016 <u>Deprec.</u>	2016 Ассит <u>Рер.</u>	2017 Deprec.	2017 Ассит <u>Dep.</u>	Net Book Value
Land Improvements										
Acquired prior 2011 per 2011 Cost Report Land Improvements Total	Various _	94,852 <b>94,852</b>	94,852 <b>94,852</b>	Var.	s/L	······································	94,852 <b>94,85</b> 2		94,852 94,852	<u>.</u>
Building and Building Improvements	_									
Acquired prior 2011 per 2011 Cost Report										
Building and Building Improvements	Various _	2,334,709	2,334,709	Var.	S/L	-	2,334,709		2,334,709	<del>-</del> -
Acquired in 2011		2,334,709	2,334,709			-	2,334,709	-	2,334,709	
Business Office Flooring Roof (ND Wing and MK Section - Allowable)	10/31/2010	1,150	1,150	5	S/L	5.061	1,150		1,150	-
Replace Skylights	12/31/2010 3/1/2011	101,220 2,600	101,220 2,600	20 20	S/L S/L	5,061 130	30,366 780	5,061 130	35,427 910	65,793 1,690
Renovate Beauty Salon	9/23/2011 _	9,348 114,318	9,348 114,318	20	S/L	467.38 5,658	2,804 35,100	5,658	3,271 40,758	6,077 73,560
Acquired in 2012										
Phil's Main Roofing, LLC Phil's Main Roofing, LLC	7/6/2012 7/11/2012	6,000 175	6,000 175	20 20	S/L S/L	300 9	1,500 44	300 9	1,800 53	4,200 122
Phil's Main Roofing, LLC	7/13/2012	4,470	4,470	20	S/L	224	1,118	224	1,342	3,129
Chiller	8/9/2012 -	13,983 24,628	13,983 24,628	25	S/L	559 1,092	2,797 5,458	559 1,092	3,356 6,550	10,628
Acquired in 2013	10/15/2013			20	6.5					
L.P Painting Service, Inc.	10/15/2012 _	28,162 28,162	28,162 28,162	20	S/I	1,408	5,632 5,632	1,408	7,040 7,040	21,121
Acquired in 2015 Bathroom Showers	06/05/2015	950	950	20	S/1.	48	96	48	144	807
Bathroom	06/30/2015	2,850	2,850	20	S/L	143	286	143	429	2.422
Condensate Pump Replacement 8 Floor Repairs	08/26/2015 06/17/2015	5,250 2,000	5,250 2,000	20 20	S/L S/L	263 100	526 200	263 100	789 300	4,462 1,700
Bathroom Tile	06/30/2015	5,855	5,855	10	S/I	586	1,172	586	1,758	4,098
		16,905	16,905			1,138	2,278	1,140	3,418	13,487
Acquired in 2016										
Roofing Project Front Doorway Project	12/1/2015 8/1/2016	136,170 104,792	136,170 104,792	15 15	S/L S/L	9,078 6,986	9,078 6,986	9,078 6,986	18,156 13,972	118,014 90,820
P. Arcario's Salary (Various Projects)	1/1/2016	15,585	15,585	4	S/L	3,896	3,896	3,896	7,792	7,793
Less: Restricted Contributions Revenue	9/30/2016 _	(60,000) 196,547	(60,000) 196,547	15	S/L	(4,000) 15,960	(4,000) 15,960	(4,000)	(8,000)	(52,000) 164,627
							,	72,722	21,720	
Acquired in 2017 Front Doorway Project	3/4/2017	99,987	99,987	15	S/L	_	•	6,666	6,666	93,321
Therapy Room Project	4/7/2017	18,470	18,470	15	S/L	-	•	1,231	1,231	17,239
Boiler Project Less: Restricted Contributions Revenue	9/14/2017 9/30/2017 _	63,568 (40,000)	63,568 (40,000)	20 15	S/L S/L	:	· ·	3,178 (2,667)	3,178 (2,667)	60,390 (37,333)
		142,025	142,025					8,408	8,408	133,617
Total	-	2,857,294	2,857,294		_	25,256	2,399,137	33,666	2,432,803	424,490
Non-Movable Equipment										
Acquired prior 2011 per 2011 Cost Report	V	240.122	****		0.5	14.010	****			
Non-Moveable Equipment	Various _	349,132 349,132	349,132 349,132	Var.	S/L	16,818 16,818	280,716 280,716	16,818 16,818	297,534 297,534	51,598 51,598
Acquired in 2011										
32F Book Hot Water Heater (Maintenance Court)	10/31/2010	2 200	3 300	10	ол	221	1.007	221	2 212	003
	10/31/2010 8/1/2011	3,309 18,600	3,309 18,600	10 10	S/L S/L	331 1,860	1,986 11,160	331 1,860	2,317 13,020	992 5,580
Automatic Grease Trap (Kitchen Equipment)										
Automatic Grease Trap (Kitchen Equipment)  Acquired in 2012  Devine Bros., Inc Mechanical Contractors	8/1/2011 _ 11/1/2011	18,600 21,909 16,562	18,600 21,909	10	S/L _	1,860 2,191 828	11,160 13,146 4,140	1,860 2,191 828	13,020	5,580
Automatic Grease Trap (Kitchen Equipment)  Acquired in 2012  Devine Bros., Inc Mechanical Contractors	8/1/2011 _	18,600 21,909 16,562 16,562	18,600 21,909 16,562 16,562	10	S/L	1,860 2,191 828 828	11,160 13,146 4,140 4,140	1,860 2,191 828 828	13,020 15,337 4,968 4,968	5,580 6,572 11,594 11,594
Automatic Grease Trap (Kitchen Equipment)  Acquired le 2012  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Acquired le 2013	8/1/2011	18,600 21,909 16,562 16,562 33,124	18,600 21,909 16,562 16,562 33,124	10 20 20	S/L	1,860 2,191 828 828 1,656	11,160 13,146 4,140 4,140 8,281	1,860 2,191 828 828 1,656	13,020 15,337 4,968 4,968 9,937	5,580 6,572 11,594 11,594 23,187
Automatic Grease Trap (Kitchen Equipment)  Acquired la 2012  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Acquired la 2013  Upholstery and furnishings	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767	18,600 21,909 16,562 16,562 33,124	10 20 20 20	ST	1,860 2,191 828 828 1,656	11,160 13,146 4,140 4,140 8,281 2,153	1,860 2,191 828 828 1,656	13,020 15,337 4,968 4,968 9,937 2,691	5,580 6,572 11,594 11,594 23,187 8,076
Automatic Grease Trap (Kitchen Equipment)  Acquired le 2012  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Acquired le 2013  Upholstery and furnishings  Decorative Living of Westport  Window Treatments Unlimited	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594	20 20 20 20 20 20 20	ST. ST. ST. ST. ST.	1,860 2,191 828 828 1,656 538 130 30	11,160 13,146 4,140 4,140 8,281 2,153 520 119	1,860 2,191 828 828 1,656 538 130 30	13,020 15,337 4,968 4,968 9,937 2,691 650 149	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012  Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired In 2013  Upholstery and furnishings Decorative Living of Westport  Window Treatments Unlimited	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411	20 20 20 20 20	ST ST ST	1,860 2,191 828 828 1,656 538 130 30 271	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083	1,860 2,191 828 828 1,656 538 130 30 271	13,020 15,337 4,968 4,968 9,937 2,691 650 149 1,354	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012  Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired In 2013  Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired In 2014	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370	20 20 20 20 20 20 20 20	SAL SAL SAL SAL SAL SAL SAL SAL	1,860 2,191 828 828 1,656 538 130 30 271 969	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875	1,860 2,191 828 828 1,656 538 130 30 271 969	13,020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527
32E Bock Hot Water Heater (Maintenance Equip.) Automatic Grease Trap (Kitchen Equipment) Acquirrd In 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors Acquirrd In 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired In 2014 Upholstery and furnishings	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370	20 20 20 20 20 20 20	ST. ST. ST. ST. ST.	1,860 2,191 828 828 1,656 538 130 30 271 969	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875	1,860 2,191 828 828 1,656 538 130 30 271 969	13,020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Acquired In 2013  Upholstery and furnishings  Decorative Living of Westport Window Treatments Unlimited  Robert Allen Group  Acquired In 2014  Upholstery and furnishings	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338	20 20 20 20 20 20 20 20	SAL SAL SAL SAL SAL SAL SAL SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102	1,860 2,191 828 828 1,656 538 130 30 271 969	13,020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 4,136	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Acquired In 2013  Upholstery and furnishings  Decorative Living of Westport Window Treatments Unlimited  Robert Allen Group  Acquired In 2014  Upholstery and furnishings	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370	20 20 20 20 20 20 20 20	SAL SAL SAL SAL SAL SAL SAL SAL	1,860 2,191 828 828 1,656 538 130 30 271 969	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875	1,860 2,191 828 828 1,656 538 130 30 271 969	13,020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Acquired In 2013  Upholstery and furnishings  Decorative Living of Westport Window Treatments Unlimited  Robert Allen Group  Acquired In 2014  Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338	20 20 20 20 20 20 20 20	SAL SAL SAL SAL SAL SAL SAL SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102	1,860 2,191 828 828 1,656 538 130 30 271 969	13,020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 4,136	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired In 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired In 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment  Acquired prior 2011 per 2011 Cort Report	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338	20 20 20 20 20 20 20 20	SAL SAL SAL SAL SAL SAL SAL SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102	1,860 2,191 828 828 1,656 538 130 30 271 969	13,020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 4,136	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Acquired In 2013  Upholstery and furnishings  Decorative Living of Westport Window Treatments Unlimited  Robert Allen Group  Acquired in 2014  Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment  Acquired prior 2011 per 2011 Cost Report  1997 Ford Truck	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 3,411 19,370 10,338 10,338 433,873	18,600 21,909 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873	20 20 20 20 20 20 20 20 20	SA	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119	1,860 2,191 828 828 1,656 538 130 30 271 969	13 020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 4,136 331,787	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202
Acquired In 2012 Devine Bros., Inc Mechanical Contractors Acquired In 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group Acquired In 2014 Upholstery and furnishings Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1997 Ford Truck 1997 Toyla Forerunner	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338	18,600 21,909 16,562 16,562 33,124 10,767 2,598 5,941 19,370 10,338 10,338 433,873	20 20 20 20 20 20 20 20	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119	1,860 2,191 828 828 1,656 538 130 30 271 969	13 020 15,337 4 968 4 968 9,937 2,691 650 149 1,354 4 844 4,136 331,787	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Acquired In 2013  Upholstery and furnishings  Decorative Living of Westport Window Treatments Unlimited  Robert Allen Group  Acquired In 2014  Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment  Acquired prior 2011 per 2011 Cost Report  1999 Toytota Forerunner  2005 Chrysler Van	8/1/2011	18,600 21,909 16,562 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873	18,600 21,909 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873	20 20 20 20 20 20 20 20 20	SA	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13 020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 4,136 331,787	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202
Automatic Grease Trap (Kitchen Equipment)  Acquired in 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired in 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired in 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1997 Ford Truck 1999 Toyota Foreruner 2005 Chrysler Van  Acquired in 2016	8/1/2011 11/1/2011 12/14/2011 6/6/2013 6/11/2013 8/7/2013 10/15/2013 	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 3,411 19,370 10,338 10,338 433,873	18,600 21,909 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873	20 20 20 20 20 20 20 20 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119 9,538 17,025 6,500 33,063	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13 020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 331,787 9,538 17,025 6,500 33,063	5,580 6,572 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202
Automatic Grease Trap (Kitchen Equipment)  Acquired in 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired in 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired in 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1997 Ford Truck 1999 Toyota Foreruner 2005 Chrysler Van  Acquired in 2016	8/1/2011	18,600 21,909 16,562 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063	18,600 21,909 16,562 16,562 33,124 10,767 2,598 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063	20 20 20 20 20 20 20 20 20	SA	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119  9,538 17,025 6,500 33,063	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13 020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 331,787 9,538 17,025 6,500 33,063	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202 102,087
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Devine Bros., Inc Mechanical Contractors  Acquired In 2013  Upholstery and furnishings  Decorative Living of Westport  Window Treatments Unlimited  Robert Allen Group  Acquired In 2014  Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment  Acquired prior 2011 per 2011 Cost Report  1999 Toyota Forerunner  2005 Chrysler Van  Acquired in 2016  Acquired in 2016  2012 GMC Sierra Truck	8/1/2011 11/1/2011 12/14/2011 6/6/2013 6/11/2013 8/7/2013 10/15/2013 	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063	18,600 21,909 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 10,338 17,025 6,500 33,063	20 20 20 20 20 20 20 20 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119  9,538 17,025 6,500 33,063	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13 020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 4,136 331,787 9,538 17,025 6,500 33,063	5,580 6,572 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202 102,087
Automatic Grease Trap (Kitchen Equipment)  Acquired in 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired in 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired in 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1999 Toyota Forerunner 2005 Chrysler Van  Acquired in 2016 2012 GMC Sierra Truck	8/1/2011 11/1/2011 12/14/2011 6/6/2013 6/11/2013 8/7/2013 10/15/2013 	18,600 21,909 16,562 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063	18,600 21,909 16,562 16,562 33,124 10,767 2,598 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063	20 20 20 20 20 20 20 20 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119  9,538 17,025 6,500 33,063	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13 020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 331,787 9,538 17,025 6,500 33,063	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202 102,087
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired In 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired In 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cont Report 1997 Ford Truck 1999 Toyota Forerunner 2005 Chrysler Van  Acquired in 2016 2012 GMC Sierra Truck	8/1/2011 11/1/2011 12/14/2011 6/6/2013 6/11/2013 8/7/2013 10/15/2013 	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063	18,600 21,909 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 10,338 17,025 6,500 33,063	20 20 20 20 20 20 20 20 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119  9,538 17,025 6,500 33,063	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13 020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 4,136 331,787 9,538 17,025 6,500 33,063	5,580 6,572 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202 102,087
Automatic Grease Trap (Kitchen Equipment)  Acquired in 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired in 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired in 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1999 Toyota Forerunner 2005 Chrysler Van  Acquired in 2016 2012 GMC Sierra Truck  Total  Movable Equipment Acquired prior 2011 per 2011 Cost Report	8/1/2011	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 3,411 19,370 10,338 10,338 17,025 6,500 33,063 23,710 23,710	18,600 21,909 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 10,338 17,025 6,500 33,063 23,710 23,710	20 20 20 20 20 20 20 20 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119  9,538 17,025 6,500 33,063  4,742 4,742 37,805	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13.020 15,337 4.968 4.968 9.937 2.691 6.50 149 1,354 4.844 4,136 4,136 331,787 9,538 17.025 6.500 33,063	5,580 6,572 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202 102,087
Automatic Grease Trap (Kitchen Equipment)  Acquired in 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired in 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired in 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1999 Toyota Forerunner 2005 Chrysler Van  Acquired in 2016 2012 GMC Sierra Truck  Total  Movable Equipment Acquired prior 2011 per 2011 Cost Report	8/1/2011 11/1/2011 12/14/2011 6/6/2013 6/11/2013 8/7/2013 10/15/2013 	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063	18,600 21,909 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 10,338 17,025 6,500 33,063	20 20 20 20 20 20 20 20 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119  9,538 17,025 6,500 33,063	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13 020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 4,136 331,787 9,538 17,025 6,500 33,063	5,580 6,572 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202 102,087
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired In 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired in 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1997 Ford Truck 1997 Ford Truck 2005 Chrysler Van  Acquired in 2016  Acquired prior 2011 per 2011 Cost Report  Total  Movable Equipment Acquired prior 2011 per 2011 Cost Report  Movable Equipment Acquired prior 2011 per 2011 Cost Report  Movable Equipment Acquired prior 2011 per 2011 Cost Report  Movable Equipment Acquired in 2011	8/1/2011 11/1/2011 12/14/2011 6/6/2013 6/11/2013 8/1/2013 10/15/2013 2/1/2002 1/1/2004 12/1/2008 2/1/2016	18,600 21,909 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873 433,873 9,538 17,025 6,500 33,063 23,710 23,710 56,773	18,600 21,909 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063 23,710 23,710 23,710 56,773	20 20 20 20 20 20 20 20 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119  9,538 17,025 6,500 33,063  4,742 4,742 37,805	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13.020 15,337 4.968 4.968 9,937 2.691 650 149 1,354 4.844 4,136 331,787 9,538 17,025 6,500 33,063 9,484 9,484 42,547	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202 102,087
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired In 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired in 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1999 Torytos Forerunner 2005 Chrysler Van  Acquired in 2016 2012 GMC Sierra Truck  Total  Movable Equipment Acquired prior 2011 per 2011 Cost Report Movable Equipment Acquired prior 2011 per 2011 Cost Report	8/1/2011	18,600 21,909 16,562 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063 23,710 23,710 26,773	18,600 21,909 16,562 16,562 33,124 10,767 2,598 5,411 19,370 10,338 10,338 433,873 9,538 17,025 6,500 33,063	20 20 20 20 20 20 20 20 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 309,119  9,538 17,025 6,500 33,063 4,742 4,742 37,805	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13,020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 331,787 9,538 17,025 6,500 33,063	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202 102,087
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired In 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired in 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1997 Ford Truck 1997 Ford Truck 1997 Total Foreruner 2005 Chrysler Van  Acquired in 2016 2012 GMC Sierra Truck  Total  Movable Equipment Acquired prior 2011 per 2011 Cost Report Moveable Equipment Acquired prior 2011 per 2011 Cost Report Moveable Equipment Acquired prior 2011 per 2011 Cost Report Moveable Equipment Acquired in 2011 Acquired in 2011 Acquired in 2011 Acquired in 2011 Computer Nonitor, and Printer Computer Monitor, and Printer	8/1/2011 11/1/2011 12/14/2011 6/6/2013 6/11/2013 6/11/2013 8/7/2013 10/15/2013 10/15/2013 2/1/2004 12/1/2008 2/1/2016 Various 10/1/2010 11/1/2010 3/3/1/2011	18,600 21,909 16,562 16,562 16,562 10,767 2,598 594 5,411 19,370 10,338 10,338 433,873 433,873 23,710 23,710 23,710 23,710 25,710 25,710 26,773 655,485 655,485 655,485 655,485 655,485 655,485	18,600 21,909 16,562 33,124 10,767 2,598 5,411 19,370 10,338 10,338 433,873 433,873 23,710 23,710 23,710 23,710 56,773	20 20 20 20 20 10 Var. 5 5 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 3,102 309,119  9,538 17,025 6,500 33,063 4,742 4,742 4,742 37,805	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13,020 15,337 4,968 4,968 9,937 2,691 650 149 1,354 4,844 4,136 331,787 9,538 17,025 6,500 33,063 9,484 9,484 42,547 655,485 655,485 5,813 2,257	5,580 6,572 11,594 11,594 23,187 8,076 1,948 445 4,057 14,527 6,202 6,202 102,087
Automatic Grease Trap (Kitchen Equipment)  Acquired In 2012 Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors Devine Bros., Inc Mechanical Contractors  Acquired In 2013 Upholstery and furnishings Decorative Living of Westport Window Treatments Unlimited Robert Allen Group  Acquired in 2014 Upholstery and furnishings  Total  Motor Vehicles - Moveable Equipment Acquired prior 2011 per 2011 Cost Report 1999 Toyota Forerunner 2005 Chrysler Van  Acquired in 2016 2012 GMC Sierra Truck  Total  Movable Equipment Acquired prior 2011 per 2011 Cost Report Movable Equipment Acquired in 2011 ACQUIRED IN Cost Report Movable Equipment Acquired in 2011 ACQUIRED IN Cost System Computer Equipment (Sofichoice)	8/1/2011	18,600 21,909 16,562 16,562 16,562 33,124 10,767 2,598 594 5,411 19,370 10,338 10,338 10,338 433,873  9,538 17,025 6,500 33,063 23,710 23,710 56,773 655,485 655,485 4,185 5,813	18,600 21,909 16,562 33,124 10,767 2,598 5,411 19,370 10,338 10,338 17,025 6,500 33,063 23,710 23,710 56,773	20 20 20 20 20 20 5 5 5 Var. 5 5 5	SAL	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,667	11,160 13,146 4,140 4,140 8,281 2,153 520 119 1,083 3,875 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,102 3,	1,860 2,191 828 828 1,656 538 130 30 271 969 1,034 1,034 22,668	13.020 15,337 4.968 4.968 9,937 2.691 650 149 1,354 4.844 4.136 4.136 331,787 9,538 17.025 6,500 33,063 9,484 9,484 42,547	5.580 6.572 11.594 23.187 8.076 1.948 445 4.057 14.527 6.202 6.202 102,087

61 Cherry Overbed Tables	6/30/2011	12,410	12,410	10	S/L	1,241	7,446	1,241	8,687	3.723
25 Flat Screen TVs	6/30/2011	4,462	4.462	10	S/L	446	2,677	446	3,123	1,339
PointClickCare Software	7/30/2011	17,375	17.375	5	S/L		17,375		17,375	-
Nursing Station Kiosks & Install	9/1/2011	12,171	12,171	5	S/L		12,171		12,171	-
		61,734	61,734			1,993	53,760	1,993	55,753	5,980
Acquired in 2012	10010011	146	166		0.4	22	1/6		165	
Kiosk Bundle Mobility Cart	10/31/2011	165 2,440	165 2,440	5	S/L S/L	33 488	165 2,440	•	165 2,440	-
Mobility Cart	1/25/2012	2,440	2,440	5	S/L	57	2,440		2,440	•
Touch Screen Tablet PC	3/13/2012	2.555	2.555	5	S/L	511	2,555	•	2,555	-
Beds	2/8/2012	2,826	2,826	10	S/L	283	1.413	283	1,696	1.130
Beds	2/27/2012	3,276	3,276	10	S/L	328	1,638	328	1,966	1,310
Telephone Equipment	12/15/2011	17,833	17,833	7	S/L	2,548	12,738	2.548	15,286	2,547
Antenna Module	2/14/2012	464	464	7	S/L	66	331	66	397	67
Flatscreen TV	7/11/2012	1,890	1.890	10	S/L	189	945	189	1,134	756
Laptop	8/9/2012	1,003	1,003	5	S/L	201	1,003	•	1,003	
LCD Monitor	8/9/2012	366	366	5	S/L	73	366	-	366	-
	_	33,105	33,105			4,776	23,882	3,414	27,296	5,809
Acquired in 2013										
Lenovo Monitor	2/7/2013	2,166	2,166	5	S/L	433	1,733	433	2,166	
		2,166	2,166			433	1,733	433	2,166	-
Acquired in 2014										
Radiant Heat Plate Diepenser	7/10/2014	1,500	1,500	7	S/L	214	643	214	857	643
Cambrio 2-compartment Meal Delivery Cart	8/11/2014	6,881	6,881	10	S/L	688	2,064	688	2,752	4,129
17* CarePoint Kiosk Bundle Computer	1/4/2014	1,664	1,664	7	S/L	238	713	238	. 951	713
Electric beds (5)	5/2/2014	7,500	7,500	10	S/L	750	2,250	750	3,000	4,500
		17,545	17,545			1,890	5,670	1,890	7,560	9,985
Acquired in 2015	4770015	2.021	2.021		0.7	202	***	202	070	
Economy Beverage Service Cart w/ locking doors	4/7/2015 5/21/2015	2,931 8.071	2,931 8,071	10 5	S/L S/L	293	586	293	879	2,052
Careworx - Computer kiosk for nursing Fiberglass Dinning Tble (11) Spectables, Inc.	4/28/2015	9,077	9,077	10	S/L S/L	1,614 908	3,228	1,614 908	4,842	3,229
riocigiass Dinning Tole (11) Speciables, inc.	4/28/2013 _	20,080	20,080	10	SIL	2,815	1,816 5,630	2,815	2,724 8,445	6,353
		20,000	20,060			2,013	5,050	2,013	6,445	11,055
Acquired in 2016										
Elliptical	11/1/2015	3,100	3,100	4	S/L	775	775	775	1,550	1,550
Carepoint Kiosk	12/9/2015	3,070	3,070	3	S/L	1,023	1,023	1,023	2.046	1,024
Industrial Blender	1/1/2016	1,279	1,279	10	S/L	128	128	128	256	1,023
Hospital Beds	9/1/2016	3,658	3,658	10	S/L	366	366	366	732	2,926
Hospital Beds	1/1/2016	3,138	3,138	10	S/L	314	314	314	628	2,510
Walkie - Talkies	3/1/2016	3,780	3,780	8	S/1.	473	473	473	946	2,834
Hospital Beds	3/1/2016	11,543	11,543	10	SA.	1,154	1,154	1,154	2,308	9,235
Snow Plow	5/1/2016	4,740	4,740	5	S/L	948	948	948	1,896	2.844
Dryers	6/1/2016	17,954	17,954	01	S/L	1,795	1,795	1,795	3,590	14,364
Water Dispenser	7/1/2016	5,055	5,055	8	S/L	632	632	632	1,264	3,791
		57,317	57,317			7,608	7,608	7,608	15,216	42,101
Acquired in 2017										
Hospital Beds	10/18/2016	1,829	1,829	10	S/L			183	183	1,646
Hospital Beds	1/24/2017	2,926	2,926	10	S/L	•	•	293	293	2,633
Hospital Beds	7/17/2017	5,423	5,423	10	S/L	•	•	542	542	4,881
HK Laundry Equipment	12/1/2016	11,587	11,587	10	S/L			1,159	1,159	10,428
The Education (Equipment		21,765	21,765	10	DV L	<del></del>		2,177	2,177	19,588
		=-,=	2.,.33					*****		
Total	_	869,196	869,196			19,516	753,768	20,330	774,099	95,098
Cost Report Totals	_	4,311,988	4,311,988			72,181	3,594,681	81,406	3,676,087	635,901
T/B	_	4,489,378						134,624	3,186,317	1,303,061
Variance	_	(177,390) {a}						(53,218)	489,770	(667,160)
Reconciliation								(c)		{b}

Reconciliation
Variance Prior to FY2016
Variance from FY2016
Variance from FY2016
Variance from FY2017
Add Back: Restricted Contributions Revenue FY2017
Reconciliation Total 76,089 1,280 21 60,000 40,000 177,390 {a}

### <u>Tickmarks</u>

[4] - carry forward amount from prior year depreciation schedule. In FY2016, there was an additional variance of \$1,280 and restricted capital improvement revenue of \$100,000 added to the initial \$76,089, \$21 varince in FY2017, which ultimately totals to the \$137,389

Reconciliation Amounts

(b) [F/S vs C/R NBV - Pg 31, Line B9	667,160
Rounding Variance - Pg 31, Line B9	(3)
{c} F/S vs C/R Deprec - Pg 36, Line F1	53,218

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

# Amortization Schedule\*

Nan	Name of Facility		License No.		Report for Year Ended	r Ended		Page	Jo
Not	Notre Dame Convalescent Home, Inc.		286-C	)-C	9/30/2017			24	37
					Accumulated				
<del></del>		Date of			Amort. to				
		Acquisition			Beginning of	Basis for			
		-	Length of	Cost to Be	Year's	Computing	Rate	Rate   Amortization	
	Item	Month   Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
Α.	Organization Expense								
	1.							######################################	
	2.	_							
	3.							W Siis St	
A-4.	. Subtotal		· · · · · · · · · · · · · · · · · · ·			Political distribution of the second			
B.	Mortgage Expense								
	1.							30 O. S. B	
	2.								
	3.								
B-4.	. Subtotal						Harrie Control		
ر:	Leasehold Improvements and Other	<u>-</u>						39.530	
	1. Acquired prior to this report period	,			,				
	2. Disposals (attach schedule)								
	3. Acquired during this report period	計議 医囊囊				THE PERSON NAMED AND POST OFFICE ADDRESS OF THE			
,	(attach schedule)								
C-4.	. Subtotal		The state of the s			MEMORITAN PROPERTY.			
D.	Total Amortization						The second secon		

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR C. Remaining Life of Lease; OR D. Actual Life if owned by Related Party.

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

,	License No.	Report for Year En	ded		Page of
Notre Dame Convalescent Home, Inc.	286-C	9/30/2017			25   37
11. Property Questionnaire					
Part A					
Is the property either owned by the	Facility (	9 Yes	0	No	If "Yes," complete Part B.
or leased from a Related Party?*				140	If "No," complete Part C.
*If any owner or operator of this facilities business association to any person or					
related party transaction.	organizzmon from whom	buildings are leased, then	it is considered a		
Description		Total		93 W358	
Date Land Purchased		1952-Convent			
2. Date Structure Completed	CD 1	1967, 1972			
<ul><li>3. If NOT Original Owner, Date</li><li>4. Date of Initial Licensure</li></ul>	of Purchase	05/20/05	- 建苯胺基基		
5. Total Licensed Bed Capacity		05/20/05			<b>建筑是自己的</b>
6. Square Footage		32,319			
7. Acquisition Cost	<del> / </del>				
a. Land		1966-\$15,000			
b. Building		1966- \$286,852			
Part B - Owner and Related Par	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing	(ad variable)				
<ul><li>a. Type of Financing (e.g., fix</li><li>b. Date Mortgage Obtained</li></ul>	keu, variable)				
c. Interest Rate for the Cost \	/ear				
d. Term of Mortgage (numbe	r of years)				
e. Amount of Principal Borro					
f. Principal balance outstand					
Complete if Mortgage was R				<b>对</b> "以为"	
g. Type of Financing (e.g., fix					
h. Date of Refinancing	icu, variable)	<del></del>			
i. New Interest Rate					
j. Term of Mortgage (numbe					,
k. Amount of Principal Borro					
Principal Outstanding on N					
Part C - Arms-Length Lease Name and Address of Lessor				Т ст	A 1 A
Name and Address of Lessor	P	roperty Leased	Date of Lease	Term of Lease	Annual Amount of Lease
			<u> </u>	,	
			1		
				L	

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

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

Name of Facility License No.		Report for Ye	ar Ended		Page of
Notre Dame Convalescent Home, Inc. 286-C		9/30/2017			26   37
Item		Total	CCNH	RHNS	(Specify)
<ul> <li>Interest</li> <li>A. Building, Land Improvement &amp; Non-Movable Equipment</li> <li>1. First Mortgage</li> </ul>	\$				
Name of Lender	Rate				
Address of Lender					
Second Mortgage	\$				
Name of Lender	Rate		多数重要		
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				

(Carry Subtotals forward to next page)

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

Name of Facility License Notre Dame Convalescent Home, Ir 286	lo. 5-C		Report for Ye 9/30/2017	ear Ended		Page of 27   37
Item			Total	CCNH	RHNS	(Specify)
	totals Bro	ught Forward:				
12. C. Movable Equipment		•				
1. Automotive Equipment	Data	\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender	<u> </u>	L				
Address of Lender						
B. Item	Rate	Amount				
Lender		I				
Address of Lender						Salaranian Salaranian Salaranian
12. C. 3. Total Movable Equipment Interes	st	¢.		ne varantum a maanum maanum memmuum me	Charles and Co. Charles and Ch	
Expense (C1 + 2)  12. D. Other Interest Expense ( <i>Specify</i> )		<u>\$</u> \$				
12. D. Guier interest Expense (opecity)		Ψ				
13. Total All Interest Expense (12B7 + 120	C3 + 12D	) \$	MATERIAL CONTRACTOR	**************************************	E-03016-022-03-03-03-03-03-03-03-03-03-03-03-03-03-	200
14. Insurance	· · · · · · · · ·					
a. Insurance on Property (buildings on	ly)	\$		19,674		
b. Insurance on Automobiles		\$	9,740	9,740		
c. Insurance other than Property (as sp	ecified ab	•				
1. Umbrella (Blanket Coverage)		\$		12,068		
2. Fire and Extended Coverage 3. Other ( <i>Specify</i> )		\$ \$		41.070		<del> </del>
Prof. Casualty Liability, D&O, 9			41,279	41,279		
14d. Total Insurance Expenditures (14a + 1		\$		82,761		
15. Total All Expenditures (A-13 thru C-1	4)	\$	6,995,280	6,995,280		

# D. Adjustments to Statement of Expenditures

	e of Fa		valescent Home, Inc.	Lic	cense No. 286-C	Report for Year 9/30/2017	r Ended	Page 28	of 37
None	Daili	CON	Valescent Home, mc.	<u> </u>	Total	9/30/2017		20	
Item	Page	Line			Amount of				
No.	_		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
			es and Wages		Aleka kanta a			(Spe	
1.			Outpatient Service Costs	-\$				CA Explication of the Co.	
2.			Salaries not related to Resident Care	\$			*****	<del></del>	
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$				1	
Page	13 - I	Profes	sional Fees			<b>图图 / 摄 / 基</b> 4	<b>法据证</b>		
5.			Resident Care Physicians **	\$			AND THE RESERVE OF THE PARTY OF		
6.	13	B10a	Occupational Therapy	\$	148,557	148,557			
7.			Other - See attached Schedule	\$	10,560	10,560			
Page	s 15 &	16 -	Administrative and General			<b>建筑金沙鱼</b>			i day
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	51,375	51,375			
10.	15	1e	Accounting & Legal	\$	5,560	5,560			
11.			Telephone	\$					
12.			Cellular Telephone	\$					
13.			Life insurance premiums on the life		<b>基础</b> 表示(1	344			
			of Owners, Partners, Operators	\$					
14.	16	L2	Gifts, flowers and coffee shops	\$	381	381			
15.	16	L5	Education expenditures to colleges or						
			universities for tuition and related costs						
			for owners and employees	\$	8,391	8,391			
16.			Travel for purposes of attending					12.00	
			conferences or seminars outside the						Ø#
			continental U.S. Other out-of-state						Hall:
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$			~ • • • • • • • • • • • • • • • • • • •		
18.	16	m2/3	Unallowable Advertising *	\$	54,572	54,572	<del></del>		···· , , , , , , , , , , , , , , , , ,
19.			Income Tax / Corporate Business Tax	\$					
20.	16	m10	Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$				<u> </u>	
23.			Other - See attached Schedule	\$	4,750	4,750			
			y Expenditures						
24.	30	IV 1	Meals to employees, guests and others						
i			who are not residents	\$	677	677			Section and the section of the secti
	19 - L	aund	ry Expenditures		Markart.				idsi
25.			Laundry services to employees, guests				Karing M	l Malai	
	26	_	and others who are not residents	\$		Prints was in Management and the comment			ST Spinocheman
	20 - E		keeping Expenditures						
26.			Housekeeping services to employees, guests						
			and others who are not residents	\$	001.00=		<u></u>	1	
			Subtotal (Items 1 - 26)	\$	284,823	284,823	. <del></del>	<u> </u>	

<sup>\*</sup> All except "Help Wanted".

<sup>(</sup>Carry Subtotal forward to next page)

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

### Schedule of Other Salaries Adjustment

(Specify)	RHNS	CCNH	Description	Line Ref	Page Ref
da d	ia a galamak				
o da lubrossiro de la contra de la contra	urte o de suden al diversità				
					Madda 1
\$ -	\$	\$ -	Adjustment	r Salaries A	Total Othe
			Adjustment	r Salaries /	

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	12o	Religious - Visiting Priests	\$ 10,560		
1.200 - 200 C					
			la an bearla ea Pi		
				an e a Gali	Sugara III
Total Othe	r Fees Adju	istments	\$ 10,560	\$ -	\$ -

### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	\$ 825		
16	m13	Civil Penalties	1,580		
16	m13	Misc. Expense (Disallowed on Pg. 28)	652		
16	m13	Religious Supplies	1,693		
	ukouskas Ustākskā				
Total Othe	r A&G Ad	justments	\$ 4,750	\$ -	\$ -

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

Nome	e of Fa	oilit.	D. Adjustments to Statemen	License No. Report for Year Ended			Dogo	of	
				LIC	286-C	9/30/2017	ear Eliged	Page 29	37
Notre	Dame	e Con	valescent Home, Inc.		Total	9/30/2017		29	31
Itam	Daga	I :							
No.	Page No.		Itam Description		Amount of Decrease	CCNIL	DING	(Sma	.:A.)
No.	NO.	NO.	Item Description Subtotals Brought Forward	\$		CCNH	RHNS	(Spe	cify)
Daga	20 1	Pasida	nt Care Supplies***	•	284,823	284,823			
27.	-		Prescription Drugs	\$	87,122	87,122		が概と問	
28.	20		Ambulance/Limousine	\$	1,198	1,198			
29.		5f	X-rays, etc	\$	9,691	9,691			
30.	20		Laboratory	\$	11,543	11,543			
31.	20	<i>J</i> 11	Medical Supplies	\$	11,545	11,545			
32.	20	5e2	Oxygen (non emergency)	\$	6,718	6,718			
33.	20	302	Occupational Therapy	\$	0,718	0,710			
34.	-		Other - See Attached Schedule	\$	12,780	12,780			
	22 - N	lainte	enance and Property	Ť	12,700	12,700			63/11/21/1
35.			Excess Movable Equipment Depreciation	$\dashv$		6.13.2666, 17.65 s			
			See Attached Schedule	\$					uma parte da la companya da la comp
36.			Depreciation on Unallowable	╜					
			Motor Vehicles	\$					
37.			Unallowable Property and Real	_	72 F 15 12 12 12 12 12 12 12 12 12 12 12 12 12		使41 卡贝温斯	8 465	
			Estate Taxes	\$					atrius di Su
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	29,407	29,407			
Page	27 - I	nsura			A SEPTEMBER SE			F. S. S. S. S.	14.5304
40.			Mortgage Insurance	\$			Logic Solomor Solomor Communication and Communic		
41.			Property Insurance	\$				-	
Other	- Mis	cella	neous	_	Gentalian (1)				er Hád
42.			Research or Experimental Activities	\$				Market	
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,						IIIII
			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						78181
			Attached Schedule	\$	38,728	38,728			
	or Pro		roviders Only						
50.			Building/Non Movable Eq. Depreciation					J Kal	
	ĺ	j	Unallowable Building Interest -				非非私籍		
لـــا			See Attached Schedule	\$					
51.	Total .	Amoi	int of Decrease (Items 1 - 50)	\$	482,010	482,010			

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

### **Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See attachment)	\$ 10,855	ngijaj erimi	
20	5j	Occupational Therapy Expense Disallowance (See attachment)	1,925		
	3.44				
					555535B
5.5 2 1	14214		erates.		
					E 120 E E
Total Othe	r Ancillary	Costs	\$ 12,780	\$ -	\$ -

### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
		The state of the s			
				Sacretic St.	
	11-12				
Total Exce	ss Movable	e Equipment Depreciation	\$ -	s -	\$ -

### **Schedule of Other Property Adjustments**

Page Ref	age Ref Line Ref Description		CCNH	RHNS	(Specify)
Var	Var	Unallowable Costs Related to Convent & Priests (See attachment)	\$ 29,407		
				a de la companya de l	
Total Othe	r Property	Adjustments	\$ 29,407	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Refunds	\$ 20,750	8 1 <b>2</b> 1 1 1 1	
30	IV 8	Special Services - Insurance Reimbursement	91		
30	IV 8	Staff Recognition Fund	9,750		
30	IV 8	Contributions - Temporarily Restricted	7,829		
30	IV 8	Contributions	8		
30	IV 8	Medical Record Income	300		
Total Othe	r Adjustm	ents	\$ 38,728	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	747 E				
			androgram is in the contract of the contract o		
			27. 20. 10		MARTINAL I
Total Unal	lowable Bu	illding Interest	\$	\$ -	\$ -

Notre Dame Convalescent Homes, Inc. September 30, 2017 Cable Disallowance Calculation Page 29a Attachment

Disallowance	rage 20, 214 or	(10,855) Page 29a
Amount Reported	Page 20, LN 5i	14,455
Total Allowable Amount		3,600

Notre Dame Convalescent Homes, Inc. OT Therapy Expense Disallowance September 30, 2017 Page 29b Attachment

Physical Therapy Occupational Therapy	# of Treatments Page 9 8,824 7,844	Percentage 50.40% 44.80% {a}
Speech Therapy	839 17,507	100.00%
Therapy Equipment Rental	Pg. 20 / Line 5j	4,297 <b>{b</b> }
OT Therapy Supplies Disallowed	Pg. 29b attachment	1,925 $\{a\} \times \{b\}$

### Notre Dame Convalescent Homes, Inc. **Schedule of Disallowance- Priests and Nuns September 30, 2017**

	Square Feet	Percent
Convent	8,058	19%
Priest Quarters	1,170	3%
Nursing Home	32,319	78%
	41,547	100%

		Cost Reported	Convent	Priest
A&G Exper	nse Items:			
<b>---------------------------------------------------</b>	Repairs & Maintenance	54,752		
	Heat	88,016		
	Light & Power	70,424		
	Water	18,664		
	Other Maintenance	145,662		
Total		377,518		
Allocation %	6 from above		19%	3%
Allocation C	Cost		73,219	10,631
Factor*			0.33333	0.33333
Unallowable	Amount		24,406	3,544
Amount to 1	Disallow - Page 29 , Line 39		24,406	3,544
Insurance	Disallowance			
Property Inst	urance	19,674		
Allocation %	6 from above		19%	3%
Allocation C			3,816	554
Factor*			0.33333	0.33333
Unallowable	e Amount (Page 29, Line39)		1,272	185

<sup>\*</sup> Based on space in use only 8 out of 24 hours a day

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

CSP-30 Rev.10/2005

### F. Statement of Revenue

Item	Name of Facility License No.		Report for Y	ear Ended		Page of
1. Medicaid Residents (CT only)   \$ 2,965,601   2,965,601	Notre Dame Convalescent Home, Inc. 286-C		9/30/2017			30   37
1. Medicaid Residents (CT only)   \$ 2,965,601   2,965,601					ninio	(0.10)
1. a. Medicaid Residents (CT only)   S   2,965,601     b. Medicaid Room and Board Contractual Allowance **   S     2. a. Medicaid (All other states)   S     5. Other States Room and Board Contractual Allowance **   S     6. Other States Room and Board Contractual Allowance **   S     7. A. Medicare Residents (all Inclusive)   S   1,095,194     8. Medicare Room and Board Contractual Allowance **   S     9. A. a. Private-Pay Residents and Other   S   1,902,466     1,902,466   D. Private-Pay Room and Board Contractual Allowance **   S     10. Other Resident Revenue   S     11. Other Resident Revenue   S     12. A. Medical Supplies - Non-Medicare Contractual Allowance **   S     13. A. Medical Supplies - Non-Medicare   S     14. A. Medical Supplies - Non-Medicare   S     15. A. Medical Supplies - Medicare Contractual Allowance **   S     16. Medical Supplies - Non-Medicare   S     17. A. Medical Supplies - Non-Medicare   S     18. A. Medical Supplies - Non-Medicare   S     19.	· · · · · · · · · · · · · · · · · · ·		Total	CCNH	RHNS	(Specify)
b. Medicaid Room and Board Contractual Allowance **   S			<b>小型</b> 基系系		Mark	
2. a. Medicaid (All other states) b. Other States Room and Board Contractual Allowance ** 5. a. Medicare Residents (all inclusive) 5. a. Private-Pay Room and Board Contractual Allowance ** 6. a. Private-Pay Room and Board Contractual Allowance ** 7. a. Private-Pay Room and Board Contractual Allowance ** 8. a. Private-Pay Room and Board Contractual Allowance ** 9. b. Private-Pay Room and Board Contractual Allowance ** 1. a. Prescription Drugs - Medicare 1. a. Prescription Drugs - Medicare Contractual Allowance ** 2. a. Medical Supplies - Medicare Contractual Allowance ** 3. a. d. Prescription Drugs - Non-Medicare 4. a. Prescription Drugs - Non-Medicare Contractual Allowance ** 5. b. Medical Supplies - Medicare Contractual Allowance ** 6. d. Medical Supplies - Non-Medicare 7. d. Medical Supplies - Non-Medicare Contractual Allowance ** 8. d. Medical Supplies - Non-Medicare 9. d. Medical Supplies - Non-Medicare Contractual Allowance ** 9. d. Medical Supplies - Non-Medicare Contractual Allowance ** 9. d. Physical Therapy - Medicare Contractual Allowance ** 9. d. Physical Therapy - Non-Medicare Contractual Allowance ** 9. d. Physical Therapy - Non-Medicare Contractual Allowance ** 9. d. Physical Therapy - Non-Medicare Contractual Allowance ** 9. d. Speech Therapy - Non-Medicare Contractual Allowance ** 9. d. Speech Therapy - Non-Medicare Contractual Allowance ** 9. d. Speech Therapy - Non-Medicare Contractual Allowance ** 9. c. Speech Therapy - Non-Medicare Contractual Allowance ** 9. d. Speech Therapy - Non-Medicare Contractual Allowance ** 9. d. Occupational Therapy - Non-Medicare Contractual Allowance ** 9. d. Occupational Therapy - Non-Medicare Contractual Allowance ** 9. d. Occupational Therapy - Non-Medicare Contractual Allowance ** 9. d. Occupational Therapy - Non-Medicare Contractual Allowance ** 9. d. Occupational Therapy - Non-Medicare Contractual Allowance ** 9. d. Occupational Therapy - Non-Medicare Contractual Allowance ** 9. d. Occupational Therapy - Non-Medicare Contractual Allowance ** 9. d. Occupatio	· · · · · · · · · · · · · · · · · · ·	_	2,965,601	2,965,601		
b. Other States Room and Board Contractual Allowance ** 3 a. Medicare Residents (all inclusive)		$\overline{}$				
3. a. Medicare Residents (all inclusive) b. Medicare Room and Board Contractual Allowance ** 5. l.,095,194 l.,095,194 b. Private-Pay Residents and Other 5. l.,1902,466 l.,190		$\overline{}$				
b. Medicare Room and Board Contractual Allowance **  4. a. Private-Pay Residents and Other	· · ·	\$				
4. a. Private-Pay Residents and Other b. Private-Pay Room and Board Contractual Allowance ** \$ 1. Other Resident Revenue 1. a. Prescription Drugs - Medicare Contractual Allowance ** \$ c. Prescription Drugs - Medicare Contractual Allowance ** \$ d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ d. Medical Supplies - Medicare Contractual Allowance ** \$ d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ d. Physical Therapy - Medicare Contractual Allowance ** \$ d. Physical Therapy - Mon-Medicare Contractual Allowance ** \$ d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ d. Speech Therapy - Medicare Contractual Allowance ** \$ d. Speech Therapy - Medicare Contractual Allowance ** \$ d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ d. Speech Therapy - Non-Medicare Contractual Allowance ** \$ d. Speech Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy - Medicare Contractual Allowance ** \$ d. Occupational Therapy			1,095,194	1,095,194		
B. Private-Pay Room and Board Contractual Allowance **   S   S   S   S   S   S   S   S   S	b. Medicare Room and Board Contractual Allowance **		· · · · · · · · · · · · · · · · · · ·			
1. a. Prescription Drugs - Medicare   \$ 77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413   77,413			1,902,466	1,902,466		
1. a. Prescription Drugs - Medicare   S   77,413   77,413     b. Prescription Drugs - Medicare Contractual Allowance **   S     c. Prescription Drugs - Non-Medicare   S     d. Prescription Drugs - Non-Medicare   S     d. Prescription Drugs - Non-Medicare   S     d. Prescription Drugs - Non-Medicare   S     c. Medical Supplies - Medicare Contractual Allowance **   S     c. Medical Supplies - Medicare Contractual Allowance **   S     d. Medical Supplies - Non-Medicare   S     d. Medical Supplies - Non-Medicare Contractual Allowance **   S     d. Medical Supplies - Non-Medicare Contractual Allowance **   S     d. Medical Supplies - Non-Medicare Contractual Allowance **   S     d. Medical Supplies - Non-Medicare Contractual Allowance **   S     d. Physical Therapy - Medicare Contractual Allowance **   S     d. Physical Therapy - Non-Medicare Contractual Allowance **   S     d. Physical Therapy - Non-Medicare Contractual Allowance **   S     d. Speech Therapy - Medicare Contractual Allowance **   S     e. Speech Therapy - Non-Medicare Contractual Allowance **   S     d. Speech Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare Contractual Allowance **   S     d. Occupational Therapy - Non-Medicare	b. Private-Pay Room and Board Contractual Allowance **	\$	Workship Add V-2 Control of Control	war and a standard war to the same	emoor r-W ven	
b. Prescription Drugs - Medicare Contractual Allowance **   \$   \$   \$   \$   \$   \$   \$   \$   \$	II. Other Resident Revenue					COOK THE
c. Prescription Drugs - Non-Medicare         \$           d. Prescription Drugs - Non-Medicare         \$           2. a. Medical Supplies - Medicare         \$           b. Medical Supplies - Medicare Contractual Allowance ** \$         \$           c. Medical Supplies - Non-Medicare         \$           d. Medical Supplies - Non-Medicare Contractual Allowance ** \$         \$           d. Medical Supplies - Non-Medicare Contractual Allowance ** \$         \$           b. Physical Therapy - Medicare Contractual Allowance ** \$         \$           c. Physical Therapy - Medicare Contractual Allowance ** \$         \$           c. Physical Therapy - Non-Medicare Contractual Allowance ** \$         \$           d. Physical Therapy - Non-Medicare Contractual Allowance ** \$         \$           e. Speech Therapy - Non-Medicare Contractual Allowance ** \$         \$           c. Speech Therapy - Non-Medicare Contractual Allowance ** \$         \$           d. Speech Therapy - Non-Medicare Contractual Allowance ** \$         \$           e. Occupational Therapy - Medicare Contractual Allowance ** \$         \$           e. Occupational Therapy - Medicare Contractual Allowance ** \$         \$           e. Occupational Therapy - Non-Medicare Contractual Allowance ** \$         \$           c. Occupational Therapy - Non-Medicare Contractual Allowance ** \$         \$           e. Other (Specify) - Non-Medicar	1. a. Prescription Drugs - Medicare	\$	77,413	77,413		
d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	b. Prescription Drugs - Medicare Contractual Allowance **	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	c. Prescription Drugs - Non-Medicare					
2. a. Medical Supplies - Medicare b. Medical Supplies - Medicare Contractual Allowance ** c. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare d. Medical Supplies - Non-Medicare Contractual Allowance ** s. 312,016 3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare Contractual Allowance ** d. Physical Therapy - Non-Medicare d. Physical Therapy - Medicare Contractual Allowance ** s. 76,234 b. Speech Therapy - Medicare d. Speech Therapy - Medicare Contractual Allowance ** c. Speech Therapy - Medicare Contractual Allowance ** s. Speech Therapy - Non-Medicare d. Speech Therapy - Non-Medicare s. 293,367 b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare s. 12,706 D. Other (Specify) - Non-Medicare s. 12,706 D		_				
b. Medical Supplies - Medicare Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		$\overline{}$				· · · · ·
c. Medical Supplies - Non-Medicare         \$           d. Medical Supplies - Non-Medicare Contractual Allowance **         \$           3. a. Physical Therapy - Medicare Contractual Allowance **         \$           e. Physical Therapy - Medicare Contractual Allowance **         \$           e. Physical Therapy - Non-Medicare Contractual Allowance **         \$           d. Physical Therapy - Non-Medicare Contractual Allowance **         \$           e. Speech Therapy - Medicare Contractual Allowance **         \$           e. Speech Therapy - Non-Medicare Contractual Allowance **         \$           e. Speech Therapy - Non-Medicare Contractual Allowance **         \$           f. Speech Therapy - Non-Medicare Contractual Allowance **         \$           g. Occupational Therapy - Medicare Contractual Allowance **         \$           g. Occupational Therapy - Non-Medicare Contractual Allowance **         \$           g. Occupational Therapy - Non-Medicare Contractual Allowance **         \$           g. Occupational Therapy - Non-Medicare Contractual Allowance **         \$           g. Occupational Therapy - Non-Medicare Contractual Allowance **         \$           h. Other (Specify) - Medicare         \$           h. Other (Specify) - Non-Medicare         \$           h. Other (Specify) - Non-Medicare         \$           g. Other (Specify) - Non-Medicare         \$				· ··· · · · · · · · · · · · · · · · ·		
d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 312,016 312,016 b. Physical Therapy - Medicare Contractual Allowance ** \$ 2,009 2,009 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 2,009 2,009 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 2,009 2,009 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 76,234 76,234 d. Physical Therapy - Medicare Contractual Allowance ** \$ 76,234 76,234 d. Physical Therapy - Medicare Contractual Allowance ** \$ 1,756 1,756 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 1,756 1,756 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 293,367 293,367 d. Physical Therapy - Medicare Contractual Allowance ** \$ 293,367 293,367 d. Physical Therapy - Medicare Contractual Allowance ** \$ 293,367 293,367 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 d. Physical Therapy - Non-Medicare Contractual Allowance **						
3. a. Physical Therapy - Medicare b. Physical Therapy - Medicare Contractual Allowance ** c. Physical Therapy - Non-Medicare d. Physical Therapy - Non-Medicare f. Physical Therapy - Non-Medicare Contractual Allowance ** s. 2,009 d. Physical Therapy - Non-Medicare f. Speech Therapy - Medicare f. Speech Therapy - Medicare f. Speech Therapy - Medicare f. Speech Therapy - Non-Medicare f. Speech Th	· · · · · · · · · · · · · · · · · · ·					
b. Physical Therapy - Medicare Contractual Allowance ** \$ 2,009 2,009 d. Physical Therapy - Non-Medicare \$ 2,009 2,009 d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		$\overline{}$	312 016	312.016	•	
c. Physical Therapy - Non-Medicare         \$ 2,009         2,009           d. Physical Therapy - Non-Medicare Contractual Allowance **         \$ 76,234         76,234           4. a. Speech Therapy - Medicare Contractual Allowance **         \$ 76,234         76,234           b. Speech Therapy - Medicare Contractual Allowance **         \$ 1,756         1,756           c. Speech Therapy - Non-Medicare Contractual Allowance **         \$ 293,367         293,367           b. Occupational Therapy - Medicare Contractual Allowance **         \$ 293,367         293,367           c. Occupational Therapy - Non-Medicare Specify) - Mon-Medicare Specify) - Medicare Specify) - Medicare Specify) - Non-Medicare Specify) - Non-Medicare Specify Specif			312,010	312,010		
d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ 76,234       76,234         b. Speech Therapy - Medicare Contractual Allowance **       \$ 76,234       76,234         b. Speech Therapy - Medicare Contractual Allowance **       \$ 1,756       1,756         d. Speech Therapy - Non-Medicare Contractual Allowance **       \$ 293,367       293,367         5. a. Occupational Therapy - Medicare Contractual Allowance **       \$ 293,367       293,367         c. Occupational Therapy - Non-Medicare Contractual Allowance **       \$ 200,000       200,000       12,706         d. Occupational Therapy - Non-Medicare Contractual Allowance **       \$ 12,706       12,706       12,706         b. Other (Specify) - Medicare Specify - Medicare Specify - Non-Medicare Specify - Non-Medicar			2 000	2 000		
4. a. Speech Therapy - Medicare       \$ 76,234       76,234         b. Speech Therapy - Medicare Contractual Allowance **       \$ 1,756       1,756         c. Speech Therapy - Non-Medicare       \$ 1,756       1,756         d. Speech Therapy - Non-Medicare Contractual Allowance **       \$ 293,367       293,367         b. Occupational Therapy - Medicare Contractual Allowance **       \$ 293,367       293,367         b. Occupational Therapy - Medicare Contractual Allowance **       \$ 200,367       293,367         c. Occupational Therapy - Non-Medicare       \$ 200,367       293,367         d. Occupational Therapy - Non-Medicare       \$ 200,367       200,367         d. Occupational Therapy - Non-Medicare       \$ 200,367       200,367         b. Other (Specify) - Medicare       \$ 12,706       12,706         b. Other (Specify) - Non-Medicare       \$ 12,706       12,706         b. Other (Specify) - Non-Medicare       \$ 12,706       6,738,762         III. Total Resident Revenue*       \$ 6,738,762       6,738,762         IV. Other Revenue*       \$ 677       677         2. Rental of rooms to non-residents       \$ 677       677         2. Rental of Television and Cable Services       \$ 363       363         3. Interest Income (Specify)       \$ 363       363			2,009	2,009	<del></del>	
b. Speech Therapy - Medicare Contractual Allowance ** \$ 1,756 1,756			76 224	76 224		
c. Speech Therapy - Non-Medicare         \$ 1,756         1,756           d. Speech Therapy - Non-Medicare Contractual Allowance **         \$ 293,367         293,367           5. a. Occupational Therapy - Medicare         \$ 293,367         293,367           b. Occupational Therapy - Medicare Contractual Allowance **         \$            c. Occupational Therapy - Non-Medicare         \$            d. Occupational Therapy - Non-Medicare Contractual Allowance **         \$            6. a. Other (Specify) - Medicare         \$ 12,706         12,706            b. Other (Specify) - Non-Medicare         \$              III. Total Resident Revenue (Section I. thru Section II.)         \$ 6,738,762         6,738,762            IV. Other Revenue*         \$              1. Meals sold to guests, employees & others         \$         \$             2. Rental of Television and Cable Services         \$         \$             3. Telephone         \$         \$              4. Rental of Television and Cable Services         \$ </td <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td>70,234</td> <td>70,234</td> <td></td> <td></td>	· · · · · · · · · · · · · · · · · · ·		70,234	70,234		
d. Speech Therapy - Non-Medicare Contractual Allowance **       \$         5. a. Occupational Therapy - Medicare       \$         b. Occupational Therapy - Medicare Contractual Allowance **       \$         c. Occupational Therapy - Non-Medicare       \$         d. Occupational Therapy - Non-Medicare Contractual Allowance **       \$         6. a. Other (Specify) - Medicare       \$         b. Other (Specify) - Non-Medicare       \$         III. Total Resident Revenue (Section I. thru Section II.)       \$         6. 738,762       6,738,762         IV. Other Revenue*       \$         1. Meals sold to guests, employees & others       \$         2. Rental of rooms to non-residents       \$         3. Telephone       \$         4. Rental of Television and Cable Services       \$         5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees       \$         7. Barber, Coffee, Beauty and Gift shops       \$         8. Other (Specify)       \$         Y. Total Other Revenue (1 thru 8)       \$         IV. Total Other Revenue (1 thru 8)       \$		$\overline{}$	1.75(	1.75(		
S. a. Occupational Therapy - Medicare   \$ 293,367   293,367			1,736	1,/36		
b. Occupational Therapy - Medicare Contractual Allowance ** c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare Contractual Allowance ** 6. a. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare  11. Total Resident Revenue (Section I. thru Section II.)  12. Other Revenue* 1. Meals sold to guests, employees & others 2. Rental of rooms to non-residents 3. Telephone 4. Rental of Television and Cable Services 5. Interest Income (Specify) 5. Interest Income (Specify) 6. Private Duty Nurses' Fees 7. Barber, Coffee, Beauty and Gift shops 8. Other (Specify) 9. 175,054  176,094  176,094  176,094			202.265	202.265		
c. Occupational Therapy - Non-Medicare d. Occupational Therapy - Non-Medicare Contractual Allowance **  6. a. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare  11. Total Resident Revenue (Section I. thru Section II.)  12. Other Revenue*  1. Meals sold to guests, employees & others 2. Rental of rooms to non-residents 3. Telephone 4. Rental of Television and Cable Services 5. Interest Income (Specify) 5. Interest Income (Specify) 6. Private Duty Nurses' Fees 7. Barber, Coffee, Beauty and Gift shops 8. Other (Specify) 7. Total Other Revenue (1 thru 8)  12. Total Other Revenue (1 thru 8)  12. Total Other Revenue (1 thru 8)			293,367	293,367		
d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ 12,706 12,706 b. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare \$ 12,706 12,706 b. Other (Specify) - Non-Medicare \$ 111. Total Resident Revenue (Section I. thru Section II.) \$ 6,738,762 6,738,762 111. Total Resident Revenue*  1. Meals sold to guests, employees & others \$ 677 677 2. Rental of rooms to non-residents \$ 3. Telephone \$ 3. Telephone \$ 5. Interest Income (Specify) \$ 363 363 6. Private Duty Nurses' Fees \$ 5. Interest Income (Specify) \$ 363 363 56. Private Duty Nurses' Fees \$ 5. Barber, Coffee, Beauty and Gift shops \$ 5. Other (Specify) \$ 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,054 175,0		$\overline{}$		<u>.</u>		
6. a. Other (Specify) - Medicare b. Other (Specify) - Non-Medicare  III. Total Resident Revenue (Section I. thru Section II.)  V. Other Revenue*  1. Meals sold to guests, employees & others 2. Rental of rooms to non-residents 3. Telephone 4. Rental of Television and Cable Services 5. Interest Income (Specify) 5. Interest Income (Specify) 6. Private Duty Nurses' Fees 7. Barber, Coffee, Beauty and Gift shops 8. Other (Specify) 8 175,054  V. Total Other Revenue (1 thru 8)  III. Total Resident Revenue (1 thru 8)  III. Total Other Revenue (II thru 8)		-				
b. Other (Specify) - Non-Medicare  III. Total Resident Revenue (Section I. thru Section II.)  \$ 6,738,762  6,738,762  IV. Other Revenue*  1. Meals sold to guests, employees & others  \$ 677  677  2. Rental of rooms to non-residents  \$ 3. Telephone  4. Rental of Television and Cable Services  5. Interest Income (Specify)  \$ 363  363  6. Private Duty Nurses' Fees  7. Barber, Coffee, Beauty and Gift shops  8. Other (Specify)  \$ 175,054  175,054  V. Total Other Revenue (1 thru 8)  \$ 176,094  176,094						
III. Total Resident Revenue (Section I. thru Section II.)       \$ 6,738,762       6,738,762         IV. Other Revenue*       \$ 677       677         1. Meals sold to guests, employees & others       \$ 677       677         2. Rental of rooms to non-residents       \$ 5       5         3. Telephone       \$ 5       5         4. Rental of Television and Cable Services       \$ 363       363         5. Interest Income (Specify)       \$ 363       363         6. Private Duty Nurses' Fees       \$ 7. Barber, Coffee, Beauty and Gift shops       \$ 175,054         8. Other (Specify)       \$ 175,054       175,054         V. Total Other Revenue (1 thru 8)       \$ 176,094       176,094			12,706	12,706		
IV. Other Revenue*         1. Meals sold to guests, employees & others       \$ 677       677         2. Rental of rooms to non-residents       \$       \$         3. Telephone       \$       \$         4. Rental of Television and Cable Services       \$       \$         5. Interest Income (Specify)       \$ 363       363         6. Private Duty Nurses' Fees       \$       \$         7. Barber, Coffee, Beauty and Gift shops       \$       \$         8. Other (Specify)       \$ 175,054       175,054         V. Total Other Revenue (1 thru 8)       \$ 176,094       176,094						
1. Meals sold to guests, employees & others       \$ 677       677         2. Rental of rooms to non-residents       \$       \$         3. Telephone       \$       \$         4. Rental of Television and Cable Services       \$       \$         5. Interest Income (Specify)       \$ 363       363         6. Private Duty Nurses' Fees       \$       \$         7. Barber, Coffee, Beauty and Gift shops       \$       \$         8. Other (Specify)       \$ 175,054       175,054         V. Total Other Revenue (1 thru 8)       \$ 176,094       176,094	` <u> </u>	\$	6,738,762	6,738,762	ACTOR DE CONTRACTO	VALUE AND DESCRIPTION OF THE PROPERTY OF THE P
2. Rental of rooms to non-residents       \$         3. Telephone       \$         4. Rental of Television and Cable Services       \$         5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees       \$         7. Barber, Coffee, Beauty and Gift shops       \$         8. Other (Specify)       \$       175,054         V. Total Other Revenue (1 thru 8)       \$       176,094	IV. Other Revenue*					DEPENDENCE OF
3. Telephone \$	1. Meals sold to guests, employees & others	\$	677	677		
4. Rental of Television and Cable Services       \$         5. Interest Income (Specify)       \$         6. Private Duty Nurses' Fees       \$         7. Barber, Coffee, Beauty and Gift shops       \$         8. Other (Specify)       \$       175,054         V. Total Other Revenue (1 thru 8)       \$       176,094	2. Rental of rooms to non-residents	\$				
5. Interest Income (Specify) \$ 363 363 6. Private Duty Nurses' Fees \$ \$ 7. Barber, Coffee, Beauty and Gift shops \$ \$ 175,054 175,054 176,094 176,094 176,094 176,094 176,094	3. Telephone	\$				
5. Interest Income (Specify) \$ 363 363 6. Private Duty Nurses' Fees \$ \$ 7. Barber, Coffee, Beauty and Gift shops \$ \$ 175,054 175,054 176,094 176,094 176,094 176,094 176,094	4. Rental of Television and Cable Services	\$				
6. Private Duty Nurses' Fees \$ 7. Barber, Coffee, Beauty and Gift shops \$ 175,054 175,054 175,054 176,094 176,094 176,094 176,094	5. Interest Income (Specify)	$\neg \neg$	363	363	,	
7. Barber, Coffee, Beauty and Gift shops  8. Other (Specify)  \$ 175,054 175,054  V. Total Other Revenue (1 thru 8)  \$ 176,094 176,094						
8. Other (Specify) \$ 175,054   175,054   V. Total Other Revenue (1 thru 8) \$ 176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094   176,094	·	$\overline{}$				
V. Total Other Revenue (1 thru 8) \$ 176,094 176,094			175,054	175,054		
THE THE PROPERTY OF THE PARTY O				1		
	VI. Total All Revenue (III +V)	\$	6,914,856	6,914,856		

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

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

### Schedule of Other Resident Revenue - Medicare

### Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6a	X-Ray Medicare A	\$ 3,995		
30 II 6a	Lab Medicare A	8,711		
Total Othe	er Resident Revenue - Medicare	\$ 12,706	\$ -	\$ -

### Schedule of Other Non-Medicare Resident Revenue

### Related Exp

Page Ref Description	CCNH	RHNS	(Specify)
	4 B. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Total Other Resident Revenue	<b>s</b> -	8	S ===

### **Interest Income**

### Account

Page Ref	Account	 		B	aiance	C	CNH	R	HNS	(Spec	ify)
30 IV 5	Interest Income	 	i i i		716,497	\$	363				
	A. 4.	35 A A							-		
Fotal Inter	est Income				4	\$	363	\$		\$	

### Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Refunds	\$ 20,750		
30 IV 8	Special Services - Stock Dividend	45,011	kifeVeri	
30 IV 8	Special Services - Gain/Loss on MS	17,629		
30 IV 8	Unrealized Gain/Loss	11,173		
30 IV 8	Special Services - Other	9,095		125 E-02
30 IV 8	Special Services - Unrestricted Contributions	13,418		
30 IV 8	Special Services - Insurance Reimbursement	91		
30 IV 8	Staff Recognition Fund	9,750		Lagrany of Value
30 IV 8	Special Services - Capital Improvement (Asset reduced on page 23a - DO NOT DISALLOW)	40,000	E	
30 IV 8	Contributions - Temporarily Restricted	7,829		
30 IV 8	Contributions	8		
30 IV 8	Medical Record Income	300		
Total Oth	er Revenue	\$ 175,054	\$ -	\$ -

# G. Balance Sheet

Name of Facility		f Facility	License No. Report for Year Ended			Page	of	
Notr	e D	ame Convalescent Home, Inc.	286-C	9/	30/2017		31	
			Account				Ar	nount
Asse								
A.	Cu	arrent Assets				- 1		
	1.	(	<del>'</del>			\$		820,285
	2.					\$		1,058,147
	3.		Excluding Owners of	or Rela	ated Parties)	\$		914
	4	Inventories				\$		37,219
	5.	Prepaid Expenses				\$	Market State of the Control of the C	3,316
		a. Prepaid Expenses			3,316			
		b			<del></del>			
		С.				1		
		d.	<del></del>					
	6.	Interest Receivable		·		\$	<del></del>	
		Medicare Final Settlement R				\$		12
	8.	Other Current Assets ( <i>itemiz</i> Medicaid Settlement	e)		12 565	\$		13,565
		Wedicaid Settlement			13,565	-16		
								1-55,444.4
		tal Current Assets (Lines A1	thru 8)			\$		1,933,458
В.		ked Assets						
-		Land				\$		36,800
	2.	Land Improvements	*Historical Cost		94,852	\$		
		P. 1111	Accum. Depreciat	ion	94,852 Net			<del></del>
	3.	Buildings	*Historical Cost	. —	2,857,294	\$		424,491
			Accum. Depreciat	ion	2,432,803 Net	1		
	4.	Leasehold Improvements	*Historical Cost	. —		\$		
		N. M. 11 D.	Accum. Depreciat	ion	Net			
	٥.	Non-Movable Equipment	*Historical Cost	. —	433,873	\$		102,087
		N 11 D	Accum. Depreciat	ion	331,786 Net	-		
	6.	Movable Equipment	*Historical Cost	. —	869,196	\$		95,100
			Accum. Depreciat	ion	774,096 Net	4		
	7.	Motor Vehicles	*Historical Cost	. —	56,773	\$		14,226
			Accum. Depreciat	ion	42,547 Net	<del>    -</del>		
	8.	Minor Equipment-Not Depre	eciable			\$		
	9.	Other Fixed Assets (itemize)				\$		667,157
		F/S vs C/R NBV			667,160			•
		Rounding Variance			(3)	1		
B-10	·.	Total Fixed Assets (Lines B	1 thru 9)			\$		1,339,861

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

# G. Balance Sheet (cont'd)

Name of Facility			License No.	Report for Year Ended		Page		of
Notr	e Da	ame Convalescent Home, Inc.	286-C	9/30/2017		32		37
			Account			F	Amount	
				Total Brought Forward:	\$		3,2	73,319
C.	Le	asehold or like property recorde	ed for Equity Purposes.	,				
	1.	Land			\$			
	2.	Land Improvements	*Historical Cost					
			Accum. Depreciation	Net	\$			
	3.	Buildings	*Historical Cost					
			Accum. Depreciation	Net	\$			
	4.	Non-Movable Equipment	*Historical Cost					
			Accum. Depreciation	Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	Net	\$			
	6.	Motor Vehicles	*Historical Cost					
			Accum. Depreciation	Net	\$			
		Minor Equipment-Not Deprec	<del></del>		\$			
C-8		tal Leasehold or Like Properti	ies (C1 thru 7)		\$	·		
D.	Inv	estment and Other Assets						
	1.				\$	<del> </del>		
		Escrow Deposits			\$			
	3.	Organization Expense	*Historical Cost					
<u> </u>			Accum. Depreciation	Net	\$	<del></del>		
		Goodwill (Purchased Only)		<del>-</del>	\$	····		
	5.	Investments Related to Reside	nt Care (itemize)		\$		1,7	59,519
		Infinex Investments		1,648,787			Ballia.	
		Ratchford Trust		110,732				
	6.	Loans to Owners or Related P	arties (itemize)		\$			
		Name and Address	Amount	Loan Date			武装装装	
							. 数数:	
	7.	Other Assets (itemize)			\$			
					200			
							5174	
		tal Investments and Other Ass			\$		1,7:	59,519
D-9.	To	tal All Assets (Lines A9 + B10	) + C8 + D8)		\$		5,0	32,838

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

# G. Balance Sheet (cont'd)

Name of Facility			License No.	Report for Year E	Ended	Page	of
Notre Dame Convalescent Home, Inc.			286-C	9/30/2017		33	37
			Account			Am	nount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable		<del></del>	\$		149,996
	2.	Notes Payable (itemize)			\$		
				<del></del>			
			<del></del>	<del></del>			<b>克基基低的</b>
	3.	Loons Davable for Equipm	ant (Commant mantian	) (itami-a)	\$	HANASTI.	() 2 / 10 / 10 / 10 / 10 / 10 / 10 / 10 /
	<u>J.</u>	Loans Payable for Equipm Name of Lender	Purpose	Amount	Date Due		
		Name of Lender	Tulpose	Allount	Date Due		
					i.		
			<u> </u>				
	4.	Accrued Payroll (Exclusive			\$		35,770
	5.	Accrued Payroll (Owners of		only)	\$		
	6.	Accrued Payroll Taxes Pay			\$		2,735
	7.	Medicare Final Settlement		- · · · · · · - · · · · · · · · · ·	\$		
	8.	Medicare Current Financin			\$		
	9.	Mortgage Payable (Curren		- <u>-</u>	\$		
		Interest Payable (Exclusive	e of Owner and/or Re	elated Parties)	\$		
		Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (	*		\$		139,118
		CLIENT FUND LIABILITY		689 EMPLOYEE TAX SH			
		SUNSHINE CLUB		469 PAYROLL SAVINGS	600		
		WAGE GARNISHMENTS 403-B LOAN REPAYMENT		183 ROTH - PPI/AMERIPI			
A-13.	Tot	al Current Liabilities (Lin		301 Due to Others	89,013	:Sederáfa	327,619
<u> </u>					<u> </u>		J47,019

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

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	r Ended	Page	of
Notre Dame Convalescent Home, Inc.	286-C	9/30/2017		34	.   37
	Account			An	nount
		Total Broug	ght Forward:		327,619
Liabilities (cont'd)					
B. Long-Term Liabilities					
<ol> <li>Loans Payable-Equipment</li> </ol>	ıt (itemize)		\$		
Name of Lender	Purpose	Amount	Date Due		
					推进金宝
2. Mortgages Payable			\$		
3. Loans from Owners or Ro	elated Parties (itemize	e)	\$		
Name and Address of Lender	Amount	Loan I	Date 🕌		
		İ			
	j				
4. Other Long-Term Liabilit	ties (itemize)		\$		
-					
B-5. Total Long-Term Liabilities			\$		
C. Total All Liabilities (Lines A	A-13 + B-5)	·····	\$		327,619

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

Name of Facility		License No.	Report for Y	ear Ended	Page	e of
Not	re Dame Convalescent Home, Inc.	286-C	9/30/2017		35	37
ļ		Account				Amount
A.	Reserves					
	1. Reserve for value of leased la	and	······································		\$	
	2. Reserve for depreciation valu	e of leased building	ngs and appurten	ances		
	to be amortized				\\$	
	3. Reserve for depreciation valu	e of leased persor	nal property (Equ	uity)	\$	
	4. Reserve for leasehold real pro-	operties on which	fair rental value	is based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves				\$	
B.	Net Worth					
	1. Owner's Capital			· · · · · · · · · · · · · · · · · · ·	\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	4,838,861
	6. Gain or Loss for Period	10/1/20	)16 thru	9/30/2017	\$	(133,642)
	7. Total Net Worth				\$	4,705,219
C.	Total Reserves and Net Worth				\$	4,705,219
D.	Total Liabilities, Reserves, and	Net Worth			\$	5,032,838

# H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Notre Dame Convalescent Home, Inc.	286-C	9/30/2017		36	37
	Account	* ************************************		Am	ount
A. Balance at End of Prior Period as	shown on Report of	09/30/2016	\$		4,826,860
B. Total Revenue (From Statement of	of Revenue Page 30)		\$		6,914,856
C. Total Expenditures (From Statem	ent of Expenditures	Page 27)	\$		7,048,498
D. Net Income or Deficit			\$		(133,642)
E. Balance			\$		4,693,218
F. Additions					
Additional Capital Contribute	ed (itemize)				
Expenses Per Pg 27	\$6,995,280				
(Less) F/S vs C/R Deprec					
Expenses Per F/S	\$7,048,198				
2. Other (itemize)					
Prior Year Bad Debt Res.	Adj	12,000			
Rounding Variance		1			
F-3. Total Additions					12,001
G. Deductions	<del></del>		Φ		12,001
Drawings of Owners/Operato	rs/Partners ( <i>Specify</i> )		\$		
Name and Address (No., Cit		Title	Amount		
(,	), 2.0.0, 2.p )	1100	7 timount		
2. Other Withdrawings (Specify)			\$		
Purpose	······································	Amo	9800		
	·· · · · · · · · · · · · · · · · · · ·	7.1110		makete.	
					-57.5 July
3. Total Deductions		1	\$		
H. Balance at End of Period	09/30	/17	\$		4,705,219
<u></u>		· - ·		······································	1,100,217

# I. Preparer's/Reviewer's Certification

Name	of Facility	License No.	Report for Year Ended	Page	of
Notre	Dame Convalescent Home, Inc.	286-C	9/30/2017	37	37
		Check appropriate category			
Ø	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)		
		Preparer/Reviewer Certifi	cation		··········
	have read the most recent Federal and personnel as to the possible inclusion regulations. All non-reimbursable ex removed in the State rate computation are properly reported as such in this redata contained in this report is in agree	in this report of expenses which are n penses of which I am aware (except the a system) as a result of reading reports eport on Pages 28 and 29 (adjustments	ot reimbursable under the applicable hose expenses known to be automati , inquiry or other services performed s to statement of expenditures). Furt	cally by me	
Signat	ure of Preparer	Title	Date Signed		
11	PRINCIPAR 1/18/18				
Printed	d Name of Preparer				•
Matthe	ew S. Bavolack				
Addres			Phone Number	<del></del>	
555 Long Wharf Drive, New Haven, CT 06511 203-781-9600					

Subject to the attached accountants' consulting report



### ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Notre Dame Convalescent Home, Inc. for the year ended September 30, 2017, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Notre Dame Convalescent Home, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Notre Dame Convalescent Home, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT January 12, 2018



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

Facility Na	Notre Dame Convalescent Home, Inc.
	following check list. <b>Provide an explanation for any "No" answers.</b> Attachets to explain further, if necessary.
Yes No  Explanation:	1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?
Yes No  Explanation:	2. Are the methods of allocating costs consistent with cost year 2016? If not, explain the reporting change.
Yes No  Explanation:	3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.
Yes No  Explanation:	<ol> <li>Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.</li> </ol>

Explanation:	5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d an 1e, respectively?
Yes No  ✓ □  Explanation:	6. During cost year 2017, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?
Yes No  Explanation:	7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?
Yes No  Explanation:	Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.
Yes No  Explanation:	9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?
Yes No  Explanation:	10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation:	11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?
Yes No  Explanation:	12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?
Yes No  Sexplanation:	13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from cost year 2016?
Yes No  Explanation:	14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?
Yes No  Explanation:	15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?
Yes No  Substitution:	16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation:	17. Have all contractual allowances been properly reported on Page 30?
Yes No  Explanation:	18. If the automated cost report was used, were all discrepancies on the Error Page addressed? If not addressed, explain why.
Yes No  Explanation:	19. Have Pages 1 and 37 been signed? Cost reports without a signed Page 1 and 37 will not be accepted.
Yes No  ✓ □  Explanation:	20. Have detailed schedules been provided for all "other" line items, fixed asset and movable equipment additions? <i>If detail is not provided, appropriate disallowances will be made.</i>
Yes No  ✓  Explanation:	21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?
Yes No  ✓ □  Explanation:	22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Client: Notre Dame Convalescent Homes, Inc.
Engagement: Medicaid - Notre Dame Convalescent Home 2017
Period Ending: 9/30/2017

eriod Ending: rial Balance:	A.01 - TB-CCNH		
Account	Description	ADJ JE Ref#	RJE FINAL
		9/30/2017	9/30/201
11002	ÇASH IN BANK-PAYROLL ACCT	3,728.00	3,728
11005	CASH IN BANK/OPERATING/FFLD C	(6,901.00)	(6,901
11006	CASH ON HAND-PETTY CASH	480.00	480
11007	FFLD COUNTY MONEY MARKET	716,497.00	716,497
11008	INVESTMENT ACCOUNT	337,776.00	337,776
11009	INVESTMENT ACCOUNT	1,311,011.00	1,311,011
11015	BENEFICIAL INT. RATCHFORD TRUS	110,732.00	110,732
11041	CLIENT FUND LIABILITY	(14,689.00)	(14,689
11042	FAIRFIELD COUNTY SAVINGS/R. F.	14,689.00	14,689
11043	CASH IN BANK-PRIME PAY ACCOUNT	938.00	938
11045	SUNSHINE CLUB	(1,469.00)	(1,469
11046	CASH ON HAND-RESIDENT PETTY C	120.00	120
11050	PAYROLL CASH ACCOUNT	87,232.00	87,232
11060	CASH CLEARING ACCT.	3,502.00	3,502
11101	A/R PRIVATE PAY	24,658.00	24,658
11102	A/R PATIENT LIABILITY	1,786.00	1,786
11201	ACCOUNTS RECEIVABLE	941,737.00	941,737
11211	ACCOUNTS RECEIVABLE-EMPLOYEES	914.00	914
11221	MEDICARE RECEIVABLE	116,555.00	116,555
11250	ACCOUNTS RECEIVABLE - OTHER	(589.00)	(589
11255	ALLOWANCE FOR DOUBTFUL ACCTS.	(26,000.00)	(26,000
11300	INVENTORY	37,219.00	37,219
11435	PREPAID EXPENSE - GENERAL	3,316.00	3,316
11441	MEDICARE SETTLEMENT	12.00	12
11442	MEDICAID SETTLEMENT	13,565.00	13,565
14500	LAND	36,800.00	36,800
14510	LAND/SITE IMPROVEMENTS	94,852.00	94,852
14520	COMPUTER SYSTEMS	115,458.00	115,458
14530	BUILDINGS & BLDG. IMPROVEMENTS	2,655,785.00	2,655,785
14531	SPRINKLER SYSTEM	387,547.00	387,547
14545	DESTINCT PART FURNISHINGS	17,567.00	17,567
14550	HOSPITAL EQUIPMENT	269,634.00	269,634
14555	MAINTENANCE EQUIPMENT	128,356.00	128,356
14560	KITCHEN EQUIPMENT	145,077.00	145,077
14565	REHAB/THERAPY EQUIPMENT	305,628.00	305,628
14570	MOTOR VEHICLES	55,801.00	55,801
14575	COMMON AREA FURNISHINGS	57,567.00	57,567
14580	CONVENT FURNISHINGS	32,739.00	32,739
14585	PATIENT ROOM FURNISHINGS	112,794.00	112,794
14590	OFFICE EQUIP. & FURNISHINGS	110,573.00	110,573
14610	ACCUM.DEPRECSITE IMPROVEMENT	(94,852.00)	(94,852
14620	ACCUM. DEPREC COMPUTER SYS	(105,254.00)	(105,254
14630	ACCUM.DEPRECBUILDINGS	(1,825,224.00)	(1,825,224
14631	ACCU. DEPREC SPRINKLER SYST	(185,834.00)	(185.834
14645	ACCUM.DEPRECDP FURNISHINGS	(6,146.00)	(6,146
14650	ACCUM.DEPRECHOSPITAL EQUIP.	(240,241.00)	(240,241
14655	ACCUM. DEPREC. MAINT EQUIP.	(71,712.00)	(71,712
14660	ACCUM.DEPRECKITCHEN EQUIP.	(121,862.00)	(121,862
14665	ACCUM.DEPREC/REHAB/THERAPY EQ	(224,777.00)	(224,777
14670	ACCUM.DEPRECMOTOR VEHICLES	(39,994.00)	(39,994
14675	ACCUM. DEPREC.COMMON AREA FUR	(42,216.00)	(42,216
14680	ACCUM.DEPREC-CONVENT FURN.	(32,436.00)	(32,436
14685	ACCUM.DEPRECPATIENT RM FURN.	(88,565.00)	(88,565
14690	ACCUM.DEPRECPATIENT RM FORM.  ACCUM.DEPRECOFFICE FURN/EQU	(107,204.00)	(107,204
14090	ACCOM.DEFRECOFFICE FURINEQU	(107,204.00)	(107,204

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2017			9/30/2017
21700	ACCOUNTS PAYABLE - VENDOR	(149,996.00)			(149,996.00)
21710	WAGE GARNISHMENTS	(183.00)			(183.00)
21711	403-B LOAN REPAYMENT	(5,301.00)			(5,301.00)
21712	EMPLOYEE TAX SHELTER PLAN	9,119.00			9,119.00
21713	ACCRUED PAYROLL	(35,770.00)			(35,770.00)
21714	PAYROLL SAVINGS (DEDUCTION)	(32,921.00)			(32,921.00)
21715	ROTH - PPI/AMERIPRISE	(4,661.00)			(4,661.00)
21726	ACCRUED PAYROLL TAXES	(2,735.00)			(2,735.00)
22000	Due to Others	(89,013.00)			(89,013.00)
29900	Retained Earnings/NET WORTH	(4,838,861.00)			(4,838,861.00)
33000	GROSS CHARGES - PRIVATE	(118,994.00)			(118,994.00)
33010	GROSS CHARGES - SEMI PRIVATE	(1,783,472.00)			(1,783,472.00)
33020	GROSS CHARGES - TITLE 19	(4,619,073.00)			(4,619,073.00)
33021	GROSS CHARGES - MEDICARE T-18	(1,807,176.00)			(1,807,176.00)
33022	HOSPICE - ROOM & BROAD	(224,199.00)			(224,199.00)
33030	GROSS CHARGES PRIVATE PT	195.00			195.00
33040	GROSS CHARGES - PT MEDICARE	(312,016.00)			(312,016.00)
33041	GROSS CHARGES - OT MEDICARE	(293,367.00)			(293,367.00)
33042	GROSS CHARGES - ST MEDICARE	(76,234.00)			(76,234.00)
33043 33044	DRUG REV - MEDICARE	(77,413.00)			(77,413.00)
33044 33046	X-RAY MEDICARE A	(3,995.00)			(3,995.00)
33050	LAB MEDICARE a PT MEDICAID	(8,711.00)			(8,711.00)
33052	SPEECH MEDICAID	(2,204.00) (1,756.00)			(2,204.00) (1,756.00)
45046	OTHER INCOME - REFUNDS	(20,750.00)			(20,750.00)
45050	MEDICAID MONTHLY ADJUSTMENTS	1,877,671.00			1,877,671.00
45051	MEDICARE MONTHLY ADJUSTMENTS	711,982.00			711,982.00
57200	REV.SPEC.SERV INTEREST	(363.00)			(363.00)
57300	REV.SPEC.SERV STOCK DIVIDE	(45,011.00)			(45,011.00)
57400	REV.SPEC.SERVGAIN&LOSS ON MS	(17,629.00)			(17,629.00)
57410	UNREALIZED GAIN/LOSS	(11,173.00)			(11,173.00)
57500	REV.SPEC.SERV OTHER	(9,095.00)			(9,095.00)
58000	REV.SPEC.SERVUNRESTR.CONTRI	(13,418.00)			(13,418.00)
58100	REV.SPEC.INSURANCE REIMBURSME	(91.00)			(91.00)
58200	STAFF RECOGNITION FUND	(9,750.00)			(9,750.00)
58205	REV.SPEC.SALE OF MEALS TO STAF	(677.00)			(677.00)
58600	REV.SPEC CAPITAL IMPROVEMENT	(40,000.00)			(40,000.00)
58700	CONTRIBUTIONS - TEMPORARILY RESTRICTED	(7,829.00)			(7,829.00)
60001	NURSING - DIR. OF NURSING	101,041.00			101,041.00
60003	STAFF DEVELOPMENT NURSE	49,730.00			49,730.00
60004	INFECTION CONTROL NURSE	17,042.00			17,042.00
60100	NURSING - R.N NUNS	13,855.00			13,855.00
60101	NURSING - R.N. SALARIES	503,754.00			503,754.00
60102	NURSING - L.P.N.	460,239.00			460,239.00
60103	NURSING - AIDES	998,148.00			998,148.00
60104	NURSING - MDS R.N.	139,603.00			139,603.00
60105	NURSING - POOL L.P.N.	108,151.00	- ·	1,723.00	109,874.00
00400	NURCINO POOL E N	FA AA4 AA	RJE - 4	1,723.00	E0 004 00
60106	NURSING - POOL R.N.	53,301.00			53,301.00
60111	NURSING-POOL C.N.A.	9,931.00			9,931.00
60119	NURSING - INSERVICE EDUCATION	10.00			10.00
60120 60124	NURSING - CONTINUED EDUCATION	2,348.00			2,348.00
60124 60130	NURSING - BOOKS, SUBSCR., FORMS NURSING - SUPPLIES - NON DRUGS	(70.00) 113,085.00			(70.00) <b>113,085.00</b>
60133	NURSING - SUPPLIES - NON DRUGS NURSING - CONSULT./MEDREC/INF	43,716.00		(43,716.00)	0.00
00133	HOLOHAG - COHOOLT MILDINEC/HAP	45,7 10.00	RJE - 4	(43,716.00)	0.00
60135	NURSING - DRUG SUPPLIES	7,683.00	NOL - 4	(-0,710.00)	7,683.00
73801	RECREATION - SALARIES	52,734.00			52,734.00
. 500 .		52,70 1.00			02,.01.00

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2017			9/30/2017
73810	RECREATON AIDS	56,991.00			56,991.00
73870	RECREATION - BOOKS & SUBSCR.	30.00			30.00
73880	RECREATION-MISC.SUP.&ENTERTAL	11,786.00			11,786.00
74101	SOC. WORKER SALARY-OTHER SERV.	100,330.00		5 000 00	100,330.00
74110	SOC. WORK CONSULOTHER SERV.	0.00	DIE 4	5,000.00	5,000.00
74112	RESIDENTS DENTAL/POD-OTHER SR	9,319.00	RJE - 1	5,000.00 1,960.00	11,279.00
74112	RESIDENTS DENTADEOD-OTTER SK	9,519.00	RJE - 7	1,960.00	11,219.00
74125	CABLEVISION-OTHER SERVICES	14,455.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,000.00	14,455.00
74135	DRUGS-OTHER SERV.	8,476.00			8,476.00
74137	DRUGS MEDICARE-OTHER SERV.	78,646.00			78,646.00
74140	OTHER SERV OXYGEN	6,718.00			6,718.00
74144	OTHER SERPHYSICAL THERAPY	139,085.00			139,085.00
74147	OTHER SERVPT CONS. MEDICARE	30,797.00			30,797.00
74148	OTHER SERVOCCUPATIONAL THER.	136,096.00			136,096.00
74149	OTHER SERV OT CONS. MEDICA	12,461.00			12,461.00
74152	OTHER SERSPEECH THER.MEDICA	49,267.00			49,267.00
74153 74154	OTHER SERVTHERAPY SUPPLIES OTHER SERVCONSULT PSYCHIATR	4,297.00 0.00		5,875.00	4,297.00 5,875.00
74154	OTHER SERVCONSULT FSTCHIATR	0.00	RJE - 5	5,875.00	3,073.00
74155	OTHER SERV MEDICAL DIRECTOR	26,845.00	1102 0	0,070.00	26,845.00
74156	OTHER SER.AMBULANCE&DIAL A RI	1,198.00			1,198.00
74157	OTHER SERV LAB. MEDICARE	11,543.00			11,543.00
74158	OTHER SERV X-RAY MEDICARE	9,691.00			9,691.00
74191	MEDICAL STAFF	9,575.00		125.00	9,700.00
			RJE - 4	6,000.00	
			RJE - 5	(5,875.00)	
75513	MEDICAL RECORDS - IN HOUSE	27,828.00			27,828.00
80101	DIETARY - SALARIES OTHERS	158,297.00			158,297.00
80102 80110	DIETARY - SALARIES COOKS DIETARY - FOOD SERVICE MANAGER	165,155.00			165,155.00
80115	DIETARY - FOOD SERVICE MANAGER  DIETARY - DIETICIAN CONSULTANT	74,270.00 19,100.00			74,270.00 19,100.00
80130	DIETARY - SUPPLIES	23,280.00			23,280.00
80131	DIETARY - RAW FOOD	147,829.00			147,829.00
80141	DIETARY - PURCHASED SERVICE	10,104.00			10,104.00
82029	HOUSEKEEPING-SALARIES	125,312.00			125,312.00
82030	HOUSEKEEPING - SUPPLIES	27,353.00			27,353.00
82060	HOUSEKEEPING - PURCHHASED SER	90.00			90.00
83001	ENVIROMENTAL ASSISTANCES	83,870.00			83,870.00
83010	ENVIROMENTAL SUPERVISOR	66,607.00			66,607.00
83030	PLANT OPER/MAINT SUPPLIES	54,752.00			54,752.00
83060	PLANT OPER/MAINT PURCH. SE	126,249.00	DIE 0	1,869.00	128,118.00
			RJE - 2 RJE - 6	650.00	
			RJE - 8	528.00 691.00	
83061	PLANT OPER./MAINT FUEL	77,964.00	NOL - 0	031.00	77,964.00
83062	PLANT OPER./MAINT. ELECTRICITY	70,424.00			70,424.00
83063	PLANT OPER./MAINT WATER	18,664.00			18,664.00
83065	PLANT OPER./MAINT-GROUNDS	17,544.00			17,544.00
83140	PLANT OPER./MAINT GAS	10,052.00			10,052.00
86029	LAUNDRY-SALARIES	84,089.00			84,089.00
86030	LAUNDRY & LINEN - SUPPLIES	11,616.00			11,616.00
86031	LAUNDRY & LINEN - LINENS	808.00			808.00
86060	LAUNDRY - PURCHASED SER	2,715.00	n	(528.00)	2,187.00
00001	ADMIN CALADY	44400=0=	RJE - 6	(528.00)	444 005 00
90001	ADMIN SALARY	114,285.00			114,285.00
90010 90011	ADMIN MEDICAL INSURANCE ADMIN DENTAL INSURANCE	245,472.00 13,308.00			245,472.00 13,308.00
30011	ADMIN DENTAL INSURANCE	13,300.00			13,300.00

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2017			9/30/2017
90013	ADMIN DEFINED CONTRIB. PLAN	20,000.00			20,000.00
90014	ADMIN PAYROLL TAXES	267,277.00			267,277.00
90015	ADMIN UNEMPLOYMENT COMP.	11,707.00			11,707.00
90018	ADMIN (Q) AFLAC	453.00			453.00
90020	ADMIN WHOLE LIFE INS. (OPT	10,571.00			10,571.00
90024	ADMINSTD-SHORT TERM DISABIL	13,225.00			13,225.00
90025	ADMINDISABLILITY (LTD)	2,597.00			2,597.00
90028	PRIMEFLEX FEES - PARTICIPANTS	55,998.00			55,998.00
90030	ADMIN SUBSCRIPTIONS & BOOKS	6,164.00			6,164.00
90035	ADMINBANK SERVICE CHARGE	2,211.00			2,211.00
90040	ADMIN-ADMINISTRATIVE FEES	1,960.00		(1,960.00)	0.00
505,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,000.00	RJE - 7	(1,960.00)	0.00
90060	ADMIN EMPLOYEE TRAVEL	2,645.00		, , ,	2,645.00
90065	ADMIN BAD DEBT EXPENSE	51,375.00			51,375.00
90070	ADMIN AUTO & MAINT. EXPEN	9,529.00			9,529.00
90072	ADMIN HELP WANTED	12,637.00			12,637.00
90073	ADMIN TEL. YELLOW PAGES	1,357.00		230.00	1,587.00
30073	ADMIN TEE. TEEEOVAT AGES	1,337.00	RJE - 2	230.00	1,507.00
90074	ADMIN PRE EMPLOYMENT SCREE	8,469.00	NJL - Z	230.00	8,469.00
90074	ADMIN TUITION & EDUCATION	·			
90075		8,391.00			8,391.00
	ADMIN PUBLIC RELATIONS - A	52,985.00		(22 527 00)	52,985.00
90084	ADMIN LICENSES & DUES	33,227.00	BIE 0	(22,537.00)	10,690.00
00005	ADMINI DOOMDED TAY	277 200 20	RJE - 2	(22,537.00)	077 000 00
90085	ADMIN - PROVIDER TAX	377,960.00		(FF 750 00)	377,960.00
90086	ADMININSUR.(PRO.CAS.LIAB.)	82,761.00	D.E. 0	(55,759.00)	27,002.00
00007	ADMINI INO (MODIZAMNO COMP)	05 705 00	RJE - 3	(55,759.00)	05 705 00
90087	ADMININS. (WORKMANS COMP)	85,765.00			85,765.00
90088	ADMIN INS.D & O	0.00	D.IE 0	9,360.00	9,360.00
			RJE - 3	9,360.00	
90089	ADMIN CIVIL PENALTIES	1,530.00		50.00	1,580.00
	A.D.A.W	()	RJE - 2	50.00	
90090	ADMIN CONTRIBUTIONS	(8.00)			(8.00)
90093	ADMIN HOL.PTY./GIFTS-PTS	381.00			381.00
90095	ADMINHOL.PTY./GIFTS-STAFF	14,702.00			14,702.00
90101	ADMIN HUMAN RESOURCES	33,437.00			33,437.00
90201	BUS. OFFICE - SALARIES	124,315.00			124,315.00
90202	-+ BUS. OFFICE - SECRETARY	47,459.00			47,459.00
90213	-+ BUS. OFFICE - POSTAGE	7,552.00		(884.00)	6,668.00
			RJE - 9	(884.00)	
90215	BUS. OFFICE - PAYCHECKS/ADP	27,824.00			27,824.00
90216	BUS. OFFICE - LEASED EQUIPMENT	34,395.00		1,763.00	36,158.00
			RJE - 8	879.00	
			RJE - 9	884.00	
90230	BUS. OFFICE - SUPPLIES	26,725.00		(300.00)	26,425.00
			RJE - 2	(300.00)	
90250	BUS. OFFICE - PURCH. SERV. PR	73,579.00		(29,624.00)	43,955.00
			RJE - 1	(29,624.00)	
90280	BUS. OFFICE - COMM.(TEL & BEE	15,950.00		(1,912.00)	14,038.00
			RJE - 8	(1,912.00)	
90285	ADMIN INTERNET WEBSITE	0.00		500.00	500.00
			RJE - 1	500.00	
90290	BUS.OFFICE-MISCELLANEOUS	20.00			20.00
90295	ADMIN COMPUTER CONSULT.	43,711.00			43,711.00
90300	ADMIN SOFTWARE SUPPORT	44,994.00		449.00	45,443.00
		,5566	RJE - 4	449.00	,
94011	RELIGIOUS - NUNS PASTORAL	97,986.00	, ,		97,986.00
94013	RELIGIOUS - ADMIN.	18,553.00			18,553.00
94015	RELIGIOUS - VISITING PRIESTS	10,560.00			10,560.00
2.010		10,000.00			. 0,500.00

Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2017			9/30/2017
94030	RELIGIOUS - SUPPLIES	1,693.00			1,693.00
98020	DEPRED. COMPUTER SYSTEMS	3,598.00			3,598.00
98030	DEPREC BUILDINGS	72,886.00			72,886.00
98031	DEPREC SPRINKLER SYSTEM	15,502.00			15,502.00
98045	DEPREC DISTICT PART FURNGS.	1,493.00			1,493.00
98050	DEPREC HOSPITAL EQUIPMMENT	3,783.00			3,783.00
98055	DEPREC MAINTENANCE EQUIP.	6,401.00			6,401.00
98060	DEPREC KITCHEN EQUIPMENT	4,337.00			4,337.00
98065	DEPREC REHAB THERAPY	11,913.00			11,913.00
98070	DEPREC MOTOR VEHICLES	4,742.00			4,742.00
98075	DEPREC COMMON AREA FURNGS.	1,514.00			1,514.00
98080	DEPREC CONVENT FURNINGINGS	46.00			46.00
98085	DEPREC PATIENTS ROOM FURNS.	5,606.00			5,606.00
98090	DEPREC OFF. EQUIP. & FURN.	2,803.00			2,803.00
Marcum 01	Legal Expense	0.00		13,505.00	13,505.00
			RJE - 1	13,505.00	
Marcum 02	Greater Norwalk Chamber of Commerce	0.00		825.00	825.00
			RJE - 2	825.00	
Marcum 03	Licenses and Fees	0.00		1,636.00	1,636.00
			RJE - 2	1,636.00	
Marcum 05	Cell Phone	0.00		342.00	342.00
			RJE - 8	342.00	
Marcum 08	Property Insurance	0.00		19,674.00	19,674.00
			RJE - 3	19,674.00	
Marcum 09	Auto Insurance	0.00		9,740.00	9,740.00
			RJE - 3	9,740.00	
Marcum 10	City Taxes	0.00		17,107.00	17,107.00
••	<b></b>		RJE - 2	17,107.00	
Marcum 11	Bookkeeping Services	0.00		3,108.00	3,108.00
	I I all all all all all all all all all		RJE - 1	3,108.00	
Marcum 14	Umbrella Insurance	0.00		12,068.00	12,068.00
Manager 45	Dhamariat Oanauttaut		RJE - 3	12,068.00	
Marcum 15	Pharmacist Consultant	0.00		7,320.00	7,320.00
Manager 40	Marie E		RJE - 4	7,320.00	
Marcum 16	Misc. Expense	0.00		632.00	632.00
Manager 47	Oakadulina Oakaia		RJE - 1	632.00	
Marcum 17	Scheduling Services	0.00		6,879.00	6,879.00
Manager 40	County Board		RJE - 1	6,879.00	
Marcum 18	Surety Bond	0.00	5.5	1,492.00	1,492.00
Moroum 10	Non Brefessional Association Dura	0.00	RJE - 3	1,492.00	
Marcum 19	Non-Professional Association Dues	0.00	D.I.E. 0	344.00	344.00
Maroum 20	Madical Board Income	0.00	RJE - 2	344.00	(000.00)
Marcum 20	Medical Record Income	0.00	DIE 0	(300.00)	(300.00)
Marcum 21	HRA Admin Fee	0.00	RJE - 2	(300.00)	0.005.00
Ivial Culli 2 I	HNA Admini Fee	0.00	DIE 0	2,295.00	2,295.00
Marcum 22	Cyber Liability Insurance	0.00	RJE - 2	2,295.00	2.425.00
Iviai Cui ii 22	Cyber Liability Insurance	0.00	ם וב	3,425.00	3,425.00
Marcum 23	MDS Consultant	0.00	RJE - 3	3,425.00	2 440 00
ivial Cull 23	WIDO CONSUITANT	0.00	DIC 4	3,110.00	3,110.00
Marcum 24	RN Admin Consultant	0.00	RJE - 4	3,110.00	05 444 00
widituill 44	MA Admin Consultant	0.00	DIE 4	25,114.00	25,114.00
Total		0.00	RJE - 4	25,114.00	0.00
lolai		0.00		0.00	0.00
	Net (Income) Loss	133,642.00		-0.00	122 642 00
	Met (Intollie) Loss	155,042.00		0.00	133,642.00

Notre Dame Convalescent Homes, Inc. Medicaid - Notre Dame Convalescent Home 2017 9/30/2017 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	A.03 - TB-CCNH Combined Detail LS			
Account	Description	ADJ	JE Ref # RJE	FINAL
		9/30/2017		9/30/2017
Group : [10-A]	Salaries and Wages			
Subgroup : [2]	Administrators			
90001	ADMIN SALARY	114,285.00	0.00	114,285.00
Subtotal [2] Administrators		114,285.00	0.00	114,285.00
Subgroup : [4]	Other Administrative Salaries			
90201	BUS. OFFICE - SALARIES	124,315.00	0.00	124,315.00
90202	-+ BUS. OFFICE - SECRETARY	47,459.00	0.00	47,459.00
94013	RELIGIOUS - ADMIN.	18,553.00	0.00	18,553.00
Subtotal [4] Other Administrative Sa	laries	190,327.00	0.00	190,327.00
Subgroup : [5B]	Food Service Supervisor			
80110	DIETARY - FOOD SERVICE MANAGER	74,270.00	0.00	74,270.00
Subtotal (5B) Food Service Supervis	or	74,270.00	0.00	74,270.00
Cubarra : FECT	Disassa Markana			
Subgroup : [5C] 80101	Dietary Workers DIETARY - SALARIES OTHERS	158,297.00	0.00	158,297.00
80102	DIETARY - SALARIES COOKS	165,155.00	0.00	165,155.00
Subtotal [5C] Dietary Workers		323,452.00	0.00	323,452.00
		<del>_</del>		
Subgroup : [6B] 82029	Other Housekeeping Workers	105 212 00	0.00	405.040.00
ozozə Subtotal [6B] Other Housekeeping V	HOUSEKEEPING-SALARIES	125,312.00 125,312.00	0.00	125,312.00
sastom (ob) only Housekeeping t	TO KUI 3	123,312.00		125,312.00
Subgroup : [7A]	Engineer or Chief of Maintenance			
83010	ENVIROMENTAL SUPERVISOR	66,607.00	0.00	66,607.00
Subtotal [7A] Engineer or Chief of M	aintenance	66,607.00	0.00	66,607.00
Subgroup : [7B]	Other Maintenance Workers			
83001	ENVIROMENTAL ASSISTANCES	83,870.00	0.00	83,870.00
Subtotal [7B] Other Maintenance Wo		83,870.00	0.00	83,870.00
Subgroup : [8B] 86029	Other Laundry Workers	24 222 22		
ਰਹ2ਭ Subtotal [8B] Other Laundry Worker	LAUNDRY-SALARIES	84,089.00 84,089.00	0.00	84,089.00 84,089.00
rancon [can] conc. manary records				04,005.00
Subgroup : [12A]	Director of Nurses/Assistant Director			
60001	NURSING - DIR OF NURSING	101,041.00_	0.00	101,041.00
Subtotal [12A] Director of Nurses/As	sistant Director	101,041.00	0.00	101,041.00
Subgroup : [12B1]	RNs - Direct Care			
60100	NURSING - R.N NUNS	13,855.00	0.00	13,855.00
60101	NURSING - R.N. SALARIES	503,754.00	0.00	503,754.00
Subtotal [12B1] RNs - Direct Care		517,609.00	0.00	517,609.00
Subgroup : [12B2]	RNs - Administrative			
60003	STAFF DEVELOPMENT NURSE	49,730.00	0.00	49,730.00
60004	INFECTION CONTROL NURSE	17,042.00	0.00	17,042.00
60104	NURSING - MDS R.N.	139,603.00	0.00	139,603.00
Subtotal [12B2] RNs - Administrative	•	206,375.00	0.00	206,375.00
Subgroup : [12C1]	LPNs - Direct Care			
50102	NURSING - L.P.N.	460,239.00	0.00	460,239.00
Subtotal [12C1] LPNs - Direct Care		460,239.00	0.00	460,239.00
				<del></del>
Subgroup : [12D]	Aides and Attendants NURSING - AIDES			
60103 Subtotal [12D] Aides and Attendants	NURSING - AIDES	998,148,00	0.00	998,148.00
Justician [120] Aldes and Attendants		998,148.00	0.00	998,148.00
Subgroup : [12H]	Recreation Workers			
73801	RECREATION - SALARIES	52,734.00	0.00	52,734.00
73810	RECREATON AIDS	56,991.00	0.00	56,991.00
Subtotal [12H] Recreation Workers		109,725.00	0.00	109,725.00
Subgroup : [12M]	Social Workers/Case Management			
74101	SOC. WORKER SALARY-OTHER SERV.	100,330.00	0.00	100,330.00
Subtotal [12M] Social Workers/Case	Management	100,330.00	0.00	100,330.00
Subgroup : [120] 75513	Other MEDICAL RECORDS - IN HOUSE	22 222 52		27 222 22
90101	ADMIN HUMAN RESOURCES	27,828.00 33,437.00	0.00 0.00	27,828.00 33,437.00
94011	RELIGIOUS - NUNS PASTORAL	97,986.00	0.00	97,986.00
Subtotal [120] Other		159,251.00	0.00	159,251.00
Fotal [10-A] Salaries and Wages		3,714,930.00	0.00	3,714,930.00
140 PA	But at a NEW			
Broup : [13-B] Bubgroup : [1]	Professional Fees Dietitian			
30115	DIETARY - DIETICIAN CONSULTANT	19,100.00	0.00	19,100.00
Subtotal [1] Dietitian		19,100.00	0.00	19,100.00
Subgroup : [2]	Dentist			
<b>'4112</b>	RESIDENTS DENTAL/POD-OTHER SR	9,319.00	1,960.00	11,279.00
Subtotal [2] Dentist		9,319.00	RJE - 7	11,279.00
		3,313.00		11,273.00
Subgroup : [3]	Pharmacist			
farcum 15	Pharmacist Consultant	0.00	7,320.00	7,320.00

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Notre Dame Convalescent Homes, Inc. Medicald - Notre Dame Convalescent Home 2017 9/30/2017 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

vvorkpaper:	A.U3 - 16-CCNH Compined Detail LS				
Account	Description	ADJ	JE Ref#	RJE	FINAL
		9/30/2017			9/30/2017
Cubtatal I21 Dharmanist			RJE - 4	7,320.00 7,320.00	7,320.00
Subtotal [3] Pharmacist		0.00	_	7,320.00	7,320.00
Subgroup : [5A]	PT - Resident Care				
74144	OTHER SERPHYSICAL THERAPY	139,085.00		0.00	139,085.00
74147	OTHER SERVPT CONS. MEDICARE	30,797.00	_	0.00	30,797.00
Subtotal [5A] PT - Resident Care		169,882.00		0.00	169,882.00
Subgroup : [6]	Social Worker				
74110	SOC. WORK CONSULOTHER SERV.	0.00		5,000.00	5,000.00
N. h. a. d. d. feet de / - 1 187 d			RJE - 1	5,000.00	
Subtotal [6] Social Worker		0.00	_	5,000.00	5,000.00
Subgroup : [8A]	Medical Director				
74155	OTHER SERV MEDICAL DIRECTOR	26,845.00	-	0.00	26,845.00
Subtotal [8A] Medical Director		26,845.00		0.00	26,845.00
Subgroup : [8E]	Other				
74191	MEDICAL STAFF	9,575.00		125.00	9,700.00
			RJE - 4	6,000.00	
Code and I I I I I I I I I I I I I I I I I I I			RJE - 5	(5,875.00)	
Subtotal [8E] Other		9,575.00	<del></del>	125.00	9,700.00
Subgroup : [9A]	ST - Resident Care				
74152	OTHER SERSPEECH THER MEDICA	49,267.00	_	0.00	49,267.00
Subtotal (9A) ST - Resident Care		49,267.00	_	0.00	49,267.00
Subaroun - [10A]	OT - Resident Care				
Subgroup : [10A] 74148	OT - Resident Care OTHER SERVOCCUPATIONAL THER.	136,096.00		0.00	136,096.00
74149	OTHER SERV OT CONS. MEDICA	12,461.00		0.00	12,461.00
Subtotal [10A] OT - Resident Care		148,557.00	_	0.00	148,557.00
<b>Subgroup : [11A1]</b> 60106	RN's - Direct Care NURSING - POOL R.N.	53 304 00		0.00	53,301.00
Subtotal [11A1] RN's - Direct Care	NORSING - FOOL K.N.	53,301.00 53,301.00	_	0.00	53,301.00
• • • • • • • • • • • • • • • • • • • •					
Subgroup : [11A2]	RN's - Administrative				
Marcum 23	MDS Consultant	0.00	5.5	3,110.00	3,110.00
Marcum 24	RN Admin Consultant	0.00	RJE - 4	3,110.00 25,114.00	25,114.00
	The Marian Consultation	0.00	RJE - 4	25,114.00	25,114.00
Subtotal [11A2] RN's - Administrati	ve	0.00		28,224.00	28,224.00
Subgroup : [11B1] 30105	LPN's - Direct Care NURSING - POOL L.P.N.	109 151 00		4 702 00	400 874 00
30103	NORSING - FOOL L.F.N.	108,151.00	RJE - 4	1,723.00 1,723.00	109,874.00
Subtotal [11B1] LPN's - Direct Care	<b>.</b>	108,151.00		1,723.00	109,874.00
			_		
Subgroup : [11C]	Aides				
60111 Subtotal [11C] Aides	NURSING-POOL C.N.A.	9,931.00 9,931.00		0.00	9,931.00 9,931.00
Subtotal [110] Aldes		9,931.00	_	0.00	9,931.00
Subgroup : [12]	Other				
50133	NURSING - CONSULT./MEDREC/INF	43,716.00		(43,716.00)	0.00
74154	OTHER SERVICES ASSISTED TO SOURCE TO		RJE - 4	(43,716.00)	
74104	OTHER SERVCONSULT PSYCHIATR	0.00	RJE - 5	5,875.00 5,875.00	5,875.00
94015	RELIGIOUS - VISITING PRIESTS	10,560.00	Not - 5	0.00	10,560.00
Subtotal [12] Other		54,276.00		(37,841.00)	16,435.00
Total [13-B] Professional Fees		658,204.00	_	6,511.00	664,715.00
	F				
Group : [15] Gubgroup : [1A1]	Expenditures Other than Salaries Workmen's Compensation				
90087	ADMININS. (WORKMANS COMP)	85,765.00		0.00	85,765.00
Subtotal [1A1] Workmen's Compen		85,765.00		0.00	85,765.00
Subgroup : [1A2] 90024	Disability Insurance	42.005.00		0.00	40.005.00
0025	ADMINSTD-SHORT TERM DISABIL ADMINDISABLILITY (LTD)	13,225.00 2,597.00		0.00 0.00	13,225.00 2,597.00
Subtotal [1A2] Disability Insurance	ADMIN. DIOMOEIEM (ETD)	15,822.00	_	0.00	15,822.00
Subgroup : [1A3]	Unemployment insurance				
90015 Subtotal [1A3] Unemployment insu	ADMIN UNEMPLOYMENT COMP.	11,707.00	_	0.00	11,707.00
oubtotal [1A3] Unemployment insu	rance	11,707.00	_	0.00	11,707.00
Subgroup : [1A4]	Social Security (FiCA)				
0014	ADMIN PAYROLL TAXES	267,277.00		0.00	267,277.00
Subtotal [1A4] Social Security (FICA	A)	267,277.00	_	0.00	267,277.00
Subgroup : [1A5]	Health Insurance				
00010	Health Insurance ADMIN - MEDICAL INSURANCE	245,472.00		0.00	245,472.00
90011	ADMIN DENTAL INSURANCE	13,308.00		0.00	13,308.00
0018	ADMIN (Q) AFLAC	453.00		0.00	453.00
90028	PRIMEFLEX FEES - PARTICIPANTS	55,998.00		0.00	55,998.00
Marcum 21	HRA Admin Fee	0.00	RJE - 2	2,295.00 2,295.00	2,295.00
Subtotal [1A5] Health Insurance		315,231.00	INUL-2	2,295.00	317,526.00
				-1	,

Client: Engagement: Period Ending: Trial Balance; Workpaper:

Notre Dame Convalescent Homes, Inc. Medicaid - Notre Dame Convalescent Home 2017 9/30/2017 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Workpaper:	A.03 - TB-CCNH Combined Detail LS				
Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
Subgroup : [1A6]	Life Insurance				
90020	ADMIN WHOLE LIFE INS. (OPT	10,571.00		0.00	10,571.00
Subtotal [1A6] Life Insurance		10,571.00		0.00	10,571.00
Subgroup : [1A7]	Pensions				
90013	ADMIN DEFINED CONTRIB. PLAN	20,000.00		0.00	20,000.00
Subtotal [1A7] Pensions		20,000.00		0.00	20,000.00
Subgroup : [1C]	Bad Debts				
90065	ADMIN BAD DEBT EXPENSE	51,375.00		0.00	51,375.00
Subtotal [1C] Bad Debts		51,375.00		0.00	51,375.00
Subgroup : [1D]	Accounting and Auditing				
90250	BUS. OFFICE - PURCH, SERV. PR	73,579.00		(29,624.00)	43,955.00
			RJE - 1	(29,624.00)	
Subtotal [1D] Accounting and Audit	ing	73,579.00		(29,624.00)	43,955.00
Subgroup : [1E]	Lamel				
Marcum 01	Legal Legal Expense	0.00		13,505.00	13,505.00
mardani o i	Edgar Experies	0.00	RJE - 1	13,505.00	15,505.00
Subtotal [1E] Legal		0.00		13,505.00	13,505.00
		<del></del>		<del></del>	
Subgroup : [1G]	Office Supplies				
90230	BUS. OFFICE - SUPPLIES	26,725.00		(300.00)	26,425.00
Subtotal [1G] Office Supplies		20 705 00	RJE - 2	(300.00)	20.405.00
Subtotal [10] Office Supplies		26,725.00	_	(300.00)	26,425.00
Subgroup : [1H1]	Telephone and Telegraph				
90280	BUS. OFFICE - COMM.(TEL & BEE	15,950.00		(1,912.00)	14,038.00
			RJE - 8	(1,912.00)	
Subtotal [1H1] Telephone and Teleg	raph	15,950.00	_	(1,912.00)	14,038.00
Cub ration	0.11.101				
Subgroup : [1H2] Marcum 05	Cellular Phones and Beepers Cell Phone	0.00		342.00	342.00
,		0.50	RJE - 8	342.00	342.00
Subtotal [1H2] Cellular Phones and	Beepers	0.00		342.00	342.00
C., L	Decident Berline For				
Subgroup : [1K3] 90085	Resident Day User Fee ADMIN - PROVIDER TAX	377,960.00		0.00	377,960.00
Subtotal [1K3] Resident Day User Fo		377,960.00	_	0.00	377,960.00
Total [15] Expenditures Other than		1,271,962.00	_	(15,694.00)	1,256,268.00
			_		<del> </del>
Group : [16]	Expenditures Other than Salaries (cont'd) - Admin. and Gene	ral			
Subgroup : [2]	Holiday Parties for Staff				
90093	ADMIN HOL.PTY./GIFTS-PTS	381.00		0.00	381.00
Subtotal [2] Holiday Parties for Staff		381.00		0.00	381.00
Subgroup : [3]	Gifts to Staff and Residents				
90095	ADMINHOL.PTY./GIFTS-STAFF	14,702.00		0.00	14,702.00
Subtotal [3] Gifts to Staff and Reside	ents	14,702.00	_	0.00	14,702.00
Subgroup : [4] 90060	Employee Travel ADMIN EMPLOYEE TRAVEL	2 2 4 5 2 2			
Subtotal [4] Employee Travel	ADMIN EMPLOTEE TRAVEL	2,645.00 2,645.00	_	0.00	2,645.00 2,645.00
(-) Employee Have		2,040.00			2,043.00
Subgroup : [5]	Education Expense				
60119	NURSING - INSERVICE EDUCATION	10.00		0.00	10.00
60120	NURSING - CONTINUED EDUCATION	2,348.00		0.00	2,348.00
90075	ADMIN TUITION & EDUCATION	8,391.00		0.00	8,391.00
Subtotal [5] Education Expense		10,749.00	_	0.00	10,749.00
Subgroup : [6]	Automobile Expense				
90070	ADMIN AUTO & MAINT. EXPEN	9,529.00		0.00	9,529.00
Subtotal [6] Automobile Expense		9,529.00		0.00	9,529.00
			<del></del>		
Subgroup ; [M1] 90072	Advertising Help Wanted	40.007.00		2.22	40.002.00
Subtotal [M1] Advertising Help Want	ADMIN HELP WANTED	12,637.00 12,637.00		0.00	12,637.00 12,637.00
and the characteristic track sages	<del></del>	12,037.00	_	0.00	12,031.00
Subgroup : [M2]	Advertising Telephone Directory				
90073	ADMIN TEL. YELLOW PAGES	1,357.00		230.00	1,587.00
0.1	Bloom and a second		RJE - 2	230.00	
Subtotal [M2] Advertising Telephone	Directory	1,357.00	_	230.00	1,587.00
Subgroup : [M3]	Advertising Other				
90083	ADMIN PUBLIC RELATIONS - A	52,985.00		0.00	52,985.00
Subtotal [M3] Advertising Other		52,985.00	_	0.00	52,985.00
Subgroup : [M7]	Postage	_			
90213	-+ BUS. OFFICE - POSTAGE	7,552.00	DIE A	(884.00)	6,668.00
Subtotal [M7] Postage		7 552 00	RJE - 9	(884.00)	£ 600 00
Cantoni fur l Costaña		7,552.00	_	(884.00)	6,668.00
Subgroup : [M8]	Dues and Membership Fees to Professional Associations				
90084	ADMIN LICENSES & DUES	33,227.00		(22,537.00)	10,690.00
Gulden and Burner Burner and State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the St			RJE - 2	(22,537.00)	
Subtotal [M8] Dues and Membership	rees to Professional Associations	33,227.00		(22,537.00)	10,690.00

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Notre Dame Convalescent Homes, Inc. Medicaid - Notre Dame Convalescent Home 2017 3/30/2017 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Workpaper:	A.03 - TB-CCNH Combined Detail LS				
Account	Description	ADJ	JE Ref#	RJE	FINAL.
		9/30/2017			9/30/2017
Subgroup : [M8A]	Dues to Chamber of Commerce	0.00		925.00	B25 00
Marcum 02	Greater Norwalk Chamber of Commerce	0.00	RJE - 2	825.00 825.00	825.00
Subtotal [M8A] Dues to Chamber of	f Commerce	0.00		825.00	825.00
			_		
Subgroup : [M9]	Subscriptions	(70.00)		0.00	(70.00)
60124 90030	NURSING - BOOKS, SUBSCR., FORMS ADMIN SUBSCRIPTIONS & BOOKS	(70.00) 6,164.00		0.00 0.00	(70.00) 6,164.00
Subtotal [M9] Subscriptions	ADMIN SUBSCRIPTIONS & BOOKS	6,094.00	_	0.00	6,094.00
Subgroup : [M11]	Services Provided by Contract				
90285	ADMIN INTERNET WEBSITE	0.00	DIE 4	500.00	500.00
90295	ADMIN COMPUTER CONSULT.	43,711.00	RJE - 1	500.00 0.00	43,711.00
90300	ADMIN SOFTWARE SUPPORT	44,994.00		449.00	45,443.00
		,	RJE - 4	449.00	,
Marcum 11	Bookkeeping Services	0.00		3,108.00	3,108.00
Manager 47	Ontrodution Commission	0.00	RJE - 1	3,108.00	6 870 00
Marcum 17	Scheduling Services	0.00	RJE - 1	6,879.00 6,879.00	6,879.00
Subtotal [M11] Services Provided b	by Contract	88,705.00	1102 - 1	10,936.00	99,641.00
	•		_		
Subgroup : [M13]	Other				
90035 90040	ADMINBANK SERVICE CHARGE	2,211.00		0.00	2,211.00
90040	ADMIN-ADMINISTRATIVE FEES	1,960.00	RJE - 7	(1,960.00) (1,960.00)	0.00
90074	ADMIN PRE EMPLOYMENT SCREE	8,469.00	1102 /	0.00	8,469.00
90089	ADMIN CIVIL PENALTIES	1,530.00		50.00	1,580.00
•			RJE - 2	50.00	
90215	BUS. OFFICE - PAYCHECKS/ADP	27,824.00		0.00	27,824.00
90290 94030	BUS.OFFICE-MISCELLANEOUS RELIGIOUS - SUPPLIES	20.00 1.693.00		0.00 0.00	20.00 1,693.00
Marcum 03	Licenses and Fees	0.00		1,636.00	1,636.00
			RJE - 2	1,636.00	.,
Marcum 16	Misc. Expense	0.00		632.00	632.00
Marcum 19	Non-Professional Association Dues	0.00	RJE - 1	632.00	244.00
Marcum 19	Non-Professional Association Dues	0.00	RJE - 2	344.00 344.00	344.00
Subtotal [M13] Other		43,707.00	1/32-2	702.00	44,409.00
	Salaries (cont'd) - Admin, and General	284,270.00		(10,728.00)	273,542.00
			_		
Group : [18]	Dietary Basis for Allocation of Costs				
Subgroup : [2A1] 80131	Raw Food DIETARY - RAW FOOD	147,829.00		0.00	147 920 00
Subtotal [2A1] Raw Food	DIETART - RAW FOOD	147,829.00	_	0.00	147,829.00 147,829.00
		141,020.00		0.00	147,020.00
Subgroup : [2A2]	Non-Food Supplies				
80130	DIETARY - SUPPLIES	23,280.00	_	0.00	23,280.00
Subtotal [2A2] Non-Food Supplies		23,280.00	_	0.00	23,280.00
Subgroup : [2B]	Purchased Services				
80141	DIETARY - PURCHASED SERVICE	10,104.00		0.00	10,104.00
Subtotal [2B] Purchased Services		10,104.00	_	0.00	10,104.00
Total [18] Dietary Basis for Allocati	ion of Costs	181,213.00	_	0.00	181,213.00
C 1403	Laundry-Basis for Allocation of Costs				
Group : [19] Subgroup : [3A1]	Bed Linens, etcwashed, ironed				
86031	LAUNDRY & LINEN - LINENS	808.00		0.00	808.00
Subtotal [3A1] Bed Linens, etcwa	shed, ironed	808.00	_	0.00	808.00
0.1					
Subgroup : [3B] 86060	Purchased Services LAUNDRY - PURCHASED SER	2,715.00		(528.00)	2,187.00
00000	PARIABILI - LOKOLINOFO OFIC	2,7 15.00	RJE - 6	(528.00)	2, 107.00
Subtotal [3B] Purchased Services		2,715.00		(528.00)	2,187.00
Subgroup : [3D]	Other			* * * * * * * * * * * * * * * * * * * *	44.040.00
86030 Subtotal [3D] Other	LAUNDRY & LINEN - SUPPLIES	11,616.00 11,616.00	_	0.00	11,616.00 11,616.00
Total [19] Laundry-Basis for Alloca	tion of Costs	15,139.00	_	(528.00)	14,611.00
Group : [20]	Housekeeping and Resident Care Basis for Allocation of Costs	;			
Subgroup : [4A1]	In-House Care Supplies				
82030 Subtotal [4A1] In-House Care Supp	HOUSEKEEPING - SUPPLIES	27,353.00	_	0.00	27,353.00
Substitute (4A I) III-Nouse Care Supp	III G	27,353.00	_	0.00	27,353.00
Subgroup : [4B]	Purchased Services				
82060	HOUSEKEEPING - PURCHHASED SER	90.00		0.00	90.00
Subtotal [4B] Purchased Services		90.00	_	0.00	90.00
Cubarous : IEAN	Cureboard from				
Subgroup : [5A2] 74135	Purchased from DRUGS-OTHER SERV.	8,476.00		0.00	8,476.00
74137	DRUGS MEDICARE-OTHER SERV.	78,646.00		0.00	78,646.00
Subtotal [5A2] Purchased from		87,122.00	-	0.00	87,122.00
Subgroup : [5B]	Medicine Cabinet Drugs	7 000 00		2.22	7 000 00
60135 Subtotal [5B] Medicine Cabinet Dru	NURSING - DRUG SUPPLIES	7,683.00 7,683.00	_	0.00	7,683.00 7,683.00
ossional forbl medicine capillet fitu	AA.	1,000,00	_	0.00	1,000.00

Notre Dame Convalescent Homes, Inc. Medicaid - Notre Dame Convalescent Home 2017 9/30/2017 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
Subgroup : [5C] 60130	Medical and Therapeutic Supplies NURSING - SUPPLIES - NON DRUGS	113,085.00		0.00	113,085.00
Subtotal [5C] Medical and Therapeut		113,085.00	-	0.00	113,085.00
			_		
Subgroup : [5D] 74156	Ambulance/Limousine OTHER SER AMBULANCE&DIAL A RI	1,198.00		0.00	1,198.00
Subtotal [5D] Ambulance/Limousine		1,198.00	_	0.00	1,198.00
Colorana ISEM	O				
Subgroup : [5E2] 74140	Oxygen - Other OTHER SERV OXYGEN	6,718.00		0.00	6,718.00
Subtotal [5E2] Oxygen - Other		6,718.00	-	0.00	6,718.00
Subgroup : [5F]	V Davis and selected and blooked				
74158	X-Rays and related radiological OTHER SERV X-RAY MEDICARE	9,691.00		0.00	9,691.00
Subtotal [5F] X-Rays and related rad		9,691.00	_	0.00	9,691.00
Subgroup : [5H]	Laboratory				
74157	OTHER SERV LAB. MEDICARE	11,543.00		0.00	11,543.00
Subtotal [5H] Laboratory		11,543.00	_	0.00	11,543.00
Subgroup : [5I]	Recreation				
73870	RECREATION - BOOKS & SUBSCR.	30.00		0.00	30.00
73880	RECREATION-MISC.SUP.&ENTERTAL	11,786.00		0.00	11,786.00
74125 Subtotal [5I] Recreation	CABLEVISION-OTHER SERVICES	14,455.00 26,271.00	-	0.00	14,455.00
oution [or recreation			-	0.00	26,271.00
Subgroup : [5J]	Other				
74153 Subtotal [5J] Other	OTHER SERVTHERAPY SUPPLIES	4,297.00 4,297.00	-	0.00	4,297.00 4,297.00
Total [20] Housekeeping and Resider	nt Care Basis for Allocation of Costs	295,051.00	-	0.00	295,051.00
			=		<del></del>
Group : [22] Subgroup : [6A]	Maintenance and Property Repairs and Maintenance				
83030	PLANT OPER/MAINT SUPPLIES	54,752.00		0.00	54,752.00
Subtotal [6A] Repairs and Maintenan		54,752.00	_	0.00	54,752.00
Subgroup : [6B]	Heat				
83061	PLANT OPER./MAINT FUEL	77,964.00		0.00	77,964.00
83140	PLANT OPER /MAINT GAS	10,052.00	_	0.00	10,052.00
Subtotal [6B] Heat		88,016.00	_	0.00	88,016.00
Subgroup : [6C]	Light & Power				
83062	PLANT OPER./MAINT. ELECTRICITY	70,424.00	_	0.00	70,424.00
Subtotal [6C] Light & Power		70,424.00	-	0.00	70,424.00
Subgroup : [6D]	Water				
83063	PLANT OPER./MAINT WATER	18,664.00	_	0.00	18,664.00
Subtotal [6D] Water		18,664.00	-	0.00	18,664.00
Subgroup : [6E]	Equipment Lease				
90216	BUS. OFFICE - LEASED EQUIPMENT	34,395.00	חור פ	1,763.00	36,158.00
			RJÉ - 8 RJÉ - 9	879.00 884.00	
Subtotal [6E] Equipment Lease		34,395.00		1,763.00	36,158.00
Subgroup : [6F]	Other				
83060	PLANT OPER/MAINT PURCH. SE	126,249.00		1,869.00	128,118.00
			RJE - 2	650.00	
			RJE - 6 RJE - 8	528.00 691.00	
83065	PLANT OPER./MAINT-GROUNDS	17,544.00	NJL - U	0.00	17,544.00
Subtotal [6F] Other		143,793.00	_	1,869.00	145,662.00
Subgroup : [7B]	Building & Building Improvements				
98030	DEPREC BUILDINGS	72,886.00		0.00	72,886.00
98031	DEPREC SPRINKLER SYSTEM	15,502.00	_	0.00	15,502.00
Subtotal [78] Building & Building Imp	provements	88,388.00	_	0.00	88,388.00
Subgroup : [7D]	Movable Equipment				
98020	DEPRED. COMPUTER SYSTEMS	3,598.00		0.00	3,598.00
98045 98050	DEPREC DISTICT PART FURNGS. DEPREC HOSPITAL EQUIPMMENT	1,493.00 3,783.00		0.00	1,493.00
98055	DEPREC MAINTENANCE EQUIP.	5,763.00 6,401.00		0.00 0.00	3,783.00 6,401.00
98060	DEPREC KITCHEN EQUIPMENT	4,337.00		0.00	4,337.00
98065	DEPREC REHAB THERAPY	11,913.00		0.00	11,913.00
98070	DEPREC MOTOR VEHICLES	4,742.00		0.00	4,742.00
98075 98080	DEPREC COMMON AREA FURNGS. DEPREC CONVENT FURNINGINGS	1,514,00 46.00		0.00 0.00	1,514.00 46.00
98085	DEPREC PATIENTS ROOM FURNS.	5,606.00		0.00	5,606.00
98090	DEPREC OFF. EQUIP. & FURN.	2,803.00	_	0.00	2,803.00
Subtotal [7D] Movable Equipment		46,236.00	_	0,00	46,236.00
Subgroup : [10A]	Real estate taxes paid by owner				
Marcum 10	City Taxes	0.00		17,107.00	17,107.00
Subtotal [10A] Real estate taxes paid	by owner	0.00	RJE - 2	17,107.00 17,107.00	17,107.00
Total [22] Maintenance and Property		544,668.00	-	20,739.00	565,407.00
			_		

Notre Dame Convalescent Homes, Inc. Medicald - Notre Dame Convalescent Home 2017 9/30/2017 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Workpaper:	A.03 - TB-CCNH Combined Detail LS				
Account	Description	ADJ	JE Ref#	RJE	FINAL
0 PATE	1.4411	9/30/2017			9/30/2017
Group : [27]	Interest and Insurance				
Subgroup : [14A]	Insurance on Property				
Marcum 08	Property Insurance	0.00		19,674.00	19,674.00
			RJE - 3	19,674.00	
Subtotal [14A] insurance on Property	1	0.00	_	19,674.00	19,674.00
			-	.,	7
Subgroup : [14B]	Insurance of Automobiles				
Marcum 09	Auto Insurance	0.00		9.740.00	9,740.00
			RJE - 3	9,740.00	0,7 10.00
Subtotal [14B] Insurance of Automob	silee	0.00	NOL - 0	9,740.00	9,740.00
ountoin [140] insurance of Automor	, iles		_	3,740.00	3,740.00
Subara [4404]	11				
Subgroup : [14C1]	Umbrella				
Marcum 14	Umbrella Insurance	0.00		12,068.00	12,068.00
			RJE - 3	12,068.00	
Subtotal [14C1] Umbrella		0.00		12,068.00	12,068.00
Subgroup : [14C3]	Other				
90086	ADMIN,-INSUR.(PRO.CAS.LIAB.)	82,761.00		(55,759.00)	27,002.00
			RJE - 3	(55,759.00)	
90088	ADMIN INS.D & Q	0.00		9,360.00	9,360.00
			RJE - 3	9,360.00	0,000.00
Marcum 18	Surety Bond	0.00	1.02 0	1,492.00	1,492.00
		0.00	RJE - 3	1,492.00	1,432.00
Marcum 22	Cyber Liability Insurance	0.00	1/32 - 5		2 425 00
Marcan 22	Cyder Elability Insulation	0.00	D.IE. 2	3,425.00	3,425.00
Subsect [44C2] Other			RJE - 3	3,425.00	
Subtotal [14C3] Other		82,761.00	_	(41,482.00)	41,279.00
Total [27] interest and Insurance		82,761.00		0.00	82,761.00
		<del></del>	_		
Group : [30]	Statement of Revenue				
Subgroup : [1A]	Medicaid Residents (CT only)				
33020	GROSS CHARGES - TITLE 19	(4,619,073.00)		0.00	(4,619,073.00)
33022	HOSPICE - ROOM & BROAD	(224,199.00)		0.00	(224,199.00)
45050	MEDICAID MONTHLY ADJUSTMENTS	1,877,671.00		0.00	1,877,671.00
Subtotal [1A] Medicaid Residents (C)		(2,965,601.00)		0.00	
	******	12,505,501,507		0.00	(2,965,601.00)
Subgroup : [3A]	Medicare Residents (All inclusive)				
33021	GROSS CHARGES - MEDICARE T-18	(4 807 476 00)		0.00	(4 007 470 00)
45051	MEDICARE MONTHLY ADJUSTMENTS	(1,807,176.00)		0.00	(1,807,176.00)
		711,982.00	_	0.00	711,982.00
Subtotal [3A] Medicare Residents (Al	I inclusive)	(1,095,194.00)	_	0.00	(1,095,194.00)
Subgroup : [4A]	Private-pay residents and other				
33000	GROSS CHARGES - PRIVATE	(118,994.00)		0.00	(118,994.00)
33010	GROSS CHARGES - SEMI PRIVATE	(1,783,472.00)		0.00	(1,783,472.00)
Subtotal [4A] Private-pay residents a	nd other	(1,902,466.00)	_	0.00	(1,902,466.00)
Subgroup : [5A]	Prescription Drugs - Medicare				
33043	DRUG REV - MEDICARE	(77,413.00)		0.00	(77,413.00)
Subtotal [5A] Prescription Drugs - Me		(77,413.00)	_	0.00	
outstand [ortgreen] broad and and	. 4104.0	(17,413.00)		0.00	(77,413.00)
Subgroup : [7A]	Physical Therapy - Medicare				
33040		(040.040.00)			
	GROSS CHARGES - PT MEDICARE	(312,016.00)	_	0.00	(312,016.00)
Subtotal [7A] Physical Therapy - Med	icare	(312,016.00)	_	0.00	(312,016.00)
Subgroup : [7C]	Physical Therapy - Non-medicare				
33030	GROSS CHARGES PRIVATE PT	195.00		0.00	195.00
33050	PT MEDICAID	(2,204.00)		0.00	(2,204.00)
Subtotal [7C] Physical Therapy - Non	-medicare	(2,009.00)	_	0.00	(2,009.00)
			_	****	12,000,007
Subgroup : [8A]	Speech Therapy - Medicare				
33042	GROSS CHARGES - ST MEDICARE	(76,234.00)		0.00	(76 224 00)
Subtotal [8A] Speech Therapy - Medic		(76,234.00)	_		(76,234.00)
outstant (ort) openin interapy - mean	car o	(10,234.00)	_	0.00	(76,234.00)
Subaraus (SC)	Casada Thannasa Alan madianasa				
Subgroup : [8C]	Speech Therapy - Non-medicare	=== ==:		·	=
33052	SPEECH MEDICAID	(1,756.00)		0.00	(1,756.00)
Subtotal [8C] Speech Therapy - Non-	medic4/9	(1,756.00)		0.00	(1,756.00)
Subgroup : [9A]	Occupational Therapy - Medicare				
33041	GROSS CHARGES - OT MEDICARE	(293,367.00)		0.00	(293,367.00)
Subtotal [9A] Occupational Therapy -	Medicare	(293,367.00)		0.00	(293,367.00)
		<del></del>			
Subgroup : [10A]	Other - Medicare				
33044	X-RAY MEDICARE A	(3,995.00)		0.00	(3,995.00)
33046	LAB MEDICARE a	(8,711.00)		0.00	(8,711.00)
Subtotal [10A] Other - Medicare			_		
L il omer - medicale		(12,706.00)	_	0.00	(12,706.00)
Subaroun : [11]	Moste sold to superty and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access and access				
Subgroup : [11]	Meals sold to guests, employees, and others			_	
58205	REV.SPEC.SALE OF MEALS TO STAF	(677.00)	_	0.00	(677.00)
Subtotal [11] Meals sold to guests, er	npioyees, and others	(677.00)	_	0.00	(677.00)
		<del></del>			
Subgroup : [15]	Interest Income				
57200	REV.SPEC.SERV INTEREST	(363.00)		0.00	(363.00)
Subtotal [15] interest Income		(363.00)	_	0.00	(363.00)
			_		1500.00)
Subgroup : [18]	Other Revenue				
45046	OTHER INCOME - REFUNDS	(20,750.00)		0.00	/20 7E0 001
57300	REV.SPEC.SERV - STOCK DIVIDE	(20,750.00) (45,011.00)		0.00	(20,750.00)
57400	REV.SPEC.SERV STOCK DIVIDE REV.SPEC.SERVGAIN&LOSS ON MS			0.00	(45,011.00)
		(17,629.00)		0.00	(17,629.00)
57410	UNREALIZED GAIN/LOSS	(11,173.00)		0.00	(11,173.00)

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Notre Dame Convalescent Homes, Inc. Medicaid - Notre Dame Convalescent Home 2017 9/30/2017 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

vvorkpaper:	A.UJ - I B-CCNH Compined Detail LS				
Account	Description	ADJ	JE Ref#	RJE	FINAL
Account	Description	ADV	OF LOUR	TOL	I IIIALE
		9/30/2017			9/30/2017
57500	REV SPEC SERV OTHER	(9,095.00)		0.00	(9,095.00)
58000	REV.SPEC.SERVUNRESTR.CONTRI	(13,418.00)		0.00	(13,418.00)
58100	REV.SPEC.INSURANCE REIMBURSME	(91.00)		0.00	(91.00)
58200	STAFF RECOGNITION FUND	(9,750.00)		0.00	(9,750.00)
58600	REV.SPEC CAPITAL IMPROVEMENT	(40,000.00)		0.00	(40,000.00)
58700	CONTRIBUTIONS - TEMPORARILY RESTRICTED	(7,829.00)		0.00	(7,829.00)
90090	ADMIN CONTRIBUTIONS	(8.00)		0.00	(8.00)
Marcum 20	Medical Record Income	0.00		(300.00)	(300.00)
		****	D.E. 0		(,
			RJE - 2	(300.00)	
Subtotal [18] Other Revenue		(174,754.00)		(300.00)	(175,054.00)
Total [30] Statement of Revenue		(6,914,556.00)	_	(300.00)	(6,914,856.00)
			_		
Group : [31-32]	Assets				
Subgroup : [A1]	Cash				
11002	CASH IN BANK-PAYROLL ACCT	3,728.00		0.00	3,728.00
11005	CASH IN BANK/OPERATING/FFLD C	(6,901.00)		0.00	(6,901.00)
11006	CASH ON HAND-PETTY CASH	480.00		0.00	480.00
11007	FFLD COUNTY MONEY MARKET	716,497.00		0.00	716,497.00
11042	FAIRFIELD COUNTY SAVINGS/R. F.	14,689.00		0.00	14,689.00
11043	CASH IN DANK DOIME DAY ACCOUNT	938.00		0.00	
	CASH IN BANK-PRIME PAY ACCOUNT				938.00
11046	CASH ON HAND-RESIDENT PETTY C	120.00		0.00	120.00
11050					
	PAYROLL CASH ACCOUNT	87,232.00		0.00	87,232.00
11060	CASH CLEARING ACCT.	3,502.00		0.00	3,502.00
Subtotal (A1) Cook					
Subtotal [A1] Cash		820,285.00	_	0.00	820,285.00
Subgroup : [A2]	Resident A/R				
Subgroup : [A2]					
11101	A/R PRIVATE PAY	24,658.00		0.00	24.658.00
11102					
	A/R PATIENT LIABILITY	1,786.00		0.00	1,786.00
11201	ACCOUNTS RECEIVABLE	941,737.00		0.00	941,737.00
11221					
	MEDICARE RECEIVABLE	116,555.00		0.00	116,555.00
11250	ACCOUNTS RECEIVABLE - OTHER	(589.00)		0.00	(589.00)
11255	ALLOWANCE FOR DOUBTFUL ACCTS.				
	ALLOWANCE FOR DOUBTFUL ACC 15.	(26,000.00)		0.00	(26,000.00)
Subtotal [A2] Resident A/R		1,058,147.00		0.00	1,058,147.00
			_		
Subgroup : [A3]	Other A/R				
11211	ACCOUNTS RECEIVABLE-EMPLOYEES	014.00		0.00	044.00
	ACCOUNTS RECEIVABLE-EMPLOTEES	914.00	_	0.00	914.00
Subtotal [A3] Other A/R		914.00		0.00	914.00
Subgroup : [A4]	Inventories				
11300	INVENTORY	27 210 00		0.00	27 240 00
	INVENTORY	37,219.00		0.00	37,219.00
Subtotal (A4) Inventories		37,219.00		0.00	37,219.00
Subgroup : [A5]	Prepaid Expenses				
11435	PREPAID EXPENSE - GENERAL	2 246 00		0.00	2.246.00
	FREFAID EXPENSE - GENERAL	3,316.00		0.00	3,316.00
Subtotal [A5] Prepaid Expenses		3,316.00		0.00	3,316.00
Subgroup : [A7]	Medicare Final Settlement Receivable				
11441	MEDICARE SETTLEMENT	12.00		0.00	12.00
		12.00	_	0.00	12.00
Subtotal [A7] Medicare Final Settlem	ent Receivable	12.00		0.00	12.00
			_		<del></del>
Subgroup : [A8]	Other Current Assets				
11442	MEDICAID SETTLEMENT	12 565 00		0.00	12 565 00
	MEDICAID SETTEMENT	13,565.00	_		13,565.00
Subtotal [A8] Other Current Assets		13,565.00		0.00	13,565.00
			_		
Subgroup : [B1]	Land				
14500	LAND	36,800.00		0.00	26 800 00
	DAND		_		36,800.00
Subtotal [B1] Land		36,800.00		0.00	36,800.00
Subgroup : [B2]	Land Improvements				
14510	LAND/SITE IMPROVEMENTS	94,852.00		0.00	94,852.00
14610	ACCUM.DEPRECSITE IMPROVEMENT	(94,852.00)		0.00	(94,852.00)
Subtotal [B2] Land Improvements		0.00	_	0.00	0.00
		0.00	_	0.00	
Subgroup : [B3]	Buildings				
		2 255 705 85			0.055 775 07
14530	BUILDINGS & BLDG. IMPROVEMENTS	2,655,785.00		0.00	2,655,785.00
14630	ACCUM.DEPRECBUILDINGS	(1,825,224.00)		0.00	(1,825,224.00)
Subtotal [B3] Buildings					
contour fool pringings		830,561.00	_	0.00	830,561.00
			_		
Subgroup : [B5]	Non-Moushie Equipment				
	Non-Movable Equipment				
14531	SPRINKLER SYSTEM	387,547.00		0.00	387,547.00
14631	ACCU. DEPREC SPRINKLER SYST	(185,834.00)	_	0.00	(185,834.00)
Subtotal [B5] Non-Movable Equipme	nt	201,713.00	_	0.00	201,713.00
() me savia Edaibilia	•	201,710.00	_	V.VU	
Subgroup : [B6]	Movable Equipment				
14520	COMPUTER SYSTEMS	115,458.00		0.00	115,458.00
14545	DESTINCT PART FURNISHINGS	17,567.00		0.00	17,567.00
14550	HOSPITAL EQUIPMENT	269,634.00		0.00	269,634.00
14555	MAINTENANCE EQUIPMENT	128,356.00		0.00	128,356.00
14560	KITCHEN EQUIPMENT	145,077.00		0.00	145,077.00
14565	REHAB/THERAPY EQUIPMENT				
		305,628.00		0.00	305,628.00
14575	COMMON AREA FURNISHINGS	57,567.00		0.00	57,567.00
14580	CONVENT FURNISHINGS	32,739.00		0.00	32,739.00
14585	PATIENT ROOM FURNISHINGS	112,794.00		0.00	112,794.00
14590	OFFICE EQUIP. & FURNISHINGS	110,573.00		0.00	110,573.00
14620	ACCUM, DEPREC COMPUTER SYS	(105,254.00)		0.00	(105,254.00)
14645	ACCUM.DEPRECDP FURNISHINGS	(6,146.00)		0.00	(6,146.00)
14650	ACCUM.DEPRECHOSPITAL EQUIP.	(240,241.00)		0.00	(240,241.00)
				4.00	(= .0,2 )
					(74 74 60)
14655	ACCUM, DEPREC, MAINT EQUIP.	(71,712.00)		0.00	(71,712.00)

Client: Engagement: Period Ending: Trial Balance: Workpaper: Notre Dame Convalescent Homes, Inc. Medicald - Notre Dame Convalescent Home 2017 9/30/2017 A.01 - TB-CCNH A.03 - TB-CCNH Combined Detail LS

Workpaper:	A.03 - TB-CCNH Combined Detail LS				
Account	Description	ADJ	JE Ref #	RJE	FINAL
		9/30/2017			9/30/2017
14660	ACCUM.DEPRECKITCHEN EQUIP.	(121,862.00)		0.00	(121,862.00)
14665	ACCUM.DEPREC/REHAB/THERAPY EQ	(224,777.00)		0.00	(224,777.00)
14675	ACCUM. DEPREC.COMMON AREA FUR	(42,216.00)		0.00	(42,216.00)
14680	ACCUM.DEPREC-CONVENT FURN.	(32,436.00)		0.00	(32,436.00)
14685	ACCUM.DEPRECPATIENT RM FURN.	(88,565.00)		0.00	(88,565.00)
14690	ACCUM.DEPRECPATIENT RM FORM: ACCUM.DEPRECOFFICE FURN/EQU	(107,204.00)		0.00	(107,204.00)
	ACCUM.DEPRECOFFICE FORN/EQU	254,980.00		0.00	254,980.00
Subtotal [B6] Movable Equipment		254,960.00	_	0.00	234,500.00
Subgroup : [B7]	Motor Vehicles				
14570	MOTOR VEHICLES	55,801.00		0.00	55,801.00
14670	ACCUM.DEPRECMOTOR VEHICLES	(39,994.00)		0.00	(39,994.00)
Subtotal [B7] Motor Vehicles		15,807.00		0.00	15,807.00
Subgroup : [D5]	Investments Related to Resident Care				227 770 20
11008	INVESTMENT ACCOUNT	337,776.00		0.00	337,776.00
11009	INVESTMENT ACCOUNT	1,311,011.00		0.00	1,311,011.00
11015	BENEFICIAL INT. RATCHFORD TRUS	110,732.00		0.00	110,732.00
Subtotal [D5] Investments Related to	o Resident Care	1,759,519.00		0.00	1,759,519.00
Total [31-32] Assets		5,032,838.00_		0.00	5,032,838.00
C	I in billaton				
Group : [33-34]	Liabilities				
Subgroup : [A1]	Trade A/P	(440,000,00)			(4.40.000.00)
21700	ACCOUNTS PAYABLE - VENDOR	(149,996.00)	_	0.00	(149,996.00)
Subtotal [A1] Trade A/P		(149,996.00)	_	0.00	(149,996.00)
Subgroup : [A4]	Accrued Payroll				
21713	ACCRUED PAYROLL	(35,770.00)		0.00	(35,770.00)
Subtotal [A4] Accrued Payroll	A CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONT	(35,770.00)		0.00	(35,770.00)
Captonia [A-4] Accided I allicia		100,110.007		5,00	1001110001
Subgroup : [A6]	Accrued Payroll Taxes Payable				
21726	ACCRUED PAYROLL TAXES	(2,735.00)		0.00	(2,735.00)
Subtotal [A6] Accrued Payroli Taxes	: Payable	(2,735.00)		0.00	(2,735.00)
Subgroup : [A12]	Other Current Liabilities				
11041	CLIENT FUND LIABILITY	(14,689.00)		0.00	(14,689.00)
11045	SUNSHINE CLUB	(1,469.00)		0.00	(1,469.00)
21710	WAGE GARNISHMENTS	(183.00)		0.00	(183.00)
21711	403-B LOAN REPAYMENT	(5,301.00)		0.00	(5,301.00)
21712	EMPLOYEE TAX SHELTER PLAN	9,119.00		0.00	9,119.00
21714	PAYROLL SAVINGS (DEDUCTION)	(32,921.00)		0.00	(32,921.00)
21715	ROTH - PPI/AMERIPRISE	(4,661.00)		0.00	(4,661.00)
22000	Due to Others	(89,013.00)		0.00	(89,013.00)
Subtotal [A12] Other Current Liabilit	ies	(139,118.00)		0.00	(139,118.00)
Total [33-34] Liabilities		(327,619.00)		0.00	(327,619.00)
Group : [35]	Equity				
Subgroup ; [B5]	Cumulated Earnings				
29900	Retained Earnings/NET WORTH	(4,838,861.00)		0.00	(4,838,861.00)
Subtotal [B5] Cumulated Earnings		(4,838,861.00)	_	0.00	(4,838,861.00)
Total [35] Equity		(4,838,861.00)		0.00	(4,838,861.00)
	Sum of Account Groups	0.00		0.00	0.00
	Net (Income) Loss	133,642.00		0.00	133,642.00

Client: Engagement: Period Ending: Trial Balance: Workpaper: Notre Dame Convalescent Homes, Inc. Medicald - Notre Dame Convalescent Home 2017 9/30/2017 A.01 - TB-CCNH H.01 - Reclassifying Journal Entries Report

	Account	Description	W/P Ref	Debit	Credit
	g Journal Entries JE #1		E.01 - 90250		
Reclass expe	nses from accounting line				
	74110	SOC, WORK CONSULOTHER SERV.		5,000.00	
	90285	ADMIN: - INTERNET WEBSITE		500.00	
	Marcum 01	Legal Expense		13,505.00	
	Marcum 11	Bookkeeping Services		3,108.00	
	Marcum 16	Misc. Expense		632.00	
	Marcum 17 90250	Scheduling Services		6,879.00	20 624 00
Total	90250	BUS, OFFICE - PURCH, SERV. PR		29,624.00	29,624.00 29,624.00
	g Journal Entries JE # 2 penses not related to Dues		E.01 - 90084		
TO TOCIQUE CX					
	83060 90073	PLANT OPER/MAINT PURCH. SE ADMIN TEL. YELLOW PAGES		650.00 230.00	
	90089	ADMIN CIVIL PENALTIES		50.00	
	Marcum 02	Greater Norwalk Chamber of Commerce		825.00	
	Marcum 03	Licenses and Fees		1,636.00	
	Marcum 10	City Taxes		17,107.00	
	Marcum 19	Non-Professional Association Dues		344.00	
	Marcum 21	HRA Admin Fee		2,295.00	
	90084	ADMIN LICENSES & DUES			22,537.00
	90230	BUS. OFFICE - SUPPLIES			300.00
Total	Marcum 20	Medical Record Income		23,137.00	300.00
Otal				23,137.00	23,137.00
	g Journal Entries JE # 3 class insurances to prope	r groupings for page 27	N.02d		
or Charle Me					
	90088	ADMIN INS.D & O		9,360.00	
	Marcum 08	Property Insurance		19,674.00	
	Marcum 09	Auto Insurance		9,740.00	
	Marcum 14	Umbrella Insurance		12,068.00	
	Marcum 18	Surety Bond		1,492.00	
	Marcum 22	Cyber Liability Insurance		3,425.00	
Total	90086	ADMININSUR.(PRO.CAS.LIAB.)		55,759.00	55,759.00 55,759.00
Reclassifying	g Journal Entries JE # 4		N.02c - Page 5		
	penses from consulting ac	count	14.02C - Fage 3		
	60105				
		NURSING - POOL L.P.N.		1,723.00	
	74191	NURSING - POOL L.P.N. MEDICAL STAFF		1,723.00 6,000.00	
	74191	MEDICAL STAFF		6,000.00	
	74191 90300	MEDICAL STAFF ADMIN SOFTWARE SUPPORT		6,000.00 449.00	
	74191 90300 Marcum 15 Marcum 23 Marcum 24	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant RN Admin Consultant		6,000.00 449.00 7,320.00	
<b>Fotal</b>	74191 90300 Marcum 15 Marcum 23	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant		6,000.00 449.00 7,320.00 3,110.00 25,114.00	43,716.00 43,716.00
Total	74191 90300 Marcum 15 Marcum 23 Marcum 24 60133	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant RN Admin Consultant	Magh	6,000.00 449.00 7,320.00 3,110.00	43,716.00 43,716.00
Reclassifying	74191 90300 Marcum 15 Marcum 23 Marcum 24	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant RN Admin Consultant	N.02b	6,000.00 449.00 7,320.00 3,110.00 25,114.00	
Reclassifying	74191 90300 Marcum 15 Marcum 23 Marcum 24 60133	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant RN Admin Consultant	N.02b	6,000.00 449.00 7,320.00 3,110.00 25,114.00	
Reclassifying To reclass psy	74191 90300 Marcum 15 Marcum 23 Marcum 24 60133  Journal Entries JE # 5 ychialrist expense	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant RN Admin Consultant NURSING - CONSULT./MEDREC/INF	N.02b	6,000.00 449.00 7.320.00 3,110.00 25,114.00 43,716.00	43,716.00 5,875.00
Reclassifying To reclass psy	74191 9300 Marcum 15 Marcum 23 Marcum 24 60133  g Journal Entries JE #5 ychiatrist expense 74154	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant RN Admin Consultant NURSING - CONSULT./MEDREC/INF  OTHER SERVCONSULT PSYCHIATR	N.O2b	6,000.00 449.00 7.320.00 3.110.00 25,114.00 43,716.00	43,716.00
Reclassifying To reclass psy Total Reclassifying	74191 90300 Marcum 15 Marcum 23 Marcum 24 60133  Journal Entries JE # 5 ychiatrist expense 74154 74191	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant RN Admin Consultant NURSING - CONSULT./MEDREC/INF  OTHER SERVCONSULT PSYCHIATR MEDICAL STAFF	N.02b E.01 - Ratick	6,000.00 449.00 7.320.00 3,110.00 25,114.00 43,716.00	43,716.00 5,875.00
Reclassifying To reclass psy Total Reclassifying	74191 90300 Marcum 15 Marcum 25 Marcum 24 60133  3 Journal Entries JE #5 ychiatrist expense 74154 74191	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant RN Admin Consultant NURSING - CONSULT./MEDREC/INF  OTHER SERVCONSULT PSYCHIATR MEDICAL STAFF		6,000.00 449.00 7.320.00 3,110.00 25,114.00 43,716.00	43,716.00 5,875.00
Reclassifying To reclass psy Total Reclassifying	74191 90300 Marcum 15 Marcum 25 Marcum 24 60133  3 Journal Entries JE # 5 ychiatrist expense 74154 74191  3 Journal Entries JE # 6 int. expense from laundry 83060	MEDICAL STAFF ADMIN SOFTWARE SUPPORT Pharmacist Consultant MDS Consultant RN Admin Consultant NURSING - CONSULT./MEDREC/INF  OTHER SERVCONSULT PSYCHIATR MEDICAL STAFF  expense account PLANT OPER/MAINT PURCH. SE		6,000.00 449.00 7.320.00 3,110.00 25,114.00 43,716.00	5,875.00 5,875.00
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Prepared By:

Notre Dame

Provider Name:

Notre Dame Conv. Home, Inc 2865 9/30/2017

Provider Number:

Period Ended:

Name of Workpaper:

VHCL CKLST

PURPOSE:

To determine that vehicles comply with the published February 15, 2000 guidelines developed to assist providers in understanding what transportation costs are allowable and how the costs must be documented.

VEHICLE COMPLIANCE CHECKLIST

		Yes	No	Comment
1	Are all vehicles registered and insured in the facility's name? Please provide copies of the most recent insurance cards and current vehicle registration.			
2	Are all purchase and lease agreements made in the facility's name?			
3	Are mileage logs maintained for facility vehicles claimed for reimbursement?			
4	Has the maximum allowable number of vehicles claimed for reimbursement been			
	exceeded?			
5	Was there any personal usage of Facility vehicles? If so, please state the personal use percentage.			
6	Have all newly acquired motor vehicle additions for the 2013 cost year been supported with invoices or purchase/lease agreements and cancelled checks? Please provide			
	copies.			