

**NOTE:**

If amended pages are necessary, please submit the amended pages with changes highlighted in yellow, along with a signed and notarized Page 1. As a reminder, if any expense pages have changed, which result in a net increase or decrease to total expenses, please submit the necessary amended Pages 27, 35 and 36. If any depreciation and/or amortization expenses have changed, please submit the corresponding Page 23 or 24 along

General Information

<b>Name of Facility</b>	<b>Address</b>	<b>Phone Number</b>
Bride Brook Health and Rehabilitation Center	23 Liberty Way, Niantic, CT 06357	860-739-4007

Type of Facility and License Number(s)  CCNH  RHNS (Specify) \_\_\_\_\_

<b>License Number</b>	2082-C		
<b>Medicaid Provider Number</b>	2082-C		

<b>Report for Year Beginning</b>	<b>Report for Year Ending</b>
10/1/2016	9/30/2017

**Medicare Provider Number**  
07-5375

**Printed Name (Administrator)** \_\_\_\_\_ **Printed Name (Owner)** \_\_\_\_\_

<b>Report Prepared By</b>	<b>Phone Number</b>	<b>Date</b>
Margaret Philen	832-467-6225	2/12/2018

**Type of Ownership (Check appropriate box)**  
 Proprietorship  LLC  Partnership  Profit Corp.  Non-Profit Corp.  Government  Trust

<b>If this facility opened or closed during report year provide:</b>	<b>Date Opened</b>	
	<b>Date Closed</b>	

**Has there been any change in ownership or operation during this report year? If "Yes," explain fully.**  
 Yes  No

**Name of Administrator**  
Lisa Mailloux

**Nursing Home Administrator's License No.** 1992

Other Operators/Owners who are Assistant Administrators (full or part time) of this facility.

Name	License #

Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered
See attached		

Name of Partners/Members	Business Address	Title	% Owned
see attached			

Legal Name of Corporation	Business Address	State(s) in Which Incorporated

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each

Names of Stockholders Owning at Least 10% of Shares			

**If this facility is owned or operated as an individual proprietorship, provide the following information:**

<b>Owner(s) of Facility</b>

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No **If "Yes", provide the Name/Address and complete the information on Page 11 of the report.**

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

Cover Page 1 Page 1A Page 2 Page 3 Page 3A Page 3B

Name of Related Individual or Company	Business Address	Also Provides Goods / Services to Non-Related Parties	Description of Goods / Services Provided	Indicate Where Costs are Included in Annual Report Page# / Line#	Cost Reported	Actual Cost to the Related Party
SSC Administrative Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30326	<input type="radio"/> Yes <input checked="" type="radio"/> No	Back Office Services	Page 16/C.1.m.12	650,894	650,894
Percentage Non-Related		0.00%				
SSC consulting Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30326	<input type="radio"/> Yes <input checked="" type="radio"/> No	Consulting	Page 16/C.1.m.12	227,537	227,537
Percentage Non-Related		0.00%				
		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Percentage Non-Related		0.00%				
		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Percentage Non-Related		0.00%				
		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Percentage Non-Related		0.00%				
		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Percentage Non-Related		0.00%				
		<input type="radio"/> Yes <input checked="" type="radio"/> No				
Percentage Non-Related		0.00%				

1 In the preparation of this Report, were all costs allocated as required? If "No," explain fully why such allocation was not made.

Yes  No

Empty text box for explanation.

2 Explain the allocation of related company expenses and attach copy of appropriate supporting data.

Empty text box for explanation.

3 Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.) If "No," explain fully why such allocation was not made.

Yes  No

Empty text box for explanation.

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

Name and Address of Lessor	Description of Items Leased	Date of Lease	Term of Lease	Annual Amount of Lease	Amount Claimed	Related to Owners
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
Total						0

Is a Mileage Log Book Maintained for All Leased Vehicles?  Yes  No

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual  
 Cash  
 Modified Cash

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

Yes  No

Empty text box for explanation.

Name of Accounting Firm

Address of Accounting Firm

1		1
2		2
3		3
4		4

Services Provided by This Firm (describe fully)

Charge for Service Provided

1		
2		
3		
4		

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes  No

Empty text box for explanation.

Name of Legal Firm or Independent Attorney

Address

Telephone Number

1			
2			
3			
4			
5			

Services Provided by This Firm

Charge for Service Provided

1		
2		
3		
4		
5		

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes  No

Legal, page 15, line 1.e

Are time records maintained by all individuals receiving compensation?

Yes  No

Name & Address of Individual	Full Explanation of Services	Explanation of Relationship	Related to Owners, Operators, Officers

			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
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			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Name & Address of Individual or Company Supplying Service	Cost of Management Services	Full Description of Management Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
SSC Administrative Svc, LLC, One Ravinia Dr., Ste. 1500, Atlanta, GA 30346	650,894	Back Office Services	Page 16, line C.1.m.12
SSC Consulting Svc, LLC, One Ravinia Dr., Ste. 1500, Atlanta, GA 30346	227,537	Consulting	Page 16, line C.1.m.12

2H	Is the cost of employee meals included in 2E?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
2I	Did you receive revenue from employees?	<input checked="" type="radio"/> Yes <input type="radio"/> No	If yes, specify amt. \$691
2J	Where is the revenue received reported in the Cost Report?		(Page/Line Item) Page 30, IV.1.
2K	Is the cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
2L	Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2M	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

2N	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
2O	Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2P	Where is the revenue received reported in the Cost Report?		(Page/Line Item)
3G	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
3H	Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3I	Where is the revenue received reported in the Cost Report?		(Page/Line Item)
3J	Is cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
3K	Did you receive revenue from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3L	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

11A1	Description	Total
11A2	Date Land Purchased	
11A3	Date Structure Completed	
11A4	If NOT Original Owner, Date of Purchase	
11A5	Date of Initial Licensure	
11A6	Total Licensed Bed Capacity	130
11A7	Square Footage	
11A7a	Original Cost - Land	
11A7b	Original Cost - Building	

Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
11B1a	Type of Financing (e.g., fixed, variable)				
11B1b	Date Mortgage Obtained				
11B1c	Interest Rate for the Cost Year				
11B1d	Term of Mortgage (number of years)				
11B1e	Amount of Principal Borrowed				
11B1f	Principal balance outstanding as of				
<i>Complete if Mortgage was Refinanced During Current Cost Year</i>					
11B1g	Type of Financing (e.g., fixed, variable)				
11B1h	Date of Refinancing				
11B1i	New Interest Rate				
11B1j	Term of Mortgage (number of years)				
11B1k	Amount of Principal Borrowed				
11B1l	Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only		Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
C	Arms-length leases	SMV Niantic, Inc.	Land and Building			
	Arms-length leases					
	Arms-length leases					
	Arms-length leases					

Printed Name of Preparer  
Margaret Philen

Address of Preparer  
5300 W. Sam Houston Pkwy North, Ste 100,

Phone Number of Preparer  
832-467-6225

	A	B	C	D	E	F	G	H	I
355		27	Prescription Drugs	0					
356		28	Ambulance/Limousine	0					
357		29	X-rays, etc.	0					
358		30	Laboratory	0					
359		31	Medical Supplies	0					
360		32	Oxygen (not emergency)	0					
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs	0	-	-	-		
363			<b>Page 22 - Maintenance and Property</b>						
364		35	Excess Movable Equipment Depreciation	0	-	-	-		
365		36	Depreciation on Unallowable Motor Vehicles	0					
366		37	Unallowable Property and Real Estate Taxes	0					
367		38	Rental of Building Space or Rooms	0					
368		39	Other Property Costs	0	-	-	-		
369			<b>Page 27 - Insurance</b>						
370		40	Mortgage Insurance	0					
371		41	Property Insurance	0					
372			<b>Other - Miscellaneous</b>						
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	0					
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances	0					
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	0					
380		49	Other Adjustments to Expense	0	-	-	-		
381			<b>Not For Profit Providers Only</b>						
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int	0	-	-	-		
383			<b>Page 29 Schedule</b>						
384		51	<b>Total Amount of Decrease</b>	0	0	0	0		
385									

Page 29

Page 30

Line #	Description	Total	CCNH	RHNS	(Specify)
386					
387	<b>Resident Room, Board &amp; Routine Care Revenue</b>				
388	I1a Medicaid Residents (CT Only)	21,214,928	21,214,928		
389	I1b Medicaid Room and Board Contractual Allowance	(15,051,383)	(15,051,383)		
390	I2a Medicaid (All Other States)	0			
391	I2b Other States Room and Board Contractual Allowance	0			
392	I3a Medicare Residents (all inclusive)	8,111,637	8,111,637		
393	I3b Medicare Room and Board Contractual Allowance	(2,596,047)	(2,596,047)		
394	I4a Private-Pay Residents and Other	7,078,791	7,078,791		
395	I4b Private-Pay Room and Board Contractual Allowance	(3,917,873)	(3,917,873)		
396	<b>Other Resident Revenue</b>				
397	II1a Prescription Drugs - Medicare	308,452	308,452		
398	II1b Prescription Drugs - Medicare Contractual Allowance	(306,892)	(306,892)		
399	II1c Prescription Drugs - Non-Medicare	116,348	116,348		
400	II1d Prescription Drugs - Non-Medicare Contractual Allowance	(97,385)	(97,385)		
401	II2a Medical Supplies - Medicare	0			
402	II2b Medical Supplies - Medicare Contractual Allowance	0			
403	II2c Medical Supplies - Non-Medicare	0			
404	II2d Medical Supplies - Non-Medicare Contractual Allowance	0			
405	II3a Physical Therapy - Medicare	1,034,475	1,034,475		
406	II3b Physical Therapy - Medicare Contractual Allowance	(892,830)	(892,830)		
407	II3c Physical Therapy - Non-Medicare	176,225	176,225		
408	II3d Physical Therapy - Non-Medicare Contractual Allowance	(153,450)	(153,450)		
409	II4a Speech Therapy - Medicare	238,069	238,069		
410	II4b Speech Therapy - Medicare Contractual Allowance	(192,093)	(192,093)		
411	II4c Speech Therapy - Non-Medicare	34,180	34,180		
412	II4d Speech Therapy - Non-Medicare Contractual Allowance	(29,357)	(29,357)		
413	II5a Occupational Therapy - Medicare	1,150,448	1,150,448		
414	II5b Occupational Therapy - Medicare Contractual Allowance	(953,554)	(953,554)		
415	II5c Occupational Therapy - Non-Medicare	169,037	169,037		
416	II5d Occupational Therapy - Non-Medicare Contractual Allowance	(146,207)	(146,207)		
417	II6a Other (Specify) - Medicare	(2,791)	(2,791)	-	-
418	II6b Other (Specify) - Non-Medicare	(20,110)	(20,110)	-	-
419	III <b>Total Resident Revenue</b>	15,272,620	15,272,620	0	0
420	<b>Other Revenue</b>				
421	IV1 Meals sold to guests, employees & others	(691)	(691)		
422	IV2 Rental of rooms to non-residents	0			
423	IV3 Telephone and Telegraph	0			
424	IV4 Rental of Televisions and Cable Services	0			
425	IV5 Interest Income (Specify)	115	115	-	-
426	IV6 Private Duty Nurses' Fees	0			
427	IV7 Barber, Coffee, Beauty & Gift shops	0			
428	IV8 Other (Specify)	956	956	-	-
429	<b>See Attached Schedule</b>				
430	V <b>Total Other Revenue</b>	380	380	0	0
431	VI <b>Total All Revenue</b>	15,272,999	15,272,999	0	0

	B	C	D	E	F	G
46	7A	<b>Physical Therapy - Medicare Part B</b>	<b>169,498</b>	169,498		
47	7B1	<b>Maintenance Treatments</b>	0			
48	7B2	<b>Restorative Treatments</b>	0			
49	7C	<b>Physical Therapy - Other</b>	0			
50	7D	<b>Total Physical Therapy Treatments</b>	<b>169,498</b>	<b>169,498</b>	<b>0</b>	<b>0</b>
51	8A	<b>Speech Therapy - Medicare Part B</b>	<b>55,641</b>	55,641		
52	8B1	<b>Maintenance Treatments</b>	0			
53	8B2	<b>Restorative Treatments</b>	0			
54	8C	<b>Speech Therapy - Other</b>	0			
55	8D	<b>Total Speech Therapy Treatments</b>	<b>55,641</b>	<b>55,641</b>	<b>0</b>	<b>0</b>
56	9A	<b>Occupational Therapy - Medicare Part B</b>	<b>237,207</b>	237,207		
57	9B1	<b>Maintenance Treatments</b>	0			
58	9B2	<b>Restorative Treatments</b>	0			
59	9C	<b>Occupational Therapy - Other</b>	0			
60	9D	<b>Total Occupational Therapy Treatments</b>	<b>237,207</b>	<b>237,207</b>	<b>0</b>	<b>0</b>
61						

Line #

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

Page 11 & 12

Section I- Operators/Owners

Name	CCNH	RHNS	(Specify)	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received

Section II-Other Related Parties


Section III- Administrators

Lisa Mailloux	112,769			2,103	A.2	Standard package	Administrative responsibilities over	N/A		

Section IV- Assistant Administrators


List all contracted services - not just those you consider pertain to resident care.

Page 21

Name of Individual/Company	Address	Related to Owner		Explanation of Relationship	Full Explanation of Services Provided	Total Cost/Page Ref.					
		Operators, Officers				CCNH	RHNS	(Specify)	Page	Line	
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									

Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

	Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
A1 Land Improvements - Acquired prior to report period							
A2 Land Improvements - Disposals	-						-
A3 Land Improvements - Acquired during this report period (attach schedule)							-
B1 Building Improvements - Acquired prior to this report period	1,637,419		1,637,419	1,530,165			43,579
B2 Building Improvements - Disposals	-						-
B3 Building Improvements - Acquired during this report period (attach schedule)	19,850,713						992,881
C1 Non-Movable Equipment - Acquired prior to this report period							
C2 Non-Movable Equipment - Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year
	Yes	No	Month	Year							
	D1a										
D1b											
D1c											
D1d											
D2a Movable Equipment - Acquired prior to this report period					582,608		582,608	509,785			24,702
D2b Disposals					-						-
D2c Movable Equipment - Acquired during this report period (attach schedule)					32,187						3,868

Please fill in the Amortization Schedule as follows:

	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
	Month	Year						
	A1 Organization Expense							
A2								
A3								
B1 Mortgage Expense								
B2								
B3								
C1 Leasehold Improvements and Other - Acquired prior to this report period								
C2 Leasehold Improvements and Other - Disposals				-			-	
C3 Leasehold Improvements and Other - Acquired during this report period (attach schedule)							-	

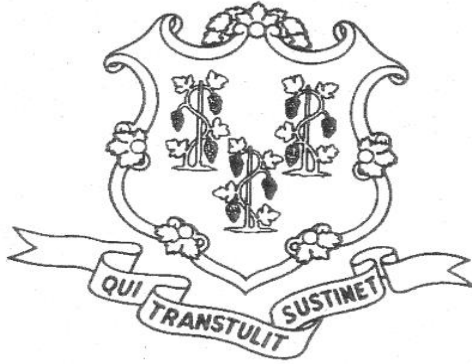


	A	B	C	D	E
1		<b>Line #</b>	<b>Description</b>	<b>Subtotal</b>	<b>Total</b>
2		<i>Current Assets</i>			
3		A1	Cash (on hand and in banks)		250,882
4		A2	Resident Accounts Receivable		919,379
5		A3	Other Accounts Receivable		
6		A4	Inventories		
7		A5	Prepaid Expenses (itemize)		5,095
8		a	Prepaid Licenses/Software	806	
9		b	Prepaid Insurances	(381)	
10		c	Prepaid Dues and Subscriptions	4,051	
11		d	Prepaid Deposits	619	
12		A6	Interest Receivable		
13		A7	Medicare Final Settlement Receivable		
14		A8	Other Current Assets (itemize)		0
15					
16					
17					
18					
19		A9	<b>Total Current Assets</b> (Lines A1 thru 8)		1,175,355
20					
21		<i>Fixed Assets</i>			
22	Page 31	B1	Land		
23		B2	Land Improvements		0
24			Historical Cost		
25			Accumulated Depreciation		
26		B3	Buildings		18,921,508
27			Historical Cost	21,488,132	
28			Accumulated Depreciation	2,566,624	
29		B4	Leasehold Improvements		0
30			Historical Cost		
31			Accumulated Depreciation		
32	B5	Non-Movable Equipment		0	
33		Historical Cost			
34		Accumulated Depreciation			
35	B6	Movable Equipment		76,441	
36		Historical Cost	614,796		
37		Accumulated Depreciation	538,355		
38	B7	Motor Vehicles		0	
39		Historical Cost			
40		Accumulated Depreciation			
41	B8	Minor Equipment-Not Depreciable			
42	B9	Other Fixed Assets (itemize)		3,515	
43		Asset Clearing	3,515		
44					
45		B10	<b>Total Fixed Assets</b> (Lines B1 thru 9)		19,001,464
46			<b>Total Brought Forward</b>		20,176,819
47		<i>Leasehold or like property recorded for Equity Purposes</i>			
48		C1	Land		
49		C2	Land Improvements		0
50			Historical Cost		
51			Accumulated Depreciation		
52		C3	Buildings		0
53			Historical Cost		
54			Accumulated Depreciation		
55		C4	Non-Movable Equipment		0
56			Historical Cost		
57			Accumulated Depreciation		
58		C5	Movable Equipment		0
59			Historical Cost		
60			Accumulated Depreciation		
61		C6	Motor Vehicles		0
62			Historical Cost		
63			Accumulated Depreciation		
64		C7	Minor Equipment -Not Depreciable		
65		C8	<b>Total Leasehold or Like Properties</b> (C1 thru 7)		0
66					
67	Page 32	<i>Investment and Other Assets</i>			
68		D1	Deferred Deposits		
69		D2	Escrow Deposits		
70		D3	Organization Expense		0

	A	B	C	D	E
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		
74		D5	Investments Related to Resident Care		0
75					
76					
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		8,723
83			Refundable Deposits	8,723	
84					
85					
86		D8	<b>Total Investments and Other Assets</b> (Lines D1 thru 7)		8,723
87		D9	<b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)		20,185,542
88					
89			<i>Current Liabilities</i>		
90		A1	Trade Accounts Payable		533,884
91		A2	Notes Payable (itemize)		0
92					
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
105			Date Due		
106					
107		A4	Accrued Payroll ( <i>Exclusive of Owners &amp; Stockholders</i> )		430,457
108		A5	Accrued Payroll ( <i>Owners &amp; Stockholders only</i> )		
109		A6	Accrued Payroll Taxes Payable		75,761
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		662
115		A12	Other Current Liabilities (itemize)		596,823
116			Utility Accruals	29,967	
117			Accrued Insurances	14,218	
118			Accrued Ins. - PL/GL Post Petition	74,089	
119			Accrued Res Day User Fee	181,740	
120			Accrued Property Taxes	24,568	
121			Accrued Debt Interest	148,456	
122			Accrued CLO - Current	58,196	
123			Deferred CLO Gain/Loss	65,590	
124		A13	<b>Total Current Liabilities</b> Lines A1 thru 12)		1,637,588
125			<b>Total Brought Forward</b>		1,637,588
126			<i>Long-Term Liabilities</i>		
127		B1	Loans Payable-Equipment		
128			Name of Lender		
129			Purpose		
130			Amount		
131			Date Due		
132					
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					
138		B2	Mortgages Payable		19,538,243
139		B3	Loans from Owners or Related Parties		(12,305,080)

	A	B	C	D	E
140	Page 3			<b>Intercompany</b>	
141			Name and Address of Lender	<b>Revolver - SSC</b>	
142			Amount	<b>(12,305,080)</b>	
143			Loan Date		
144			Name and Address of Lender		
145			Amount		
146			Loan Date		
147					
148		B4	Other Long-Term Liabilities (itemize)		<b>1,637,847</b>
149			Long Term Res. PL/GL Post Petition Claims	<b>312,338</b>	
150			Long Term Res. Workers Comp Post Petition	<b>357,948</b>	
151			Long Term Deferred CLO Gain/Loss	<b>1,145,418</b>	
152			Long Term Deferred Income	<b>(177,858)</b>	
153		B5	<b>Total Long-Term Liabilities</b> (Lines B1 thru 4)		<b>8,871,010</b>
154		C	<b>Total All Liabilities</b> (Lines A13 + B5)		<b>10,508,598</b>
155					
156			<i>Reserves</i>		
157		A1	Reserve for value of leased land		
158		A2	Reserve for depreciation value of leased buildings and appurtenances to be amortized		
159		A3	Reserve for depreciation value of leased personal property (Equity)		
160		A4	Reserve for leasehold real properties on which fair rental value is based		
161		A5	Reserve for funds set aside as donor restricted		
162	Page 35	A6	<b>Total Reserves</b>		<b>0</b>
163			<i>Net Worth</i>		
164			B1	Owner's Capital	
165		B2	Capital Stock		
166		B3	Paid-in Surplus		
167		B4	Treasury Stock		
168		B5	Cumulated Earnings	<b>10,022,773</b>	
169		B6	Gain or Loss for Period 10/1/2016 thru 09/30/2017	<b>(345,829)</b>	
170		B7	<b>Total Net Worth</b>		<b>9,676,944</b>
171		C	<b>Total Reserves and Net Worth</b>		<b>9,676,944</b>
172		D	<b>Total Liabilities, Reserves, and Net Worth</b>		<b>20,185,542</b>
173					
174		A	Balance at End of Prior Period		
175		B	Total Revenue		
176		C	Total Expenditures		
177		D	Net Income or Deficit		
178		E	Balance		
179		F1	Additional Capital Contributed (itemize)		
180					
181					
182					
183					
184		F2	Other (itemize)		
185					
186					
187					
188					
189	Page 36	F3	<b>Total Additions</b>		<b>0</b>
190			G1	Drawings of Owners/Operators/Partners	
191				Name and Address	
192			Title		
193			Amount		
194					
195			Name and Address		
196			Title		
197			Amount		
198		G2	Other Withdrawings		
199			Purpose		
200			Amount		
201					
202			Purpose		
203			Amount		
204		G3	Total Deductions		
205		H	<b>Balance at End of Period</b>		<b>0</b>

# State of Connecticut



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

Name of Facility (as licensed) Bride Brook Health and Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 23 Liberty Way, Niantic, CT 06357	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH)    (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider 07-5375
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Medicaid Provider Numbers:	CCNH 2082-C	RHNS	ICF-IID
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**For Department Use Only**

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

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### General Information

Name of Facility (as licensed) Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2017	Page 1	of 37
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#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bride Brook Health and Rehabilitation Center [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator) N/A Administrator is not responsible for Cost Reporting		Date	Signed (Owner)	Date
Printed Name (Administrator)			Printed Name (Owner) Chris S. Stenger, SVP, Operations Finance SavaSeniorCare Admin. Svc. LLC	on behalf of Bride Brook Health & Rehab
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /
Address of Notary Public				

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bride Brook Health and Rehabilitation Center		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 23 Liberty Way, Niantic, CT 06357				
Report Prepared By Margaret Philen		Phone Number 832-467-6225	Date 2/12/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-739-4007		Report for Year Ended 9/30/2017		Page 2	of 37
Name of Facility (as shown on license) Bride Brook Health and Rehabilitation Center			Address (No. & Street, City, State, Zip) 23 Liberty Way, Niantic, CT 06357		
License Numbers:	CCNH 2082-C	RHNS	(Specify)	Medicare Provider No. 07-5375	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.					
<b>Administrator</b>					
Name of Administrator Lisa Mailloux			Nursing Home Administrator's License No.:	1992	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		









**General Information and Questionnaire  
Related Parties\***

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
SSC Administrative Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30346	<input type="radio"/>	<input checked="" type="radio"/>		Back Office Services	Page 16/C.1.m.12	650,894	650,894
SSC consulting Svc, LLC	One Ravinia Dr., Suite 1500, Atlanta, GA 30346	<input type="radio"/>	<input checked="" type="radio"/>		Consulting	Page 16/C.1.m.12	227,537	227,537
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* 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 Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

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

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

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C	Report for Year Ended 9/30/2017			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>

\* 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 Bride Brook Health and Rehabilitat	License No. 2082-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1	
2	
3	
4	

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$

	Charge for Services Provided
	\$

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

**Legal Services Information**

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

Address ( <i>No. &amp; Street, City, State, Zip Code</i> )
1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$

	Charge for Services Provided
	\$

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

### Schedule of Resident Statistics

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C		Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	121	121			121	121			121	121		
B. As of midnight of THIS report period	123	123			121	121			123	123		
3. Total Number of Days Care Provided During Period												
A. Medicare	11,220	11,220			8,546	8,546			2,674	2,674		
B. Medicaid (Conn.)	25,931	25,931			19,661	19,661			6,270	6,270		
C. Medicaid (other states)												
D. Private Pay	4,043	4,043			2,866	2,866			1,177	1,177		
E. State SSI for RCH												
F. Other (Specify) VA/Private/Hospice	3,664	3,664			2,618	2,618			1,046	1,046		
G. Total Care Days During Period (3A thru F)	44,858	44,858			33,691	33,691			11,167	11,167		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. <b>Total Resident Days (3G + 4A + 4B)</b>	44,858	44,858			33,691	33,691			11,167	11,167		



### Schedule of Resident Statistics (Cont'd)

Name of Facility Bride Brook Health and Rehabilitation Center	License No. 2082-C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

Change in Resident Days	CCNH	RHNS	(Specify)
1st change			
2nd change			
3rd change			
4th change			

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents								
Per Diem Rate								
a. One bed rm.								
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	169,498	169,498		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
<b>D. Total Physical Therapy Treatments</b>	169,498	169,498		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	55,641	55,641		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
<b>D. Total Speech Therapy Treatments</b>	55,641	55,641		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	237,207	237,207		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other				
<b>D. Total Occupational Therapy Treatments</b>	237,207	237,207		

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	112,769	2,103				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	333,977	14,763				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	330,857	24,894				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers						
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	62,401	2,080				
b. Other Maintenance Workers	41,289	2,119				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	204,978	4,160				
b. RN						
1. Direct Care	1,840,553	48,575				
2. Administrative**	235,030	6,024				
c. LPN						
1. Direct Care	722,115	23,187				
2. Administrative**	92,424	2,605				
d. Aides and Attendants	1,502,207	92,141				
e. Physical Therapists	539,004	14,426				
f. Speech Therapists	105,194	2,451				
g. Occupational Therapists	397,680	11,967				
h. Recreation Workers	123,054	5,942				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	128,405	4,592				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	77,677	2,882				
<i>A-13. Total Salary Expenditures</i>	6,849,614	264,910				

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

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

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

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

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Medical Records Supervisor	\$ 62,389	2,015				
Wheelchair Transport Driver	\$ 15,288	867				
<b>Total</b>	\$ 77,677	2,882	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Bride Brook Health and Rehabilitation Center				2082-C	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended				Page	of
Bride Brook Health and Rehabilitation Center				2082-C	9/30/2017				12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Lisa Mailloux	112,769			Standard package	Administrative responsibilities over day to day operations	2,103	A.2	N/A		
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	2,732					
3. Pharmacist	11,640					
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	50,193					
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	156,000					
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	14,381					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care	1,752					
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	3,870					
2. Administrative***	2,362					
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	242,929					

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

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2017		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 390,002	390,002		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 113,684	113,684		
4. Social Security (F.I.C.A.)	\$ 506,489	506,489		
5. Health Insurance	\$ 234,491	234,491		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,976	4,976		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 4,405	4,405		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 5,197	5,197		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 180,368	180,368		
d. Accounting and Auditing	\$			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 20,153	20,153		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 28,710	28,710		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 29,317	29,317		
2. Cellular Phones	\$ 1,727	1,727		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 550	550		
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$ 33,679	33,679		
3. Resident Day User Fee	\$ 730,362	730,362		
<b>Subtotal</b>	<b>\$ 2,284,111</b>	<b>2,284,111</b>		

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

(Carry Subtotals forward to next page)



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

Bride Brook Health and Rehabilitation Center  
9/30/2017

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Employee Innoculations and Physicals	\$ 5,197		
<b>Total</b>	\$ 5,197	\$ -	\$ -

---

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Sales Tax	\$ 33,679		
<b>Total</b>	\$ 33,679	\$ -	\$ -

---

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2017	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	2,284,111	2,284,111		
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 14,682	14,682		
4. Employee Travel	\$ 3,635	3,635		
5. Education Expenses Related to Seminars and Conventions	\$ 16,562	16,562		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 13,906	13,906		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 16,224	16,224		
4. Fund-Raising***	\$			
5. Medical Records	\$ 300	300		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 1,912	1,912		
7. Postage	\$ 4,195	4,195		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 13,106	13,106		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,241	1,241		
9. Subscriptions	\$ 1,365	1,365		
10. Contributions*** See Attached Schedule	\$ 25	25		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 51,875	51,875		
12. Administrative Management Services**	\$ 758,992	758,992		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 1,767,832	1,767,832		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,949,962	4,949,962		

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Unallowable Advertising adjusted off report on Adjustment page 28	\$ 16,224		
<b>Total Other Advertising</b>	\$ 16,224	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
Connecticut Assn of HC Facilities	\$ 8,463		
AMDA	\$ 506		
Curaspan	\$ 2,926		
Professional Dues	\$ 1,211		
<b>Total Dues</b>	\$ 13,106	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Donations	\$ 25		
<b>Total Contributions</b>	\$ 25	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Director & Trustee Fees	\$ 962		
Staff Meetings	\$ 456		
Employee Background Screening	\$ 9,069		
Licenses	\$ 888		
Fees and Surety Bonds	\$ 1,805		
Bank Charges	\$ 16,957		
Memoriam/Benevolence	\$ 957		
Lost Resident Property	\$ 143		
Interest Expense	\$ 1,736,595		
<b>Total Other Administrative and General</b>	\$ 1,767,832	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Bride Brook Health and Rehabilitation Ce	2082-C	9/30/2017	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 #
SSC Administrative Svc, LLC, One Ravinia Dr., Ste. 1500, Atlanta, GA 30346	650,894	Back Office Services	Page 16, line C.1.m.12
SSC Consulting Svc, LLC, One Ravinia Dr., Ste. 1500, Atlanta, GA 30346	227,537	Consulting	Page 16, line C.1.m.12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2017	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 5,596	5,596		
2. Non-Food Supplies	\$ 6,620	6,620		
3. Other (Specify) _____ Lease	\$ 2,798	2,798		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 446,764	446,764		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 461,777</b>	<b>461,777</b>		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No				
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No                           If yes, specify amt.                           \$691				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				Page 30, IV.1.
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                           If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                           If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                           If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                           If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Bride Brook Health and Rehabilitation Center		License No. 2082-C	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	1,574	1,574	
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$			
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$	14,218	14,218	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	215,686	215,686	
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	231,478	231,478	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

\*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2017	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	19,677	19,677		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$	249,626	249,626		
c. Management Services*		\$			
d. Other ( <i>Specify</i> )		\$			
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)</b>		\$ 269,303	269,303		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	294,379	294,379		
b. Medicine Cabinet Drugs	\$	18,995	18,995		
c. Medical and Therapeutic Supplies	\$	139,885	139,885		
d. Ambulance/Limousine***	\$	12,900	12,900		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	17,425	17,425		
f. X-rays and Related Radiological Procedures***	\$	39,992	39,992		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	58,836	58,836		
i. Recreation	\$	4,744	4,744		
j. Other (Specify)**** See Attached Schedule	\$	246,004	246,004		
<b>5K. Total Resident Care Expenditures (5a - 5j)</b>		\$ 833,160	833,160		

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Nursing Supplies	\$ 162,411		
Incontinent Supplies	\$ 62,006		
Lease Expense - Nursing	\$ 363		
Minor Equipment Purchase - Nursing	\$ 21,223		
<b>Total Other Resident Care</b>	\$ 246,004	\$ -	\$ -

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

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C		Report for Year Ended 9/30/2017			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
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		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Bride Brook Health and Rehabilitation Center	2082-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 180,667	180,667				
b. Heat	\$ 67,455	67,455				
c. Light & Power	\$ 139,579	139,579				
d. Water	\$ 62,875	62,875				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 13,064	13,064				
f. Other ( <i>itemize</i> )	\$ 92,455	92,455				
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 556,096	556,096				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 1,036,460	1,036,460				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 28,570	28,570				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 1,065,029	1,065,029				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ (26,669)	(26,669)				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 99,336	99,336				
c. Personal property taxes	\$ 8,849	8,849				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,146,545	1,146,545				

\* 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)
Supplies - Physical Plant	\$ 1,467		
Infectious Waste Disposal	\$ 3,479		
Garbage Service	\$ 20,525		
Contract Services - Periodic Maintenance	\$ 30,136		
Lease Expense - Equipment Physical Plant	\$ 2,215		
Lease Expense - Offsite Storage	\$ 12,741		
Minor Equipment Purchase-Physical Plant	\$ 7,173		
TV Cable/Dish	\$ 10,025		
Network WAN	\$ 4,695		
<b>Total Other Repairs and Maintenance</b>	\$ 92,455	\$ -	\$ -

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**Depreciation Schedule**

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C			Report for Year Ended 9/30/2017			Page 23	of 37		
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period			1,637,419		1,637,419	1,530,165			43,579			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			19,850,713						992,881			
B-4. Subtotal										1,036,460		
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												
<b>E. Total Depreciation</b>												

Bride Brook Health and Rehabilitation Center  
9/30/2017

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
see attached list	various leasehold improvement	\$ 50,713	various	\$ 2,662
10/11/2016	Capital Lease	\$ 19,800,000	240	\$ 990,000
<b>Total additions for Building Improvements</b>		\$ 19,850,713		\$ 992,662 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

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

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
see attached list	Various	\$ 32,187	various	\$ 3,868
<b>Total additions for Movable Equipment</b>		\$ 32,187		\$ 3,868
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ -

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ -
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ -

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Bride Brook Health and Rehabilitation Center			License No. 2082-C		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2017	Page 25	of 37																																																																											
<b>11. Property Questionnaire</b>																																																																															
<b>Part A</b>																																																																															
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.																																																																											
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.																																																																															
Description	Total																																																																														
1. Date Land Purchased																																																																															
2. Date Structure Completed																																																																															
3. If <b>NOT</b> Original Owner, Date of Purchase																																																																															
4. Date of Initial Licensure																																																																															
5. Total Licensed Bed Capacity	130																																																																														
6. Square Footage																																																																															
7. Acquisition Cost																																																																															
a. Land		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Part B - Owner and Related Parties</b></td> <td style="text-align: center;">1st Mortgage</td> <td style="text-align: center;">2nd Mortgage</td> <td style="text-align: center;">3rd Mortgage</td> <td style="text-align: center;">4th Mortgage</td> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">b. Date Mortgage Obtained</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">c. Interest Rate for the Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">d. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">e. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">f. Principal balance outstanding as of _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><b>Complete if Mortgage was Refinanced During Current Cost Year</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">g. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">h. Date of Refinancing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">i. New Interest Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">j. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">k. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">l. Principal Outstanding on Note Paid-Off</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)					b. Date Mortgage Obtained					c. Interest Rate for the Cost Year					d. Term of Mortgage (number of years)					e. Amount of Principal Borrowed					f. Principal balance outstanding as of _____					<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					g. Type of Financing (e.g., fixed, variable)					h. Date of Refinancing					i. New Interest Rate					j. Term of Mortgage (number of years)					k. Amount of Principal Borrowed					l. Principal Outstanding on Note Paid-Off				
<b>Part B - Owner and Related Parties</b>	1st Mortgage				2nd Mortgage	3rd Mortgage	4th Mortgage																																																																								
1. Financing																																																																															
a. Type of Financing (e.g., fixed, variable)																																																																															
b. Date Mortgage Obtained																																																																															
c. Interest Rate for the Cost Year																																																																															
d. Term of Mortgage (number of years)																																																																															
e. Amount of Principal Borrowed																																																																															
f. Principal balance outstanding as of _____																																																																															
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>																																																																															
g. Type of Financing (e.g., fixed, variable)																																																																															
h. Date of Refinancing																																																																															
i. New Interest Rate																																																																															
j. Term of Mortgage (number of years)																																																																															
k. Amount of Principal Borrowed																																																																															
l. Principal Outstanding on Note Paid-Off																																																																															
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>																																																																															
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																																																											
SMV Niantic, Inc.	Land and Building																																																																														

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



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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitatio	2082-C	9/30/2017	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Bride Brook Health and Rehabilita		2082-C		9/30/2017		27   37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$			
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 19,807	19,807		
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) Gen & Prof Liability, Crime/Kidnap Insurance				\$ 57,544	57,544		
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 77,350	77,350		
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 15,618,215	15,618,215		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation Center				2082-C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$			

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Fees Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other A&amp;G Adjustments</b>			\$ -	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Bride Brook Health and Rehabilitation Center			2082-C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$			
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$			

\*\*\* 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.

Bride Brook Health and Rehabilitation Center  
 9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Bride Brook Health and Rehabilitation Cc	2082-C	9/30/2017		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 21,214,928	21,214,928			
b. Medicaid Room and Board Contractual Allowance **	\$ (15,051,383)	(15,051,383)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 8,111,637	8,111,637			
b. Medicare Room and Board Contractual Allowance **	\$ (2,596,047)	(2,596,047)			
4. a. Private-Pay Residents and Other	\$ 7,078,791	7,078,791			
b. Private-Pay Room and Board Contractual Allowance **	\$ (3,917,873)	(3,917,873)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 308,452	308,452			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (306,892)	(306,892)			
c. Prescription Drugs - Non-Medicare	\$ 116,348	116,348			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (97,385)	(97,385)			
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 1,034,475	1,034,475			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (892,830)	(892,830)			
c. Physical Therapy - Non-Medicare	\$ 176,225	176,225			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (153,450)	(153,450)			
4. a. Speech Therapy - Medicare	\$ 238,069	238,069			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (192,093)	(192,093)			
c. Speech Therapy - Non-Medicare	\$ 34,180	34,180			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (29,357)	(29,357)			
5. a. Occupational Therapy - Medicare	\$ 1,150,448	1,150,448			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (953,554)	(953,554)			
c. Occupational Therapy - Non-Medicare	\$ 169,037	169,037			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (146,207)	(146,207)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (2,791)	(2,791)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (20,110)	(20,110)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 15,272,620	15,272,620			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ (691)	(691)			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 115	115			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 956	956			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 380	380			
<b>VI. Total All Revenue</b> (III +V)	\$ 15,272,999	15,272,999			

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

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



**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30 II.6.a	Medicare A Revenue Oxygen	\$ 2,971		
	Medicare A Revenue IV Therapy	\$ 46,877		
	Medicare A Revenue Laboratory	\$ 76,727		
	Medicare A Revenue X-Ray	\$ 27,457		
	Medicare Ancillary Revenue Contractual Adjustment	\$ (156,823)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (2,791)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Oxygen - Medicaid, VA, HMO	\$ 5,942		
	IV Therapy - Medicaid, VA, HMO	\$ 6,708		
	Laboratory - VA, HMO	\$ 12,719		
	X-Ray - VA, HMO	\$ 6,978		
	Contractual Adjustments	\$ (52,457)		
<b>Total Other Resident Revenue</b>		\$ (20,110)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	Interest Income Realty		\$ 115		
<b>Total Interest Income</b>			\$ 115	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Miscellaneous Receipts	\$ 956		
<b>Total Other Revenue</b>		\$ 956	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation	2082-C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	250,882
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	919,379
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	5,095
a. Prepaid Licenses/Software	806			
b. Prepaid Insurances	(381)			
c. Prepaid Dues and Subscriptions	4,051			
d. Prepaid Deposits	619			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,175,355
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 21,488,132		\$	18,921,508
	Accum. Depreciation 2,566,624	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 614,796		\$	76,441
	Accum. Depreciation 538,355	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	3,515
Asset Clearing	3,515			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	19,001,464

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation	2082-C	9/30/2017	32	37
<b>Account</b>			<b>Amount</b>	
Total Brought Forward:			\$	20,176,819
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
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	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	8,723
Refundable Deposits	8,723			
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	8,723
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	20,185,542

\* 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 Bride Brook Health and Rehabilitation Center		License No. 2082-C	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	533,884
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	430,457
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	75,761
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	662
12. Other Current Liabilities ( <i>itemize</i> )				\$	596,823
Utility Accruals		29,967	Accrued Property Taxes	24,568	
Accrued Insurances		14,218	Accrued Debt Interest	148,456	
Accrued Ins. - PL/GL Post Petition		74,089	Accrued CLO - Current	58,196	
Accrued Res Day User Fee		181,740	Deferred CLO Gain/Loss	65,590	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>				<b>\$</b>	<b>1,637,588</b>

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility Bride Brook Health and Rehabilitation Cen		License No. 2082-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,637,588	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 19,538,243	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$ (12,305,080)	
Name and Address of Lender	Amount	Loan Date			
Intercompany Revolver - SSC	(12,305,080)				
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 1,637,847	
Long Term Res. PL/GL Post Petition Claims		312,338			
Long Term Res. Workers Comp Post Petition		357,948			
Long Term Deferred CLO Gain/Loss		1,145,418			
Long Term Deferred Income		(177,858)			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 8,871,010	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 10,508,598	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bride Brook Health and Rehabilitation	2082-C	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	10,022,773
6. Gain or Loss for Period			\$	(345,829)
10/1/2016 thru 9/30/2017				
7. Total Net Worth			\$	9,676,944
<b>C. Total Reserves and Net Worth</b>			\$	9,676,944
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	20,185,542

### H. Changes in Total Net Worth

Name of Facility Bride Brook Health and Rehabilitation C	License No. 2082-C	Report for Year Ended 9/30/2017	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$		
D. Net Income or Deficit			\$		
E. Balance			\$		
F. Additions					
1. Additional Capital Contributed ( <i>itemize</i> )					
2. Other ( <i>itemize</i> )					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )					
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount		
2. Other Withdrawings ( <i>Specify</i> )			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. <b>Balance at End of Period</b>			\$		
09/30/17					

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

Name of Facility Bride Brook Health and Rehabilitation	License No. 2082-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Margaret Philen				
Address			Phone Number	
5300 W. Sam Houston Pkwy North, Ste 100, Houston, TX 77041			832-467-6225	



Error Check

Level	Item	Reported as	
-	Page 35 - Total Liabilities, Reserves and Net Worth	20,185,542	Total Assets 20,185,542