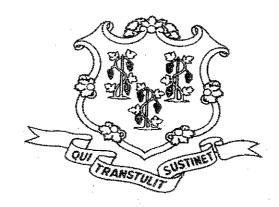
State of Connecticut



Annual Report of Long-Term Care FacilityCost Year 2017

Name of Facility (as									
Spectrum Healthcare			am Health Cent	er				·	
Address (No. & Stre									
210 Chatifield Street	, Derby, CT 06	418			>-				
Type of Facility									
Chronic and (Convalescent		Rest Home wi	th Nursing	Ţ				
☑ Nursing Hom	e only		Supervision or	nly		(Specify)			
(CCNH)			(RHNS)	* * * * * * * * * * * * * * * * * * * *					
Report for Year Beg	inning		Report for Yea	ar Ending				-	
10/1/2016	10/1/2016		9/30/2017	9/30/2017			t		
License Numbers:		CCNH 2236-C	RHNS	RHNS (Specify)			Medicare Provider 07-5059		
Medicaid Provider N	umbere:	CC	NH	DI	INIC		TCE III		
Wiedicald 1 Tovider 19	umocis.	10587	NII	RHNS		ICF-IID			
For Department Us	e Only					W.		1	
Sequence Number	Signed and	Date	Sequence N	Vumber	Giornada	nd Notonico	d Do	to Donaired	
Assigned	Notarized	Received	Assign	ed	Signed a	nd Notarize	u Da	ite Received	
						j.			
*****	· · · · · · · · · · · · · · · · · · ·							-	

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birminghar	n H2236-C	9/30/2017	1	37
	*******	· · · · · · · · · · · · · · · · · · ·		

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Spectrum Healthcare Derby, LLC d/b/a Birmingham Health 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)	Date (//(//8	Signed (Owner)	Date 2/4/18
Printed Name (Administrator)		Printed Name (Owner)	
Doug Melanson	·	Sean Murphy	
	tate of Date	Signed (Notary Public) Anchea Bestury	Comm. Expires
Address of Notary Public	7// ecover .	Un Chea a Dealing	05/3/1202
141 Vernan St.	West March	rester, CT 060	42

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjust	m	ent		Page	of
		****		1A	37
Name of Facility		Period Cov	ered:	From	То
Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center	•			10/1/2016	9/30/2017
Address of Facility					
210 Chatifield Street, Derby, CT 06418					
Report Prepared By		Phone Nun	ıber	Date	
Gennaro Evangelista		860-871-54	54	1/10/2018	
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	5				
6. Total Wages Paid	5				
7. Total salaries paid	5				
8. Total Wages and Salaries Paid (As per page 10 of Report)	5				

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.

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General Information and Questionnaire Type of Facility - Organization Structure

	Phone No. of Fa	cility Report for Year E	Inded Page	of
	203-735-7401	9/30/2017	2	37
Name of Facility (as shown on license)	Address (N	o. & Street, City, State, .	Zip)	·
Spectrum Healthcare Derby, LLC d/b/a Birmingham He				
CCNH	RHNS	(Specify)		Provider No.
License Numbers: 2236-C			07-5059	
Type of Facility (Check appropriate box(es))				
Chronic and Convalescent	Rest Home with	Nursing		
Nursing Home only (CCNH)	Supervision only		ecity)	
Type of Ownership (Check appropriate box)				
O Proprietorship LLC O Partnership	O Profit Corp.	O Non-Profit Corp.	O Government	O Trust
		Date Opened Dat	e Closed	
If this facility opened or closed during report year provi	ide:		- 0.0000	
Has there been any change in ownership				
or operation during this report year?	O Yes	⊙ No If"	Yes," explain fully	у
				•
	,			
Administrator				
Name of Administrator		Nursing Home		
Doug Melanson		Administrator's	1689	
		License No.:		
Other Operators/Owners who are assistant administrator	rs (full or part time)	of this facility.		
Name		License No.:		
		·		
·		,		
	7			

General Information and Questionnaire Partners/Members

Name of Facility Spectrum Healthcare Derby, I	LLC d/b/a Birmingham I	License No.	Report for Y 9/30/2017	ear Ended	Page of 3 37
Legal Name of Par		Business			or Town(s) in egistered
Spectrum Healthcare Derby, I		27 Naek Road,	7447.44	Derby, CT	egisiereu
Health Center	22.0 d/o/a Diffiningham	06066	vemon, Ci	Delby, C1	
		00000			
Name of Partners/Members	Business Ac	ldress	,	Title	% Owned
Howard Dickstein	27 Naek Road, Vernon	, CT 06066	President &	CEO	65
Brian Dickstein	27 Naek Road, Vernon	, CT 06066	VP, Operation	ons	17.5
Coop Marylan	107.N. 1.D. 1.V.	CT 0.CO.C	ano		
Sean Murphy	27 Naek Road, Vernon	, CT 06066	CFO		17.5

		· · · · · · · · · · · · · · · · · · ·		· .	
noi pu					V-VIII.
	·				
	· · · · · · · · · · · · · · · · · · ·				

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year E	nded	Page of
Spectrum Healthcare Derby, LLC d/b/a Birm	2236-C	9/30/2017	_	3A 37
If this facility is owned or operated as a corp	oration, provide th		ition:	<u> </u>
Legal Name of Corporation		ss Address		ich Incorporated
Name of Directors, Officers	Busines	s Address	Title	No. Shares Held by Each
-				
		·		
Names of Stockholders Owning at Least 10% of Shares				
·				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingha	2236-C	9/30/2017	3B	37
If this facility is owned or operated as an individua	ıl proprietorship, p	rovide the following informati	ion:	
Ow	ner(s) of Facility			
			·	
			- Addison	
	A*			
	· · · · · ·			-
				W.F
	11/1	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		<u></u>
, There is a second of the sec		N		
W		11. 01	•	
	* American	•		

		PMAN-hyv.s.		

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General Information and Questionnaire Related Parties*

Name of Facility			e No.		Report for Year Ended		Page	of
Spectrum Healthcare De	erby, LLC d/b/a Birmingham H		2236-C	<u>.</u>	9/30/2017		4	37
						If "Yes," provide th	e Name/Ad	dress and
marriage, ability to cont	rol, ownership, family or busing	ess asso	ciation?	0	Yes O No	complete the inform		
								<u>o</u>
								- <u></u>
•								
association to any of the	owners, operators, or officials	of this f	facility?			If "Yes," provide th	e following	information:
		Als	so Provi	des		Indicate Where		
.						Costs are Included		
I					Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
Spectrum Healthcare, LLC	27 Naek Rd., Vernon, CT 06066	0	0		Home office costs consisting admin. clarical	Popo 16 Line - 12	260,000	262.000
Spectrum Derby Realty,	, , , , , , , , , , , , , , , , , , , ,	_			Trome office costs consisting admin., cierical	rage 16 Line m. 12	360,000	360,000
	27 Naek Rd., Vernon, CT 06066	0	•		Rental of real estate	Page 22, line 9	720,000	720,000
Spectrum Healthcare Derby, LLC d/b/a Birmingham H 2236-C 9/30/2017 Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? O Yes O No complete the 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? Also Provides Goods/Services to Non-Related Parties Non-Related Parties Description of Goods/Services in Annual Page #/I Spectrum Healthcare, LLC Spectrum Healthcare, LLC 27 Naek Rd., Vernon, CT 06066 O O Home office costs consisting admin., clerical Page 16 Line in Spectrum Healthcare Spectrum Healthcare COS W. Services to Rental of real estate Page 22, line Sections Rental of real estate Page 22, line Sections Provided Page 22, line Sections Rental of real estate Page 22, line Sections Page 22, line Sections Page 22, line Sections Provided Page 22, line Sections Page 24, line Sections Page 22, line Sections Page 22, line Sections Page 24, line Sections Page 24, line Sections Page 24, line Sections Page 24, line Sections Page 25, line Sections Page 26, line Sections Page 26, line Sec	Page 10 Line a5a	6,864	6,864					
		0	0					3,33.
		0	0					
***************************************	7	0	0					
		0	O					
		0	0					
		0	0				7. T. W. W	

^{*} 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

· · · · · · · · · · · · · · · · · · ·	License No		Report for Year Ended	of				
Spectrum Healthcare Derby, LLC d/b/a Birming	1	*****	9/30/2017	5	37			
If the facility is licensed as CDH and/or RCH or	r provides A	IDS or TB	I services with special Medicai	d rates,	costs			
must be allocated to CCNH and RHNS as follow	ws:		- · · · · · · · · · · · · · · · · · · ·					
Item			Method of Allocation		1000			
Dietary		Number of	meals served to residents					
Laundry		Number of	pounds processed					
Housekeeping			square feet serviced					
Nursing		Number of	hours of routine care provided	by EAC	CH			
		employee c	lassification, i.e., Director (or	Charge 1	Nurse),			
			Nurses, Licensed Practical Nur	-				
		Attendants		ŕ				
Direct Resident Care Consultants		Number of	hours of resident care provided	by EA	CH			
			See listing page 13)	•				
Maintenance and operation of plant		Square feet						
Property costs (depreciation)		Square feet						
Employee health and welfare		Gross salar	ies					
Management services		Appropriate	e cost center involved					
All other General Administrative expenses		Total of Direct and Allocated Costs						
The preparer of this report must answer the follow	owing quest	ions applica	able to the cost information pro	vided.				
1. In the preparation of this Report, were all	<u> </u>		If "No," explain fully why such	-	tion was			
costs allocated as required?	O Yes	UNG	not made.					
*								
2. Explain the allocation of related company ex	penses and a	attach copy	of appropriate supporting data					
		13	I.F. I. I. I.					
		÷	•					
3. Did the Facility appropriately allocate and se	lf-disallow	direct and in	idirect costs to non-nursing ho	me cost	centers?			
(e.g., Assisted Living, Home Health, Outpation					Julius.			
		-	·	11				
	⊙ Yes	O 140	If "No," explain fully why such not made.	1 апосат	ion was			
			·					

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

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

Name of Facility			License No.	Report for Y	ear Ended		Page	of
Spectrum Healthcare Derby, LLC d/b/a Bird	minghan	1 Health	2236-C	9/30/2017			6	37
	Own Oper Off	ed * to ners, rators, icers		Date of	Term of	Annual Amount	Amo	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Clair	med
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						

^{*} 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

· · · · · · · · · · · · · · · · · · ·		Report for Year Ended	i	Page	of
Spectrum Healthcare Derby, LLC d	2236-C	9/30/2017		7	37
The records of this facility for the perio	d covered by this report v	vere maintained on the following basis:			
	dified Cash				
Is the accounting basis for this		_			
period the same as for the • Yes	S	If "No," explain.			
previous period? O No					
Independent Accounting Firm					
Name of Accounting Firm	•	Address (No. & Street, City, State, Zip Code)			
1 Blum, Shapiro & Company		29 So. Main St., W Hartford, CT 06127			
$\frac{1}{2}$					
3					
Services Provided by This Firm (describ	h o f. lb.)				
1 Reviewed Financial Statements, Tax return	n preparation		- \$	24,500	
2			\$	· · · · · · · · · · · · · · · · · · ·	
3			\$		
4			\$	'	
			Charge for	Services Pro	ovided
			\$	24,500	
Are These Charges Reflected in the Expenditure		s, Specify Expense Classification and Line No.			
	e 15, Line 1 d.				
Legal Services Information				· · · · · · · · · · · · · · · · · · ·	
Name of Legal Firm or Independent Atto 1 Treasurer, State of Connecticut	orney		Telephone l	Number	
1 Treasurer, State of Connecticut 2 MidCap Funding					
3 Derby Probate Court					
4 US Trustee					
5		İ			
Address (No. & Street, City, State, Zip C	Code)				
1		•			
2	•				
[3					
4					
5	a 11)				
Services Provided by This Firm (describ	e fully)				
1 Conservator Fees			\$	675	
2 Loan Amendments			\$	1,027	
3 Conservator Fees			\$	130	
4 Bankruptcy			\$	29,250	
5			\$		
			Charge for S	ervices Pro	vided
			\$	31,082	
Are These Charges Reflected in the Expenditure	Portion of This Report? If Yes	s. Specify Expense Classification and Line No.			
		, opening Emperior Concomitation and Come (10)			
⊙ Yes O No	e 15, Line 1 e.	y opening in process constitution and interest			

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Schedule of Resident Statistics

Name of Facility			License 1	No.			Report fo	or Year Ende	ed		Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham	Health Co	enter	22	36-C			9/30/201				8	37
						Period 10/1 Thru 6/30 Period 7/			d 7/1 Thru 9/30			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
Certified Bed Capacity A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
Number of Residents A. As of midnight of PREVIOUS report period	113	113			113	113			106	106		
B. As of midnight of THIS report period	115	115			106	106			115	115		
3. Total Number of Days Care Provided During Period											 -	
A. Medicare	1,987	1,987			1,624	1,624			363	363		
B. Medicaid (Conn.)	30,336	30,336			22,558	22,558			7,778	7,778		
C. Medicaid (other states)												
D. Private Pay	2,058	2,058			1,447	1,447			611	611		
E. State SSI for RCH			****									
F. Other (Specify)	4,144	4,144			3,235	3,235			909	909		
G. Total Care Days During Period (3A thru F)	38,525	38,525			28,864	28,864			9,661	9,661		
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds									2,00*	2,001		
A. Medicaid Bed Reserve Days	5	5			5	5						
B. Other Bed Reserve Days	- 50	50			33	33			17	17		
5. Total Resident Days (3G + 4A + 4B)	38,580	38,580			28,902	28,902			9,678	9,678		

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Schedule of Resident Statistics (Cont'd)

Name of Fact		Dorby	LLC d/b/a Birm		1se No. 236-C				Repor	t for Year			Page	of I 27
Spectrum ries	anneare	Derby,	LLC d/b/a Birm	2.	236-C					9/30/201	17		9	37
			in the certified lollowing informa		apacity d	uring	the rep	ort ye	ar?	0	Yes	•	No	
	, provid		f Change	tion.	C	nange	in Bed	s		Ca	nacity Af	ter Change	1	<u></u>
Date of	CCNH	RHNS			Lost	itango		Gaine	d		pacity At	ter Change	1	
			(,		2001	T	······································			1				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason	for Change
										<u> </u>			ļ	
										 		-		
			in certified bed 90 days followin			g the r	eport y	ear (a	s repoi	ted in iter	n 4 above	e) provide the nu	ımber of	
		110101	20 days 10110 WI	ig the	change.									
1st chang	ge		Change in Re	esiden	t Days			í		CC	NH	RHNS	(Spe	ecify)
2nd chan	ige													
3rd chan														
4th change		lents an	d Rates on Septe	mher	30 of Co	et Ve	ar			<u> </u>				
			Medicare	111001	Medi		<u> </u>			Se	lf-Pay		Other Sta	te Assisted
	.	·												
No. of Re	Item esidents		CCNH	_ C	CNH	RI	INS	CC	NH		INS	(Specify)	R.C.H.	ICF-MR
Per Diem			0		87				22					
a. One b			various		246.04				445.00					
b. Two b			various		246.04				410.00					
c. Three bed n		•					·							
7 Total Nu	mher of	Physics	al Therapy Treat	mente						TOT	ΓAL	CCNH	RHNS	(Specify)
	Medica			incints						10	1,217	1,217	KIINS	(Specify)
		•	usive of Part B)											1 10
			e Treatments Treatments								1,048	1,048		
	2. Resu	oranye	Treatments								9,120	9,120		
D.	Total P	hysical	Therapy Treatm	ents							11,385	11,385		
8. Total Nur	nber of	Speech	Therapy Treatm	ents										
	Medicai		B usive of Part B)								40	40		
			Treatments								126	126		
	2. Rest		Treatments											
	Other	1. 7	T	4							582	582		
			<i>herapy Treatme</i> tional Therapy T		ents						748	748		
	Medicar			Toutil	·						812	812		
			usive of Part B)											
			Treatments Treatments			·					798	798		
	Other	mative	r reauments								8,525	8,525		
		ccupati	onal Therapy Ti	eatm	ents						10,135	10,135		

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Report of Expenditures - Salaries & Wages

Report of Ex	xpenditures	- Salan	es & wage	es			
Name of Facility	License No.		Report for Year	r Ended	Page	of	
Spectrum Healthcare Derby, LLC d/b/a Birmingham Healt	th 2236-C		9/30/2017		10	37	
Are time records maintained by all individuals receiving co	ompensation?	0	Yes	0	No		
	-		Total Cost and Hours				
	M-044	1	Total Cost a	110012		T	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours	
A. Salaries and Wages*		110000		1,70 810	(-1	210,410	
 Operators/Owners (Complete also Sec. I 			5 6 9 9				
of Schedule A1)							
2. Administrator(s) (Complete also Sec. III							
of Schedule A1)	134,641	2,331					
3. Assistant Administrator (Complete also Sec. IV							
of Schedule A1)							
4. Other Administrative Salaries (telephone	120.220						
operator, clerks, receptionists, etc.) 5. Dietary Service	128,330	6,239					
a. Head Dietitian	6,864	192					
b. Food Service Supervisor	56,598						
c. Dietary Workers	339,408	20,111					
6. Housekeeping Service						304	
a. Head Housekeeper							
b. Other Housekeeping Workers							
7. Repairs & Maintenance Services a. Engineer or Chief of Maintenance	72.070	0.140					
b. Other Maintenance Workers	73,872 62,098	2,142 3,335					
8. Laundry Service	62,098	3,333					
a. Supervisor							
b. Other Laundry Workers							
Barber and Beautician Services							
10. Protective Services							
11. Accounting Services	authorise et al.	11111111					
a. Head Accountant					***		
b. Other Accountants 12. Professional Care of Residents							
a. Directors and Assistant Director of Nurses	210 402	4 200					
b. RN	219,483	4,292					
1. Direct Care	682,618	16,864					
2. Administrative**	155,891	3,926					
c. LPN	100,007	5,720					
Direct Care	1,082,935	33,651				***************************************	
2. Administrative**						•••	
d. Aides and Attendants	1,560,441	93,480					
e. Physical Therapists							
f. Speech Therapists g. Occupational Therapists							
g. Occupational Therapists h. Recreation Workers	61,260	4,488					
i. Physicians	01,200	4,400					
Medical Director			Constitution of the Consti			3.	
2. Utilization Review							
3. Resident Care***							
4. Other (Specify)							
: Destina							
j. Dentists							
k. Pharmacists l. Podiatrists	 						
m. Social Workers/Case Management	88,783	4,223					
n. Marketing	00,703	7,223					
o. Other (Specify)							
See Attached Schedule	67,803	4,091					
A-13. Total Salary Expenditures	4,721,025	201,451					

^{*} 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)

	CCN	(H	RH	INS	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours	
Scheduler	\$ 34,788	2,139	Pagillon da	())			
Medical Records	S 33,015	1,952					
ABORES TELEVISIONE CONTRES OF RELEASE ASSESSMENT OF A SALES OF THE							
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						- Commission Nation Call (SE)	
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Total	\$ 67,803	4,091	S. And Charles Co., No.	110000 0000 0000 0000	S	Anticorphia (propaga)	

Schedule of Other Fees (Page 13)

	CC	NH	RI	INS	(Spe	cify)
Service	\$	Hours	\$	Hours	\$	Hours
		rang main				The state of the s
				ELANGE TANKS TANKS	The second secon	
					o, wie ribro, roměnatako vahata 2004. Se pře roměnecký koměnka koměnka 2004.	
			district principal and the second sec			
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Total	\$ -		-		o morandamini indonin	
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State of Connecticut

Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

					itors and Other	Notan	ou i ai ii cs)		
Name of Facility				License No.		Report for	Year Ended		Page	of
Spectrum Healthcare Derby, LLC	d/b/a Birm	ingham Hea	lth Center	2236-C		9/30/2017	30/2017			37
Name	CCNH	Salary Pai	d (Specify)	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
Section I - Operators/Owners							1 450 10	Outer Employment	Worked	Received
					· · · · · · · · · · · · · · · · · · ·			,		
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).								,		
								·		
					- 4-2					

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

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

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.	tors and Other	Report for			Page	of
Spectrum Healthcare Derby, LLC	d/b/a Birmi	ngham Hea	lth Center	2236-C	*	9/30/2017			12	37
Name	CCNH	Salary Pai	d (Specify)	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
Section III - Administrators***			<u></u>							
Robert Guastella 10/01/16- 04/21/17	87,043					1,451	A2			
Patricia Worhunsky-Quinn 05/01/17-07/14/17	26,444					440	A2			
Chaim Scher 07/17/17-09/30/17	21,154					440	A2			
Section IV - Assistant Administrators										
									11. 1. 1	

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

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

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

Annual Report of Long-Term Care Facility

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

D. Report of E		(CS - 110.			T	
Name of Facility	License No.		Report for Y	ear Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham	223	6-C	9/30/2017		13	37
		1	Total Cost	and Hours	ı	y
		1				
Item	CCNH		DIDIC	TT	(C:C-)	**
*B. Direct care consultants paid on a fee	CCNH	Hours	RHNS	Hours	(Specify)	Hours
for service basis in lieu of salary	100					
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist	17,033	228				
4. Podiatrist	17,023	220				-
5. Physical Therapy						
a. Resident Care	247,000	4,116				
b. Other						
6. Social Worker						
7. Recreation Worker				·		
8. Physicians						
a. Medical Director (entire facility)	63,238	844				
b. Utilization Review			a salah da ba			
(Title 18 and 19 only) monthly meeting	95,894	1,280				
c. Resident Care**						
d. Administrative Services facility						
I 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	41,925	560				
b. Other						
10. Occupational Therapist						
a. Resident Care	218,284	3,640			The state of the s	
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	135,451	2,464				
2. Administrative***						
b. LPN						
1. Direct Care	56,283	1,250				
2. Administrative***						
c. Aides	224	9				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	875,332	14,391				
* Do not include in this section management consultants or services which			12 1		· B 17	

^{*} 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 Spectrum Healthcare Derby, LLC d/b/a Birn	License No.		Report for Y 9/30/2017	ear Ended	Page 14	of 37
Name & Address of Individual	Full Explanation of Service		* to Owners, ers, Officers	Expla	nation of Rel	ationship
The Nurse Network-5 Central Ave., E Hartford, CT 06150	Pool Nursing	0	•			
Pharamerica, PO Box 409251, Atlanta, GA 30384	Pharmacy Consultant	0	0			
Dr. Lionel Lim-Griffin Hospital-130 Division St., Derby, CT 06418	Medical Director	0	0			
Select Rehabilitation, Inc., 550 Frontage Rd., Suite 2415 Northfield, IL 60093	Contract Therapy	0	0			
Or. Joseph Brenes-The Hospitalist Company-PO Box 844929, Los Angles, CA 90084-4929	Medical Director	0	0			
Ready Nurse-2602 Highlands Blvd. N. Palm Harbor, FL 34684	Pool Nursing	0	○			
HealthDrive Dental Group-888 Worchester St., Wellesley. MA 02482-3744	Dental Consultant	0	0			
Griffin Hospital-130 Division St., Derby, CT	Pulmonary Consultant	0	0			
Pulmonary Specialists-130 Division St., Derby, CT 06418	Pulmonary Consultant	0	0			
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^{*} 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 Y	ear Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingh 2236-C		9/30/2017		15	37
			1		
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General		a property and	100	Special series	a description
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	108,795	108,795		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$	506,366	506,366		
5. Health Insurance	\$	862,966	862,966		
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory)	\$		257,183		
(not-owners and not-operators)		all a sheet			
8. Uniform Allowance	\$	9,166	9,166		
9. Other (Specify)	\$		35,898		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$				
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*		1996			
, ,			100000		
c. Bad Debts*	\$	90,000	90,000		
d. Accounting and Auditing	\$	24,500	24,500		
e. Legal (Services should be fully described on Page 7)	\$	31,082	31,082		
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	12,869	12,869		
h. Telephone and Cellular Phones			1.000		
1. Telephone & Pagers	\$	16,629	16,629		
2. Cellular Phones	\$	767	767		
i. Appraisal (Specify purpose and	\$				
attach copy)*					
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify)	\$				
See Attached Schedule	Ť				
3. Resident Day User Fee	\$	728,364	728,364		
Subtotal	\$	2,684,585	2,684,585		
* Facility should self-disallow the expanse on Page 28 of the Cost Page 4		-, ',			

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

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

Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center 9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Union Training Fund	\$ 31,002		
Employee Background Checks	\$ 4,746	adalija birekile indo	
Employee Physicals	\$ 150		
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	arionen eta 170 animenten 1800 eta 180 Animen eta 1800 eta		
		it. Gerhanin din dis ceste Budi de de la barre	en en en en pagado de la como en
		gragues de diversità e	
Total	\$ 35,898		\$

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
		ga aga aga sa sa managa na s Sa sa sa sa sa managa sa	
		A THE STATE OF THE	
		111	
Potal company of the second se	en .	\$ -	\$ -

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

Name of Facility License No.	o.	Report for	Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham 2236	-C	9/30/2017		16	37
				·	
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought	Forward:	2,684,585	2,684,585		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$	5,990	5,990		
2. Holiday Parties for Staff	\$	1,529	1,529		
3. Gifts to Staff and Residents	\$	2,783	2,783		
4. Employee Travel	\$	323	323		
Education Expenses Related to Seminars and Convention	ons \$	1,056	1,056		
6. Automobile Expense (not purchase or depreciation)	\$			_	
7. Other (Specify)	\$	287	287		
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses)*	** \$				
3. Advertising Other (Specify)***	\$	3,428	3,428		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$,
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***					
7. Postage	\$	5,309	5,309		
* 8. Dues and Membership Fees to Professional	\$	14,522	14,522		
Associations (Specify)	·				
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org	.*** \$				
9. Subscriptions	\$				
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$				
Schedule C-2, Page 21 for each firm or individual)	,				
12. Administrative Management Services**	\$	360,000	360,000		
13. Other (Specify)	\$	134,490	134,490		
See Attached Schedule		,			
C-14 Total Administrative & General Expenditures	\$	3,214,302	3,214,302		

^{*} 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)
Meals	\$ 287		
		PROGRAMMA	Apple Ville and Apple
	(A-Phylodotropic back)		dydrau burei
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	744 E. S.		
CONTROL OF THE CONTRO		200720000000000000000000000000000000000	
Total Other Travel and Entertainment	· C 227	\$ -	

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising-Promotional	\$ 100		
Marketing Expenses	C 3.378	Dater in besit	
ndertenges paramenter for der entre de la company de l			
Total Other Advertising	\$ 3,428	35:22:22:22:22:22	\$

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Dues & Subscriptions	\$ 14,522		
			(0.0073510)27500000000000000000000000000000000000
			1 A140 De 15 Lutra 1 1922 A170 A170
		31.14.2.1710.000(0)3200(0)	William V 1941 (5719) *******
	Siction (miarcalmeter)		
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	2/2/2/2017/2017/2017/2017/2017/2017/2017	***************************************	
		1114 1111 1111 1111 1111	
	******************	70,000,000	
Total Dues	\$ 14,522	\$	\$

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	e department in		
Total Contributions	\$	\$	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
aucia (samaan) riigaan (Caryung), sidaa sa caa ku caan) caa ka k			
Data Processing Fees-Payroll	\$ 40,563		
Data Processing Fees-MDI	\$ 11,805		
Bank Fees	\$ 4,633		
Software Pees-IVANS	\$ 1,288		
Software Maintenance	\$ 2,565		
Computer Maintenance	\$ 22,612		
Cable Television	\$ 17,302		
Archives	\$ 23,303		
Licenses	\$ 3,801	elalarek matuskulutu	BUNDE FOR SERVICE
Printing	\$ 4,996		
Fines & Penalties	\$ 330		Selections convers
Copier Equipment	\$ 1.217		desinations
Dues & Subscriptions	S 75		
	(DOSESSESSES	Gradjer kratistik	
Total Other Administrative and General	\$ 134,490		15000000000

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Spectrum Healthcare Derby, LLC d/b/a B	2236-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 #
Spectrum Healthcare, LLC	360,000	Home office services, Accounting, Personnel & Benefits admin., Treasury, Operations, QA	Page 16, line 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)

NIO	ne of Facility		,		rage 5)	ID 4.6	T T 1 1	T.S.	
		1	Lice				Year Ended	Page	of
Spe	ctrum Healthcare Derby, LLC d/b/a Birmingh	am I	74		2236-C	9/30/201	. /	18	37
	<u>Item</u>				Total	CCNH	RHNS	(8	Specify)
2.	Dietary								
	a. In-House Preparation & Service								
	1. Raw Food			\$	275,076	275,076	5		
	2. Non-Food Supplies			\$	27,085	27,08	5		
	3. Other (Specify)			\$					
						Bernsessisi Stantas di			
	b. Purchased Services (by contract other			\$	685	685	5		
	than through Management Services)								
	(Complete Schedule C-2 att. Page 21)								
	c. Management Services**			\$					
	d. Other (Specify)		_	\$	3,327	3,327	7		
	Small Equipment Purchased				电影影影影			links (
	Equipment Repair & Maintenance				Part of the second				
2E.	Total Dietary Expenditures $(2a+b+c+d)$			\$	306,172	306,172	2	<u> </u>	
2F.	Dietary Questionnaire				Total	CCNH	RHNS	(S	pecify)
G.	Resident Meals: Total no. of meals served pe	r da	y:*						
H.	Is cost of employee meals included in 2E?	0	Yes		•	No			
I.	Did you receive revenue from employees?	0	Yes		0	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Co	st Repo	ort?	(Page/Line	Item)			
	Is cost of meals provided to persons other						If was amonify		
K.	than employees or residents (i.e., Board	0	Yes		•	No	If yes, specify cost.		
	Members, Guests) included in 2E?						COSt.		
L.	Is any revenue collected from these people?	0	Yes		•	No	If yes, specify		
<u>M</u> .	Where is the revenue received reported in the	Cos	st Repo	ort?	(Page/Line	Item)	amt.		
	Is cost of food (other than meals, e.g.,				(1-8+1-1-1-1				
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes		•	No	If yes, specify cost.		
Ο.	Is any revenue collected from employees?	0	Yes		•	No	If yes, specify amt.		
Р.	Where is the revenue received reported in the	Cos	st Repo	ort?	(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)

		License		Report for		Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmingham He		2236-C		9/30/2017		19	37
							"
	Item		Total	CCNH	RHNS	(S	pecify)
3.	Laundry						
	a. In-House Processing*	Lbs.					
	1. Bed linens, cubicle curtains, draperies,						
	gowns and other resident care items	Amt. \$	27,215	27,215	5		
	washed, ironed, and/or processed.***						
	2. Employee items including uniforms,	Lbs.					
	gowns, etc. washed, ironed and/or						
	processed.***	Amt. \$					
	2 Demonstrated in C 11						
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	T 1					
	4. Repair and/or purchase of linens.***	Lbs.			<u> </u>		
		Amt. \$	3,435	3,435			
	b. Purchased Services (by contract other	\$	311,511	311,511			• • •
!	than through Management Services)				Colorador.		
	(Complete Schedule C-2 att. Page 21)						
	c. Management Services**	\$					
	d. Other (Specify)	\$	158	158			
	Supplies						
3E.	Total Laundry Expenditures (3a + b + c + d)	\$	342,319	342,319			
3F.	Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	Yes	•	No	If yes,		
					specify cost.		
H.	Did you receive revenue from employees?	Yes	•	No	If yes,		
I.					specify amt.		
1,	Where is the revenue received reported in the Cost	Report?		(Page/Line	······································		
J.	Is Cost of laundry provided to persons other	Yes	•	No	If yes,		
	than employees or residents included in 3E?				specify cost.		
K.	Did you receive revenue from these people?	Yes	•	No	If yes,		
					specify amt.		
L.	Where is the revenue received reported in the Cost	Keport?		(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.	Rep	ort for Year E	Inded	Page	of	
Spectrum Healthcare Derby, LLC d	/b/a Birmin	2236-C		9/30/2017		20	37
Item				Total	CCNH	RHNS	(Specify)
4. Housekeeping		Sq. Ft. Serviced					
a. In-House Care		by Personnel					
1. Supplies - Cleaning (M	ops,	Amt.	\$	4,210	4,210		
pails, brooms, etc.)							
b. Purchased Services (by con	tract other	Sq. Ft. Serviced			,		
than through Management	Services)	by Personnel		-			
(Complete Schedule C-2 at	t.	Amt.	\$	316,210	316,210		
Page 21)							
c. Management Services*			\$				
d. Other (Specify)			\$				
4E. Total Housekeeping Expendi	tures (4a+	b+c+d)	\$	320,420	320,420		
5. Resident Care (Supplies)**							and the cal
a. Prescription Drugs***		•					
 Own Pharmacy 			\$				
2. Purchased from			\$	152,372	152,372		
				religion (Const.)	and sales to		网络网络马蹄
 b. Medicine Cabinet Drugs 			\$	24,834	24,834		
c. Medical and Therapeutic Su	ıpplies		\$	225,846	225,846		
d. Ambulance/Limousine***			\$	5,191	5,191	•	
e. Oxygen							
 For Emergency Use 			\$				
2. Other***			\$	47,774	47,774		
f. X-rays and Related Radiolo	gical		\$	19,914	19,914		
Procedures***							
g. Dental (Not dentists who sh	ould be incl	luded under	\$				
salaries or fees)							
h. Laboratory***			\$	21,900	21,900		
i. Recreation			\$	1,985	1,985		
j. Other (Specify)****		-	\$	32,625	32,625		
See Attached Schedule							
5K. Total Resident Care Expenditi	ires (5a - 5	j)	\$	532,442	532,442		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Complex Equip Wheelchairs, Bedside Chairs, Etc.	\$ 30,952		
Outside Medical Services	\$ 421		
IV Therapy	\$ 1,252		
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		s Groganjalijakimakom	este en semperiorista
		nningskillerskip vis 186	
		ediretenio er esario es	
		i kundin di propositioni della	
	ling of the company o		
Total Other Resident Care	\$ 32,625	\$5000000000000000000000000000000000000	\$

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

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

Name of Facility Spectrum Healthcare Derby, LLC d/b/a Birmingham Health	LLC d/b/a Birmingham	Health Center		License No. 2236-C	Report for Year Ended 9/30/2017	-			Page 71	of 3.7
	N.	Related ** to Owners,	o Owners,							5
		Operators, Officers	Officers				Total Cost/	Total Cost/Page Ref.**		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHINS	(Specify)	<u>т</u>	Line
Automatic Data Processing	Waltham, MA 02454	0	0		Payroll Processing	40,563			16	16 M13
MDI	St. Louis, MO 63146	0	•		GL/AR/AP/Clinical Program	11,805			16	16 M13
Healthcare Services Group	Bensalem, PA 19020	0	0		Laundry Services	311,511			19 36	35
Healthcare Services Group	Bensalem, PA 19020	0	0		Housekeeping Services	316,210			20 4P	1
		0	0							
		0	0							
		0	0							
		0	0							
in any state of the state of th		0	0							
		0	0							
		0	0							
		0	0							
		0	0							<u> </u>
		0	0							
										1

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

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

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

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

Name of Facility License No		Report for Y	ear Ended		Page	of
Spectrum Healthcare Derby, LLC d/b/a Birmii 2236-C		9/30/2017			22	37
Item		Total	CCNH	RHNS	(Spe	ecify)
6. Maintenance & Operation of Plant						•
a. Repairs & Maintenance	\$	28,803	28,803			
b. Heat	\$	45,858	45,858			
c. Light & Power	\$	84,131	84,131	**************************************		
d. Water	\$	22,866	22,866			
e. Equipment Lease (Provide detail on page 6)	\$					
f. Other (itemize)	\$	63,395	63,395			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	245,054	245,054			
7. Depreciation (complete schedule page 23*)	••••				<u> </u>	•
a. Land Improvements	\$	192	192			-
b. Building & Building Improvements	\$	295,550	295,550			
c. Non-Movable Equipment	\$	14,487	14,487			
d. Movable Equipment	\$	8,359	8,359			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	318,588	318,588			
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs $(8a + b + c + d)$	\$					
9. Rental payments on leased real property less				-/		
real estate taxes included in item 10b	\$	720,000	720,000			
10. Property Taxes						
a. Real estate taxes paid by owner	\$	132,338	132,338			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$	4,349	4,349			VV 100 A. M.
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	1,175,275	1,175,275			

^{*} 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)
Trash Removal	\$ 13,4		
Hazardous Waste Removal	\$ 1,2		
Service Contracts	\$ 13,7	ANALASTA IN THE PROPERTY OF TH	
Supplies	\$ 10,2		
Grounds Maintenance	\$ 11,2	52	
Grounds Landscaping	*# \$ The Board 8;4	51	
Equipment Rental	34,9	92	
		uda es este de antiga	
			n Biblios pas vinieni
Total Other Repairs and Maintenance	\$ 63,3	os e	
тоса этист перану анилуашеланес	5 03,3	95 \$ -	

Depreciation Schedule

Name of Facility					1	tation 50	neuule					
Spectrum Healthcare Derby, LLC d/b/a Bir		11	-1d- C		License No.	- ~		Report for Year I	Ended		Page	of
opeculant realiticate Derby, LLC 0/b/a Bir	mingh	am He	aith Ce	enter	2236	э-C		9/30/2017			23	37
Property Item	· .				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements												
Acquired prior to this report period					11,650		11,650	11,458			192	
2. Disposals (attach schedule)				-								2010
3. Acquired during this report period (atta	ch sch	edule)										经数据销售金额
A-4. Subtotal												192
B. Building and Building Improvements												
Acquired prior to this report period					6,103,921		6,103,921	3,739,522			295,550	
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	edule)										
B-4. Subtotal								Strength S				295,550
C. Non-Movable Equipment												100
Acquired prior to this report period					510,208		510,208	407,468	·		12,875	
2. Disposals (attach schedule)												网络感染物物
3. Acquired during this report period (atta-	ch sche	edule)			35,068		35,068				1,612	
C-4. Suototai	T			···								14,487
	log	nileage book tained?		te of uisition Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
D. Movable Equipment	103	140	MOHII	Tear	Land	value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
Motor Vehicles (Specify name, model and year of each vehicle) a. b. c. d.										ACTION OF THE STATE OF THE STAT		
2. Movable Equipment					e di madeil de			n ingelija isaden Stalja od		in Espiration		
a. Acquired prior to this report period					830,819	7	830,819	796,811	10.000.000.000.000.000.000.000.000.0000.0000		8,099	A Bulling Hills
b. Disposals (attach schedule)											.,.,.	
c. Acquired during this report period							aan da qaala mii mii ka		in an		in dia salamanan	eres de la companya d
(attach schedule)					4,167		4,167				260	
			202121313131	*SPECIAL DESIGNATION OF THE PERSON OF THE PE	Control of the Contro		12234224462424664444444444444444	TAXABLE DATABLE DATABLE DATABLE SHOULD BE SEEN AS A SECOND OF THE SECOND	10000000000000000000000000000000000000	C-17	the state of the s	The Control of the Co
D-3. Subtotal E. Total Depreciation												8,359

Heaful

Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center 9/30/2017

Schedule of Land Improvements Acquired during this report period

			Oseiui	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	***			<u> </u>
		naling the year. The Market profession in the		
		AAA/1740A (A.1.)	envelo Calada la la la cal	

CONTROL OF THE PROPERTY OF THE	TOTAL TOTAL CONTROL OF THE PROPERTY OF THE PRO			
otal additions for Land Imp	covernents in the property of the control of the co	\$		\$ 10.210.00
Deletions:			and a market see and all the first of the con-	
AND THE PROPERTY OF THE PROPER				
		ATABAN TIN TERMINA		
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		Sagraju II. Bodotski dogićaj	121121221221221221222222222222222222222	
ng ga also so ing pinang pang signing				
			mmmah marana makir maran kalangan dalah	
				income cuarme prediction
otal deletions for Land Impi	ovements		nga kajamian naka 1921. (Liming arjaman silan	\$ -

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

			Useful	
Acquisition Date Additions:	Description of Item	Cost	Life	Depreciation
	CARLOS CONTROL DE LA CARLOS CO			
				v,
APAD I TANAMA AND APAD I TOWN I TOWN I THE STATE OF THE S		A Charles and American Control of the Control of th		
		Dama (1917) - 17 A A GARAGO AND	C NACIDA MENTER AND	A 20 TO THE RESERVE TO THE PROPERTY OF THE PRO
		A CONTROL OF THE CONT	## \ } \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	iningalakki kungalangan kanales kanalangan di dikumining		* 1 A C 201 A C C C C C C C C C C C C C C C C C C	
	rovements			
l otal additions for Building Imp	rovements			10 10 mm (
Deletions:		i		
				240 250 4411 4424 4424 4424 4424
	en e	SAME CONTROL TO A STATE OF THE SAME OF T		
Martin Properties (III) (IIII) (III) (IIII		giene ado es cerejonacione		***************************************
NAMES OF THE PROPERTY OF THE P				
		2 14 14 15 15 15 15 15 15		ii iyo tayii Hatiyo (aliyatati atti
otal deletions for Building Impi	ovements	S Million Company		

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
02/06/2017	Hot Water Pump	\$ 3,542	10	\$ 177
02/18/2017	Hot Water Pump	5 5,479	10	\$ 274
03/01/2017	Light Fixtures	\$ 2,547		\$ 255
04/21/2017	Hot Water Heater	\$ 16,123	15	\$ 537
06/06/2017	Mixing Value	\$ 3,495	10	\$ 175
09/02/2017	Main Control Board	\$ 3,882	10	\$ 194
Total additions for	Non-Movable Equipment	\$ 35,068		\$ 1,612
Deletions:			***************************************	
	Benggrapasakan tus kini kalengan manakan kina ang manakan a			
				igromina aginalentable
		erandining serapakan dalah bi		
				A1407752171714171414141414141414141414141414141
		i Para di Secential di Casilolo (Alla Pinis de Pr		
Total deletions for	Non-Movable Equipment	3		\$ -

^{*}Ties to Page 23, Line C3

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

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

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

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
11/02/2016	Mattresses-4	\$ 1,361	12	\$ 57
01/25/2017	Overbed Tables-6	\$ 1,474	5	\$ 147
06/16/2017	Electric Bed	\$ 1,332	12	\$ 56
			tigadusti eta	
Total additions for	Movable Equipment	\$ 4,167		\$ 260
Deletions:				
			ala ilian tia tana alah	4440.50.60.60.60
				Margari Haray Car (xirtica)
	kolendarin armunista kilonen markin krantanan hin arabi ilimini kalendikan erreta bingin bilan			
		helere aras g		inite criticial about
Fotal deletions for	Movable Equipment	1-50 H 10 H 10 H		\$

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
				0
				201
granica de la compania del compania de la compania del compania de la compania del la compania de la compania d				
				4
			Giran derest in	
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Fotal additions for Leasehold I	aprovement	Shirt Here		5
Deletions:				
				A
Understand a trace of the		the common particular to the same to		
		Carrier of Contract Contract of Contract Contrac		CALL SHEEK HOUSEN AND AND AND AND AND AND AND AND AND AN
grante version de la companya de la		September 1990 Septem		
				2/ PROTESTOR OF THE PRO
SCHOOL TO A SECURE OF SECURE OF			ag nakrom strat	
otal deletions for Leasehold In	nprovement	\$ 1000000		

^{*}Ties to Page 24, Line C3

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

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

Amortization Schedule*

Nam	e of Facility			License No.		Report for Yea	ur Ended		Page	of
Spec	trum Healthcare Derby, LLC d/b/a Birmi	ngham I	Health (223	6-C	9/30/2017			24	37
		Date				Accumulated Amort. to				
	Item	Acqui Month		Length of Amortization	Cost to Be Amortized	Beginning of Year's Operations	Basis for Computing Amortization**	l	Amortization	
A.	Organization Expense	AVIOREII	1 Cui	rinortization	Amortized	Operations	Amortization.	90	for This Year	Totals
	1.							-		
	2.									
	3.				· • • • • • • • • • • • • • • • • • • •					
A-4.	Subtotal									
B.	Mortgage Expense									
<u> </u>	1.									
	2.									Compression of the compression o
	3.							****		
B-4.	Subtotal					President de la companie de la comp	1000			
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period			The state of the s						
	(attach schedule)					SOUR TO SECURE AND AN AND AN ANALYSIS OF THE SECURE AND ANALYSIS OF THE SECURE ANALYSIS OF THE SECURE AND ANALYSIS OF THE SECURE ANALYSIS OF THE SECURE AND ANALYSIS OF THE SECURE ANALYSIS OF THE SECURE AND ANALYSIS OF THE SEC				
C-4.	712.1			i datament	ne a la come	anna ang para at 1977.				
D.	Total Amortization									

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

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

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

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

Name of Facility Spectrum Healthcare Derby, LLC d/b/ License No. 2236	-C	Report for Year E	nded		Page of 25 37
		J. 2012011	·		20 31
11. Property Questionnaire Part A	-				
Is the property either owned by the Facility	^	••	_		If "Yes," complete Part B.
or leased from a Related Party?*	•	Yes	O	No	If "No," complete Part C.
*If any owner or operator of this facility is related	by family, r	narriage, ownership, ab	ility to control or		
business association to any person or organization a related party transaction.	from whom	buildings are leased, th	ien it is considered	i	
Description		Total			
Date Land Purchased			appropriate plant		
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase		03/31/03			
4. Date of Initial Licensure		11/01/99			
5. Total Licensed Bed Capacity		120	-		
6. Square Footage		31,000 incr to 42,000			
7. Acquisition Cost a. Land					
b. Building			Biological and		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	Ath Mortgage
1. Financing		1st Mortgage	Zhu Mortgage	1 31d Morigage	4th Mortgage
a. Type of Financing (e.g., fixed, variable)	HUD Mortgage			
b. Date Mortgage Obtained	<u> </u>	06/13/13			
c. Interest Rate for the Cost Year		3.22%	 		
d. Term of Mortgage (number of years)		35			
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of 9/30	0/2017	8,376,489			
Complete if Mortgage was Refinanced					
During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed Principal Outstanding on Note Paid-Off	-				
Part C - Arms-Length Leases for Real Part			_		
Name and Address of Lessor		perty Leased		Tame of Lance	Annual Amount of Lease
14ame and 24ddress of Lesson		city Leaseu	Date of Lease	Term of Lease	Annual Amount of Lease
				·	
					<u></u>
		ļ			

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

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

Name of Facility License No.		Report for Ye		Page	of	
Spectrum Healthcare Derby, LLC d/b 2236-C		9/30/2017			26	37
Item		Total	CCNH	RHNS	(Spec	ifv)
12. Interest		Total	CCIVII	IGIIVO	(Брес	шуу
A. Building, Land Improvement & Non-Movable Equipment	;					
1. First Mortgage	\$					
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage	\$					
Name of Lender						
Address of Lender						
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender					e de eje anto Projekte e d	
4. Fourth Mortgage	\$					
Name of Lender	Rate		nghath gridails somaid digest			
Address of Lender			in the special paper of the professional paper than the profession of		900 B 500 045 B 700 4 74 B 100	
B. CHEFA Loan Information						
1. Original Loan Amount	\$					
2. Loan Origination Date						
3. Interest Rate %						
4. Term					on box	
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$					
3 4 4 1	Ψ]		Subtotals f	7.	 	

(Carry Subtotals forward to next page)

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

Name of Facility License I Spectrum Healthcare Derby, LLC c 223	No. 86-C		Report for Year Ended 9/30/2017			Page of 27 37
			7/50/2017		<u> </u>	27 37
Item			Total	CCNH	RHNS	(Specify)
	otals Brou	ught Forward:				
12. C. Movable Equipment		_	1			
1. Automotive Equipment		\$				
A. Item	Rate	Amount		Angel Series Stock Color		
Lender	******					
				4446969	September	
Address of Lender						
			significantiscos	all balls of the		and exception
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender			epopulation	10000000000	se energia	医多数阴影形式
Address of Lender			and the second	3445		
B. Item	Rate	Amount				
Lender				066666		
Address of Lender						
12. C. 3. Total Movable Equipment Inter-	est					
Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	220,447	220,447		
Working Capital and Vendor Interes	est			a relacionação a	and the second	
12 F. 1 (11) (F. (10) F. (10) F. (10)	20 . 1053					
13. Total All Interest Expense (12B7 + 12014. Insurance	3 + 12D) \$	220,447	220,447		
•	1 \	Φ.				
a. Insurance on Property (buildings or b. Insurance on Automobiles	11y)	\$				
	'C' - 1 -1	\$				
c. Insurance other than Property (as span 1. Umbrella (Blanket Coverage)	pecified at	′	70.460	70.460		
2. Fire and Extended Coverage		\$	70,462	70,462		
3. Other (<i>Specify</i>)		\$				
3. Office (opecify)		\$				
14d. Total Insurance Expenditures (14a + b	+ ()	\$	70,462	70,462		
15. Total All Expenditures (A-13 thru C-14		\$	12,023,250	12,023,250		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7	Ψ]	12,023,230	14,043,430		

D. Adjustments to Statement of Expenditures

	e of Fa				cense No.	Report for Ye	ar Ended	Page	of
Speci	trum H	Iealth	care Derby, LLC d/b/a Birmingham Health Ce		2236-C	9/30/2017		28	37
				•••	Total				
	Page		·		Amount of				
Ño.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Spe	ecify)
Page	10 - S	Salari	es and Wages		100 5 5 5 6				
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$.,,		
3.			Occupational Therapy	\$					
4.			Other - See attached Schedule	\$					
Page	13 - P	rofes	sional Fees						
5.			Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$					
Pages	s 15 &	16 -	Administrative and General						
8.			Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	90,000	90,000			
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			Paulanija			
			for owners and employees	\$		*			
16.			Travel for purposes of attending						
İ			conferences or seminars outside the						
			continental U.S. Other out-of-state	ı	10.02				100
	i		travel in excess of one representative	\$					
17.		_	Automobile Expense (e.g. personal use)	\$					
18.	16		Unallowable Advertising *	\$	3,428	3,428			
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$					
23.			Other - See attached Schedule	\$	330	330			
Page .	18 - D		Expenditures		230	350			
24.			Meals to employees, guests and others		e ed attiaction products	513 541 5354			
Ì			who are not residents	\$					
Page	<u> 19 - L</u>		y Expenditures	7					
25.			Laundry services to employees, guests			10 10 10 10 10 10			
			and others who are not residents	\$					
Page	20 - H		seeping Expenditures	4					
26.	Ť		Housekeeping services to employees, guests						
			and others who are not residents	\$					
Į.			Subtotal (Items 1 - 26)	\$	93,758	93,758			
			Vanted"	Ψ		rry Subtatal fo	<u>_</u>		

^{*} 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		Description	CCNH	RHNS	(Specify)
				di eficarataga (arrigida falla arrigida de la constanta de la	
					L 200 (100 (100 (100 (100 (100 (100 (100
	The second second			Certification ser ninosis i	TO THE PROPERTY OF THE PARTY OF
	1000000000111120201000000000000				Control of the contro
	r Salaries	Adjustment	3 \$ 0 00 00 00 €0 0	C 11 11 11 11 11 11 11 11 11 11 11 11 11	¢

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
					di Prima di dina
Children construction of the					
			A. M		
		2008 aliminario de Comparto de			10. (6.000 V 10.000)
					diametric
33 fe(f) 3 xex x 2 x x 2 x 2 fe(f) 27 27 27 17 17 17 17 17 17 17 17 17 17 17 17 17					
Total Other	Fees Adji				\$

Schedule of Other A&G Adjustments

		Description	CCNH	RHNS	(Specify)
16	m13	Fines & Penalties	\$ 330		
				1,52,45,100,000,000,000,000,000,000,000,000,00	
en en en en				V 100-0-01 W 100-00 C-1 00 C00 C00 V 011-00 1 00 1 00 1	
Fotal Othe	r A&G Ad		\$ 330	Control of the Assessment of the State	

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

<u></u>	D. Adjustments to Statement of Expenditures (conf'd)									
	e of Fa	-			cense No.	Report for Y	ear Ended	Page	of	
Speci	trum F	lealth	care Derby, LLC d/b/a Birmingham Health	L	2236-C	9/30/2017		29	37	
	_	-			Total					
	Page	E I			Amount of					
No.	No.	No.	Item Description	_	Decrease	CCNH	RHNS	(Spe	cify)	
			Subtotals Brought Forward	\$	93,758	93,758				
	20 - K		nt Care Supplies***							
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	\$						
	22 - M		enance and Property							
35.			Excess Movable Equipment Depreciation							
			See Attached Schedule	\$						
36.			Depreciation on Unallowable							
			Motor Vehicles	_\$						
37.		\neg	Unallowable Property and Real						12.00	
			Estate Taxes	\$						
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$						
Page .	27 - Ir									
40.			Mortgage Insurance	\$						
41.			Property Insurance	\$						
Other	- Mis	cellan	eous							
42.			Research or Experimental Activities	\$						
43.			Radio and Television Revenue	\$						
44.			Vending Machine Revenue	\$						
45.			Purchase Discounts and Allowances	\$		-				
46.		j	Duplications of functions or services	\$			1			
47.			Expenditures made for the protection,							
			enhancement or promotion of the							
			providers interest	\$					www.westCollegist.org	
48.			Interest Income on Accounts Rec	\$						
49.			Other (include personnel and other							
			costs unrelated to resident care) - See							
1			Attached Schedule	\$	127,113	127,113			100000117777777	
Not F	or Pro		oviders Only	-	,	,				
50.	T		Building/Non Movable Eq. Depreciation							
	1		Unallowable Building Interest -							
			-	\$						
51. 7	Total A			\$	220,871	220,871				
			, , , , , , , , , , , , , , , , , , , ,	<u> </u>	,0/1	ا / U,U,U سس	<u></u>			

^{***} 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.

Spectrum Healthcare Derby, LLC d/b/a Birmingham Health Center 9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	Anti SPI				
				izjin jekarladnikaralishir	
Maria Alara Al				na da sobjeta il	
Permit villa Citalic TSC.					
chiplant:follococcocci			dring gran	Principile de la la la la la la la la la la la la la	
Ariayaya iliya ya ga a a a a a a a a a a a a a a a a	de da de de de de de de de de de de de de de			imarah ladi di 12 (3) marah ladi di 12 (3)	
Fotal Othe	r Ancillary			5	

Schedule of Excess Movable Equipment Depreciation

Page Ref		Description	CCNH	RHNS	(Specify)
				Marian Marian	Milyder Hilyanddici
PSTATE VEGET BETTER	Variation 17 17 17 17 17 17 17 17 17 17 17 17 17		AWAREN VALUE VALUE VALUE (/ VPP 1848) (P		
					v##2944424424
1020010 VAVIANCE TO VAVIANCE TO VAVIANCE TO VAVIANCE TO VAVIANCE TO VALUE T					
**:				PROPERTY OF THE STATE OF THE ST	
					174114444444444444444444444444444444444
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Propagation of the control of the co
Total Exces	ss Movable	Farinment Depreciation	5	S	\$

Schedule of Other Property Adjustments

Page Ref		Description	CCNH	RHNS	(Specify)
*** *** ** ** ** ** *** *** ***					direi aracia
	as emilia				
			ner Tribi (Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-Al-A		1 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Page Spread Control				**************************************
rambaadina hiiring	ekanusyah				
5 p d u u v v v v v v v v v v v v v v v v v					I / A VALUE A
	r Property	er er f.a. 15. Talen er er er er er er er er er er er er er		(4×)	

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Vendor Interest	\$ 127,113	and didning	
			ans in the second second		
	ires sucessi			\$1.45 ib 6 ib 8	
			PROBLEM PROGRAM		
				SCAS IN COLUMN	
11170147772107721777721777					ANTE DAL PROPERTY OF THE PROPE
ALEST CONTROL NAME OF THE PARTY OF				And the second s	
Total Other	Adjustme		\$ 127,113	A. A. A. A. A. A. A. A. A. A. A. A. A. A	\$

Schedule of Unallowable Building Interest

Page Ref		Description	CCNH	RHNS	(Specify)
dillus en en				di de di di di di	
				de Guireine	attention and the second
	Sarahai.			Sold of Section	
					2000
	ii daga daga daga daga daga daga daga da				
12 Child Lawrence of the Child	electrost alle				
Total Unal	lowable Bu	ilding Interest	\$	\$	6

Annual Report of Long-Term Care Facility

CSP-30 Rev.10/2005

F. Statement of Revenue

r. Statement of Re	even				·	
Name of Facility License No. Spectrum Healthcare Derby, LLC d/b/a B 2236-C		Report for Y 9/30/2017	ear Ended		_	of 37
Personal Additional Date; Disc divid D 2250-C		7/30/201/	1	<u> </u>	30 .	<i>3 </i>
Item		Total	CCNH	RHNS	(Specify	'n
I. Resident Room, Board & Routine Care Revenue		Total	301111	131113	(Specify	,
1. a. Medicaid Residents (CT only)	\$	12,390,038	12,390,038			
b. Medicaid Room and Board Contractual Allowance **	- \$		(4,951,549)			
2. a. Medicaid (All other states)	\$		(1,701,017)			
b. Other States Room and Board Contractual Allowance **	<u> </u>		:			
3. a. Medicare Residents (all inclusive)	\$		822,590			
b. Medicare Room and Board Contractual Allowance **	\$		211,272			
4. a. Private-Pay Residents and Other	\$	1	2,391,499			•
b. Private-Pay Room and Board Contractual Allowance **	\$	_,,				
II. Other Resident Revenue						
a. Prescription Drugs - Medicare	\$	67,602	67,602			1.55241.0
b. Prescription Drugs - Medicare Contractual Allowance **	\$	(67,602)	(67,602)			
c. Prescription Drugs - Non-Medicare	\$		89,253			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	· ·	(89,253)			
2. a. Medical Supplies - Medicare	\$	(17,1=10)	(57)			
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	341,671	341,671			
b. Physical Therapy - Medicare Contractual Allowance **	\$	(237,367)	(237,367)			
c. Physical Therapy - Non-Medicare	\$, , , , , , , , , , , , , , , , , , ,	,,	***		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	40,320	40,320			
b. Speech Therapy - Medicare Contractual Allowance **	\$	(28,277)	(28,277)			
c. Speech Therapy - Non-Medicare	\$	(==,=,	(-+,-,,,			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					•
5. a. Occupational Therapy - Medicare	\$	290,018	290,018			
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(220,652)	(220,652)			
c. Occupational Therapy - Non-Medicare	\$	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$	11,049,565	11,049,565			
IV. Other Revenue*		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$	188	188			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$	387	387			
V. Total Other Revenue (1 thru 8)	\$	574	574			
VI. Total All Revenue (III +V)	\$					
· /	Ψ	11,050,139	11,050,139			

^{*} 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

	Description	CCNH	RHNS	(Specify)
		factorus adiminitalists		
333833000000000000000000000000000000000		ui guirig 15		
(OA)S (P/AA/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/A/			Highelden en nedt	
12-12-12-12-12-12-12-12-12-12-12-12-12-1				Management of the contest Parks
Total Othe	r Resident Revenue - Medicare	Smirlen der Geni	\$	

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNH	RHNS	(Specify)
	PARTY AND AND AND AND AND AND AND AND AND AND		
	analymanian days with a say		
			254140-040-0410-0499-0499-0499
		A 55.5-0 (1.55 (1.55) (1.57 (1.51))	
	an and an analysis of the		\$

Interest Income

Account

Page Ref Account	Balance	CCNH	RHNS	(Specify)
Accounts Receivable		\$ 188	1200 1001 100 100 100 100 100 100 100 10	A TANAN A TANA
				Annual Color National Color Co
	William Street Control of the Control of the		enda ingirantistan (1911) yang	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total Interest Income		\$ 188	\$ -	\$

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	A CONTROL OF THE PROPERTY OF T			
				grando a converte de la constante de la consta
			in and references to the	Name of the second seco
	erenguarian dengan kanenguarian kanenguarian di kanenguarian kanenguarian kanenguarian kanenguarian kanenguari		**************************************	
e esta esta esta esta esta esta esta est			Day starbusyday sampletely stall	
		ODENERAL DESCRIPTION		Communication of the Communica
		Part And Indian Annual Part And Indian Annual Part Ann	20 A 4 0 4 1 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	ATE 10 10 10 10 10 10 10 10 10 10 10 10 10
			e in eleveration con annominate	sten kristatri Sris Sig
		80-1-16-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
		//-fyv/	\$3	\$

G. Balance Sheet

		f Facility	License No.	Report for Year Ended		ge of
Spe	CII II.	m Healthcare Derby, LLC d/t		9/30/2017	31	
Ass	ets		Account			Amount
A.		urrent Assets				
	1.	Cash (on hand and in banks	o)		\$	323,976
	2.	Resident Accounts Receiva	<u></u>	for Bad Debts)	\$	2,828,511
		Other Accounts Receivable			\$	(23,497
	4	Inventories	0		\$	5,013
	5.	Prepaid Expenses	- Marian		\$	161,979
		a. Prepaid-Expenses		31,517	4	
		b. Prepaid-Insurance	****	130,462		
		c.				
		d.				
	6.	Interest Receivable	*****		\$	
	7.	Medicare Final Settlement I	Receivable		\$	
	8.	Other Current Assets (itemize	ze)		\$	161,024
		Resident Refunds		161,024		
		***************************************	*****			
A-9.	To	otal Current Assets (Lines A.	thru 8)		\$	3,457,007
B.		xed Assets				
		Land			\$	
	2.	Land Improvements	*Historical Cost		\$	-
			Accum. Depreciati	ion Net		
	3.	Buildings	*Historical Cost		\$	
			Accum. Depreciati	ion Net		
	4.	Leasehold Improvements	*Historical Cost		\$	
			Accum. Depreciati	on Net		
	5.	Non-Movable Equipment	*Historical Cost	268,731	\$	123,321
			Accum. Depreciati			
	6.	Movable Equipment	*Historical Cost	495,005	\$	29,816
			Accum. Depreciati	on 465,189 Net		
	7.	Motor Vehicles	*Historical Cost		\$	
			Accum. Depreciati	on Net		Man 18 - 0
	8.	Minor Equipment-Not Depre	eciable		\$	
	9.	Other Fixed Assets (itemize)	- *********	\$	
3 10	1	Total Final Assats (Lines D	1 (h 0)			
3-10	<u>ا.</u>	Total Fixed Assets (Lines B	i tnru 9)		\$	153,137

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended		Page	of
Spectrum Healthcare Derby, LLC	l/b/a 2236-C	9/30/2017		32] 37
	Account			Amo	unt
		Total Brought Forward	: \$		3,610,144
C. Leasehold or like property red	corded for Equity Purpo	oses.			
1. Land	·		\$		••
2. Land Improvements	*Historical Cost	11,650			
-	Accum. Depreciat		\$		
3. Buildings	*Historical Cost	6,103,921			
	Accum. Depreciat		\$		2,068,849
4. Non-Movable Equipment		276,545			
	Accum. Depreciat		\$		
5. Movable Equipment	*Historical Cost	339,981	1.		
	Accum. Depreciat	tion 339,981 Net	\$		
6. Motor Vehicles	*Historical Cost				•
	Accum. Depreciat	tion Net	\$		
7. Minor Equipment-Not De			\$		
C-8 Total Leasehold or Like Prop	perties (C1 thru 7)	6°-4-4-	\$		2,068,849
D. Investment and Other Assets					
1. Deferred Deposits	····		\$	TO THE WHOLE	
2. Escrow Deposits	d. W.Y.Y.		\$		****
3. Organization Expense	*Historical Cost				
4 C 1 11 C 1 10 1	Accum. Depreciat	ion Net	\$		***************************************
4. Goodwill (Purchased Only		1111 - 11 ₁ - 1 ₁	\$		
5. Investments Related to Re	sident Care (itemize)		\$		
			4		
	175				
6. Loans to Owners or Relate	· · · · · · · · · · · · · · · · · · ·		\$		
Name and Address	Amount	Loan Date			
				acontrido e su	
7. Other Assets (<i>itemize</i>)			6		20.951
Lease Deposits/Utility	Domocita	1.502	\$		39,851
Utility Deposit	Ochostis	1,523 38,328	-		
		36,328			
D-8. Total Investments and Other	Assets (Lines DI than	7)	\$		20 951
D-9. Total All Assets (Lines A9 +)	R10 + C8 + D8	1)	\$		39,851
Dy, xour xxx 1255055 (Dillos A)			<u>13</u>		<u>5,</u> 718,843

^{*} 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 Fac	-		License No.	Report for Year I	Ended	Page		of
Spectrum He	ealthe	are Derby, LLC d/b/a Birmi	1 2236-C	9/30/2017		33		37
			Account			Ar	nount	
Liabilities		•						
A.	Cu	rrent Liabilities						
	1.	Trade Accounts Payable			\$		2,432,9) 70
	2.	Notes Payable (itemize)			\$			
}								
		T 70 11 A 70 1						
	3.	Loans Payable for Equipme			\$			
		Name of Lender	Purpose	Amount	Date Due			
		•						
								-
	4.	Accrued Payroll (Exclusive	of Owners and/or S	tockholders only)	\$		252,4	38
		Accrued Payroll (Owners a			\$			
		Accrued Payroll Taxes Paya			\$		7,3	14
	7.	Medicare Final Settlement	Payable		\$			
	8.	Medicare Current Financing	g Payable	•	\$			
	9.	Mortgage Payable (Current	Portion)		\$			
	10.	Interest Payable (Exclusive	of Owner and/or Re	lated Parties)	\$			
		Accrued Income Taxes*			\$. "	
	12.	Other Current Liabilities (it	emize)		\$		2,410,5	62
		Accrued Property Taxes, Water & Se	3,18	36 Working Capital Line of				
		Accrued Expenses	310,93					
		Accrued Provider Tax	1,152,24	16		10000		
		Due To Related	(300,68	37)				
A-13.	Tota	al Current Liabilities (Line	s A1 thru 12)		\$		5,103,2	84

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a Bir	2236-C	9/30/2017		34	37
1	Account			Amo	ount
		Total Brough	nt Forward:		5,103,284
Liabilities (cont'd)					
B. Long-Term Liabilities					İ
1. Loans Payable-Equipment			\$		
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable	<u> </u>		\$		
3. Loans from Owners or Rela	ated Parties (itemize)		\$		
Name and Address of Lender	Amount	Loan Da	ate		
·					
·					
					366
4. Other Long-Term Liabilitie	s (itemize)		\$		
B-5. Total Long-Term Liabilities (I	ines B1 thru 4)		\$		
C. Total All Liabilities (Lines A-1	3 + B-5)		\$		5,103,284

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

1	ne of Facility License N		Report for Y	ear Ended		age	of
Spe		36-C	9/30/2017			35	37
A.	A. Reserves						t
1							
<u> </u>	1. Reserve for value of leased land				\$		
ĺ	2. Reserve for depreciation value of lease	d building	gs and appurte	nances			
	to be amortized	<u></u>			\$	2,	052,619
	3. Reserve for depreciation value of lease	d persona	l property (Eq	uity)	\$	wh	
	4. Reserve for leasehold real properties or	n which fa	air rental value	e is based	\$		132,338
	5. Reserve for funds set aside as donor res	stricted			\$		
	6. Total Reserves				\$	2,	184,957
В.	Net Worth						
	1. Owner's Capital				\$	·	
	2. Capital Stock		VIA		\$		
	3. Paid-in Surplus	.,,	******		\$		
	4. Treasury Stock				\$		
	5. Cumulated Earnings				\$	(.	596,288)
	6. Gain or Loss for Period	10/1/2016	thru	9/30/2017	\$	(:	973,111)
~~~~	7. Total Net Worth				\$	(1,	569,399)
C.	Total Reserves and Net Worth	***			\$		515,558
D.	Total Liabilities, Reserves, and Net Worth	***			\$	5,	718,843

# H. Changes in Total Net Worth

	e of Facility	License No.	Report for Year	Ended	Page	of
Spec	trum Healthcare Derby, LLC d/b/a l	2236-C	9/30/2017		36	37
		Account			Aı	mount
A.	Balance at End of Prior Period as s	hown on Report of (	09/30/2016		\$	(3,546,262)
В.	Total Revenue (From Statement of				\$	11,050,139
C.	Total Expenditures (From Stateme	nt of Expenditures F	Page 27)		\$	12,023,250
D.	Net Income or Deficit				\$	(973,111)
E.	Balance				\$	(4,519,373)
F.	Additions	,				
	Additional Capital Contributed	(itemize)				
	2. Other (itemize)		÷			
TC 2	Total Additions				£	
G.	Deductions Deductions				\$	·-···
u.	Drawings of Owners/Operators.	(Partners (Snasify)			¢.	
	Name and Address (No., City,		Title	Amarımt	\$	
	Traine and Address (170., City,	siaie, zip)	11116	Amount		
	2. Other Withdrawings (Specify)				\$	
	Purpose		Λ		Φ	
	rutpose		Amor	шц	100000000000000000000000000000000000000	
	3. Total Deductions				e e	
H.	Balance at End of Period	09/30/1	7		<u>\$</u>	(4.510.272)
11.		09/30/1			φ	(4,519,373)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Spectrum Healthcare Derby, LLC d/b/a	2236-C	9/30/2017	37	37
Check appropriate category				
☐ Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)		
Preparer/Reviewer Certification				
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.				
Signature of Preparer	Title	Date Signed		
Denne Eargeliste	Accounting Manager	1/10/18		
Printed Name of Preparer		•		
Gennaro Evangelista				
Address		Phone Number		
27 Naek Rd., Vernon, CT 06066		860-871-5454		