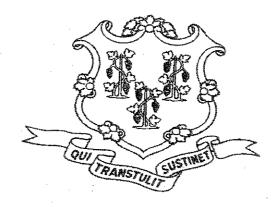
## **State of Connecticut**



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

Name of Facility (as	licensed)						
Crestfield Rehab & I	enwood Manoi	r					
Address (No. & Street	et, City, State, Z	Zip Code)					
565 Vernon St Manc	hester, CT 060	42			•		
Type of Facility	,						
Chronic and C	Convalescent		Rest Home wit	th Nursing			
☑ Nursing Home	e only	$\checkmark$	Supervision or	ıly		(Specify)	
(CCNH)			(RHNS)	•		, -	
Report for Year Begi	nning		Report for Yea	r Ending			. :
10/1/2016			9/30/2017			V 10	
,						***	
License Numbers:		CCNH	RHNS		(Specify)	. N	Medicare Provider
		1014C	106RH	07-501			07-5013
			,		•		
Medicaid Provider N	umbers:		NH	RH	INS	]	CF-IID
		10140					
For Department Us	e Only						
Sequence Number	Signed and	Date	Sequence N	lumber	Cionad a	nd Notarized	Date Received
Assigned	Notarized	Received	Assign	ed	Signed a	na notanzea	Date Received
·							
	Y'' 1	·					
				*	1		

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#### General Information

	⊐icense No.	Report for Year Ended	Page	ot
Crestfield Rehab & Fenwood Manor 10	1014C	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 Crestfield Rehab & Fenwood Manor [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 //30/18	Signed (Owner)	Date (/30/18
Printed Name (Administrator)			Printed Name (Owner)	
Scott Duell			Sean Murphy	
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me: 01-30-18	CT	01-30-18	Mas Nacher	11.130 120
Address of Notary Public		ť		
565 Vernin	At Manc	hester (	7 06042	·

(Notary Seal)

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

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	stm	ent		Page	of
				1A	37
Name of Facility		Period Cov	ered:	From	То
Crestfield Rehab & Fenwood Manor				10/1/2016	9/30/2017
Address of Facility					
565 Vernon St Manchester, CT 06042		1			PATTAL III.
Report Prepared By		Phone Nun		Date	
Gennaro Evangelista		860-871-54	154	1/29/2018	
Item		Total	CCNH	RHNS	(Specify)
Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-2 Rev. 10/2005

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

•	_								
				cility	Report for Ye	ar Ended		ŀ	of 7
NT		860	643-5151		9/30/2017	7:\	2		7
Name of Facility (as shown on license) Crestfield Rehab & Fenwood Manor					Street, City, Sta				
	CNH T	—	RHNS	: St IVI T	fanchester, CT	06042	Medicare P		NI
License Numbers: 1014C		106I			(Specify)		07-5013	TOVIGE	r No.
Type of Facility (Check appropriate box(es))		1001	XIX.				<u>07-3013</u>		
☐ Chronic and Convalescent Nursing Home only (CCNH)			Home with lervision only			(Specify)	ı		
Type of Ownership (Check appropriate box)									
O Proprietorship O LLC O Partner	rship	0	Profit Corp.	0	Non-Profit Cor	гр. О	Government	0 1	Frust
If this facility opened or closed during report year	provide:	:		Date	Opened	Date Clos	sed		
Has there been any change in ownership									
or operation during this report year?		0	Yes	0	No	If "Yes,"	explain fully	y	
Administrator									
Name of Administrator Scott Duell					Nursing Ho Administrate License N	or's	1478		
Other Operators/Owners who are assistant adminis	strators (	full	or part time)	of th					-
Name					License N	Jo.:			

## General Information and Questionnaire Partners/Members

Name of Facility Crestfield Rehab & Fenwood	Manor	License No. 1014C	Report for 3 9/30/2017	Year Ended	Page of 3 37
Legal Name of Par Spectrum Healthcare Manche		Business 27 Naek Road,			or Town(s) in Legistered
		06066	, voinon, or		•
Name of Partners/Members	Business A	Address		Title	% Owned
Howard Dickstein	27 Naek Road, Verno	n, CT 06066	President &	CEO	65
Brian Dickstein	27 Naek Road, Verno	n, CT 06066	VP, Operati	ons	17.5
Sean Murphy	27 Naek Road, Verno	n, CT 06066	CFO		17.5

State of Connecticut Annual Report of Long-Term Care Facility CSP-3A Rev. 10/2005

## General Information and Questionnaire Corporate Owners

Name of Facility	License No. Report for Year Er	ded	Page of
Crestfield Rehab & Fenwood Manor	1014C 9/30/2017		3A 37
If this facility is owned or operated as a corp	oration, provide the following informa	tion:	
Legal Name of Corporation	Business Address	State(s) in Whi	ch Incorporated
Name of Directors, Officers	Business Address	Title	No. Shares
			Held by Each
·			
		:	
Names of Stockholders Owning at Least			
10% of Shares			
		-	
	· .	·	
			·
•			

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

## General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2017	3B	37
If this facility is owned or operated as an individua	al proprietorship, p	provide the following information	tion:	
Ow	ner(s) of Facility			
		·		
. *************************************				
			<del> </del>	
	•			
	·			
**************************************				
		<del>.</del>		

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## General Information and Questionnaire Related Parties\*

Name of Facility		Licens			Report for Year Ended		Page	of
Crestfield Rehab & Fen	wood Manor	<u> </u>	1014C		9/30/2017		4	37
	eiving compensation from the f					If "Yes," provide th	e Name/Ad	dress and
marriage, ability to con	trol, ownership, family or busin	ess asso	ciation'	0	Yes • No	complete the inform	nation on Pa	nge 11 of the report.
Are any individuals or o	companies which provide goods	or serv	rices,					
	property or the loaning of funds							
•	association, common ownership e owners, operators, or officials				⊙ Yes O No	If "Yes," provide th	e following	information:
		I	so Provi Is/Servi			Indicate Where Costs are Included		
Name of Related	Business	1	Related		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		Management Services	Page 16 Line m12	652,511	652,511
	27 Naek Rd., Vernon, CT 06066	0	•		Owns Physical Property	Page 22 Line 9	1,569,180	1,569,180
Spectrum Healthcare Torrington	225 Wyoming Ave Torrington, CT	0	•		Dietician	Page 10 Line a5a	30,182	30,182
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0				W** W. A	***************************************

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

<sup>\*\*</sup> Provide the percentage amount of revenue received from non-related parties.

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

Name of Facility	License No	Э.	Report for Year Ended	Page	$\mathbf{of}$				
Crestfield Rehab & Fenwood Manor	1014C	,	9/30/2017	5	37				
If the facility is licensed as CDH and/or RCH o	r provides A	s AIDS or TBI services with special Medicaid rates, costs							
must be allocated to CCNH and RHNS as follo	ws:								
Item			Method of Allocation						
Dietary		Number of	meals served to residents						
Laundry		Number of	pounds processed						
Housekeeping		Number of	square feet serviced						
		Number of	hours of routine care provided	by EAC	H				
Nursing		employee c	lassification, i.e., Director (or	Charge 1	Nurse),				
		Registered 1	Nurses, Licensed Practical Nu	ırses, Aid	les and				
		Attendants							
Direct Resident Care Consultants		Number of	hours of resident care provide	d by EA	CH				
		specialist (	See listing page 13)						
Maintenance and operation of plant		Square feet							
Property costs (depreciation)		Square feet							
Employee health and welfare		Gross salari							
Management services Appropriate cost center involved									
	All other General Administrative expenses Total of Direct and Allocated Costs								
The preparer of this report must answer the foll	owing ques	tions applica	ble to the cost information pr	ovided.					
1. In the preparation of this Report, were all	• Yes	O No	If "No," explain fully why suc	h allocat	ion was				
costs allocated as required?	O 1 CS	O No	not made.						
			·						
2. Explain the allocation of related company ex	penses and	attach copy	of appropriate supporting data	a					
			·						
	•								
<u>;</u>									
3. Did the Facility appropriately allocate and se				ome cost	centers?				
(e.g., Assisted Living, Home Health, Outpati	ent Services	s, Adult Day	Care Services, etc.)						
	• Yes	O ING	If "No," explain fully why suc not made.	h allocat	ion was				
F									

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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.

		License No.	Report for Y	ear Ended		Page of	
restfield Rehab & Fenwood Manor		1014C	9/30/2017	9/30/2017			
Relate	ed * to					6 37	
l	•	·					
_					Annual		
			Date of	Term of	Amount	Amount	
$\vdash$	····		Lease**	Lease	of Lease	Claimed	
0	0	Canon Copier	02/14/13	60 mos	3,892	3,892	
0	0						
0	0						
0	0					·	
0	0						
0	0						
0	0	-					
0	0						
0	0						
0	. 0						
	Own Oper Offi Yes O O O O O O O O	O	Related * to           Owners,         Operators,         Officers           Yes         No         Description of Items Leased           O         O         Canon Copier           O         O         O           O         O         O           O         O         O           O         O         O           O         O         O           O         O         O           O         O         O           O         O         O           O         O         O           O         O         O	Total C   Post Control Country	Related * to Owners, Operators, Officers	Related * to Owners, Operators, Operators, Officers         Operators, Officers         Date of Lease **         Term of Lease of	

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

<sup>\*\*</sup> Attach copies of newly acquired leases.

<sup>\*\*\*</sup> Amount should agree to Page 22, Line 6e.

## General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended		Page	of
Crestfield Rehab & Fenwood Mano	1014C	9/30/2017		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:		<del>'</del>	
		J			
	Modified Cash				
Is the accounting basis for this					
	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	\		
1		ridaress (No. & Street, City, State, Zip Code,	,		
2					
3					
4					
Services Provided by This Firm (des	scribe fully)			_*****	
1					
2			. \$		
2			\$		
3			\$		
4			\$		
		· · · · · · · · · · · · · · · · · · ·	Charge for	Services Pro	ovided
	· ·		\$		
	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.			
O Yes O No					
Legal Services Information	•		I		
Name of Legal Firm or Independent 1 Ed Slegeski Constable	Attorney		Telephone	Number	
<ol> <li>Ed Slegeski Constable</li> <li>Probate Court Manchester</li> </ol>					
3 Town of Manchester-Constable					
4 Treasurer State of Connecticut					
5 US Trustee					
Address (No. & Street, City, State, Z	(ip Code)		<u> </u>		
1	T TOWY				
2					
3				•	
4					
5	- · · · · · · · · · · · · · · · · · · ·				
Services Provided by This Firm (des	cribe fully)				
l Probate Fees for COE/COP Application	on .	,	\$	43	
2 Conservator Fees				. 233	
3 Conservator Fees			<u> </u>	450	
4 Conservator Fees			s		
5 Bankruptcy				1,858	
э тапктиргеу		<u> </u>	\$	29,900	.1.3
				Services Pro	vided
A The Class B C 11 d 5	to the company of the company		j · \$	32,484	
	iture Portion of This Report? If Y Page 15 Line 1e	es, Specify Expense Classification and Line No.			
O Yes O No	age 13 Line 16				
	· ·				

State of Connecticut

Annual Report of Long-Term Care Facility

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## **Schedule of Resident Statistics**

Name of Facility				No.			Report fo	r Year Ende	ed		Page	of
Crestfield Rehab & Fenwood Manor			10	)14C	9/30/2017						8	37
					Period 10/1 Thru 6/30 P			Period 7/	17/1 Thru 9/30			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	ССИН	RHNS	(Specify)
1. Certified Bed Capacity								(1 27				(Speedily)
A. On last day of PREVIOUS report period	155	95	60		155	95	60		155	95	60	
B. On last day of THIS report period	155	95	60		155	95	60		155	95	60	
Number of Residents     A. As of midnight of PREVIOUS report period	115	82	33		115	82	33		104	76	28	
B. As of midnight of THIS report period	108	80	28		104	76	28		108	80	28	
3. Total Number of Days Care Provided During Period												
A. Medicare	6,780	2,197	4,583		5,261	1,658	3,603		1,519	539	980	
B. Medicaid (Conn.)	25,803	25,803			19,387	19,387			6,416	6,416		
C. Medicaid (other states)										3,110		
D. Private Pay	5,914	1,589	4,325	7.//-	4,282	1,200	3,082		1,632	389	1,243	
E. State SSI for RCH		···			,,,,	-,-,-	2,002		1,002	367	1,273	
F. Other (Specify)	2,926	950	1,976		2,244	729	1,515		682	221	461	
G. Total Care Days During Period (3A thru F) Total Number of Days Not Included in Figures in 3G	41,423	30,539	10,884		31,174	22,974	8,200		10,249	7,565	2,684	
4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	41,423	30,539	10,884		31,174	22,974	8,200		10,249	7,565	2,684	

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Schedule of Resident Statistics (Cont'd)

License No. Report for Year Ended

Name of Faci	•				ise No.				Kepor	t for Year			Page	Of
Crestfield Re	hab & F	enwood	l Manor	1	014C					9/30/201	7		9	37
	Were there any changes in the certified bed capacity during the report year?  If "YES", provide the following information:					0	Yes	•	No					
			f Change		Cl	nange	in Bed	s		Car	nacity Afl	er Change		
Date of		RHNS	. <u> </u>		Lost	lange		Gaine	d.		puolity 1111	Change		
Date of	CCMII	KHINS	(Specify)		LOSI	г		Jame	u	1				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)		(2)	CCNH	RHNS	(Crosify)	Doggon f	on Clean as
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNII	KIIIS	(Specify)	Reason i	or Change
						<del>                                     </del>								<u> </u>
					<del></del> -								<u> </u>	
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 Re	esiden	t Days					CC	NH	RHNS	(Spe	cify)
1st chang	ge				,								`. <b>.</b>	
2nd chan	ge										'			
3rd chan	ge													
4th chang			1110											
6. Number	of Resid	lents an	d Rates on Septe	mber			ar							
			Medicare		Medic	caid				Se	lf-Pay		Other Sta	te Assisted
	Item		CCNH	C	CNH	RI	INS	CC	NH	RH	INS	(Specify)	R.C.H.	ICF-MR
No. of Re			. 13		65				9		21			
Per Diem														
a. One b														
c. Three		<u> </u>			240.03				320-475		320-475			
bed r					240.03				380.00		380.00			
		D1 :	1.001 m											
			l Therapy Treat	nents						TOT		CCNH	RHNS	(Specify)
	Medica		usive of Part B)								1,849	870	979	
			e Treatments								(73	673		-
			Treatments						-		673	673		
	Other	orative	Treatments								390	117	273	
		hvsical	Therapy Treatn	ents							2,912	1,660	1,252	
			Therapy Treatm								-,5 1-	1,626	-,	
	Medicar										415	334	81	
В.	Medicai	d (Excl	usive of Part B)		****									
	1. Mair	itenance	e Treatments						ſ		150	150		
		orative [	<b>Freatments</b>		-									
	Other									•	128	73	55	
			herapy Treatme								693	557	136	
			tional Therapy T	reatn	nents									
	Medicar										2,017	1,178	839	
			usive of Part B)											
			Treatments								710	710		
	2. Resto Other	лапуе	<u>Freatments</u>								***	ا ـ سرو	21.	
		ccunati	onal Therapy Ti	ontre	onte				-		390 3,117	176 2,064	214 1,053	
<i>D</i> , .	- 0144 01	гоприн	Inclupy II	Julii	citto .				ļ		ا 3,117	2,004	1,000	

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

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	- Sarari			D	
Crestfield Rehab & Fenwood Manor	i		Report for Yea	r Ended	Page	of
	1014C		9/30/2017		10	37
Are time records maintained by all individuals receiving co	ompensation?	•	Yes	0	No	
			Total Cost a	nd Hours		
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages* 1. Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	92,096	1,652	32,865	590		
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	256,743	11,390	91,619	4,065		
5. Dietary Service						
a. Head Dietitian     b. Food Service Supervisor	22,244 49,501		7,938	225 582		
c. Dietary Workers	308,047	1,632 20,569	17,665 109,927	7,340		
6. Housekeeping Service	308,047	20,309	105,527	7,540		
a. Head Housekeeper				antistica di Nacionaliani di Nacionalia		
b. Other Housekeeping Workers	158,528	11,116	100,082	7,018		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	32,818	1,392	20,719	878		
b. Other Maintenance Workers 8. Laundry Service	29,898	1,954	18,875	1,233		
a. Supervisor	40,372	1,626	14,407	580		
b. Other Laundry Workers	102,377	6,157	36,533	2,197		
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	139,002	3,148	49,603	1,124		
b. RN	137,002	3,170	47,005	1,124		
1. Direct Care	627,644	15,450	223,976	5,513		
2. Administrative**	101,570	3,045	36,246	1,086		
c. LPN						
1. Direct Care 2. Administrative**	857,845	29,492	306,124 20,423	9,168		
d. Aides and Attendants	57,232 1,387,433	1,495 86,294	495,109	534 30,794		
e. Physical Therapists	1,367,433	60,294	493,109	30,794		
f. Speech Therapists			·			
g. Occupational Therapists						
h. Recreation Workers	92,263	4,709	32,924	1,680		
i. Physicians						
Medical Director     Utilization Review						
3. Resident Care***						
4. Other (Specify)						
	:					
j. Dentists						
k. Pharmacists	<u> </u>					
1. Podiatrists  m. Social Workers/Coss Management	100 504	7.430	(5.65	2.654		
m. Social Workers/Case Management n. Marketing	189,594	7,439	67,657	2,654		
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	4,545,209	209,191	1,682,692	77,261		

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

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

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

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

	CC	ENH	RI	INS	(Specify)		
Position	\$	Hours	\$	Hours	\$	Hours	
		628-046-0					
		opvanst paparets clinicis					
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		7,000,010,000,000,000,000,000,000	rome (proping and Well 2013)			Barrer of State of the Control of th	
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						2011,054,044,777,100,101,11	
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	Control of the second s		Anna Mana Marka Ma				
		Service College	e onem metor ben med (1846) 450	**************************************			
				1,271			
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Total	S -			a (anaramina a and branch add )			
	3	<u> </u>		***************************************	8 - 1		

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

		CC	NH	RH	NS	(Specify)		
Service		\$	Hours	\$	Hours	\$	Hours	
	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	The state of the s						
hysician Services	Commence Commence	16,339	218	\$ 5,831	78			
Optometric Services	\$	82		S 29			- A - C - C - C - C - C - C - C - C - C	
	A COMPANY OF THE PROPERTY OF T		2000 W 1000 W 1000 W 100	A CONTROL OF THE CONTROL OF T	reconstruction of the second			
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n naan marka ah						g ha faran ha ban bat ballih vabi inaviat ban naviat dan San San San San San San San		
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				111174 1000 1000 1000 1000 1000 1000 100				
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otal		1,5,400	17.31.1. 4.713.0417.417.417.417.413	6 5000				
<b>Utal</b>	<u> </u>	16,422	219	\$ 5,860	79	\$ -	-	

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\*

#### Name of Facility License No. Report for Year Ended Page of Crestfield Rehab & Fenwood Manor 1014C 9/30/2017 11 37 Salary Paid Fringe Benefits and/or Other Line Where Total Total Payments Full Description of Claimed on Hours Name and Address of All Hours Compensation Name **CCNH RHNS** (describe fully) (Specify) Services Rendered Worked Page 10 Other Employment\*\* Worked Received Section I - Operators/Owners Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).

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

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

State of Connecticut

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

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Y			Page	of
Crestfield Rehab & Fenwood Man	or .			1014C		9/30/2017			12	37
Name	ССИН	Salary Paid	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***										
Scott Duell	89,311	31,871		Standard		2,159	A2			
Lyndsey Brenes 08/01/17- 09/30/17	2,786	994		Standard		83	A2			
Section IV - Assistant Administrators										
	· · · · · · · · · · · · · · · · · · ·									

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

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

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

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

CSP-13 Rev. 9/2002

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

Nome of Facility					T =	
Name of Facility Crestfield Rehab & Fenwood Manor	License No.		Report for Y	ear Ended	Page	of
Clestried Kenab & Penwood Manor	101	14C	9/30/2017		13	37
The second section of the second section of the second section of the second section of			Total Cost	and Hours		
						İ
Trans	CONT				(5 ,6 ,	
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee					50000	100
for service basis in lieu of salary (For all such services complete Schedule B1)						8
1. Dietitian	1					
2. Dentist					ļ	
3. Pharmacist	0.000	120	2.225	11		
4. Podiatrist	9,066	120	3,235	44		-
5. Physical Therapy						
a. Resident Care	202.240	2 200	152 242	0.556		i i
b. Other	203,269	3,388	153,343	2,556	]	
6. Social Worker				-		
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	50.405	///	10.017	2.40		
b. Utilization Review	50,485	673	18,016	240		
•						
(Title 18 and 19 only) monthly meeting c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee						
(Quarterly meetings)			İ			
2. Pharmaceutical Committee						
(Quarterly meetings)						
3. Staff Development Committee						
(Once annually)						
e. Other (Specify)						i i
9. Speech Therapist						
a. Resident Care	00.021	1 222	24.261	201		
b. Other	99,931	1,332	24,361	324		
10. Obouputional Inotapist		4.00	122.22	0.00		
a. Resident Care b. Other	261,267	4,354	133,396	2,224		
11. Nurses and aides and attendants						
a. RN						
a. RN 1. Direct Care	66.605		00 7/0			
2. Administrative***	66,605	1,211	23,768	432		
b. LPN						
•	2.220	7.0				il a
Direct Care     Administrative***	3,230	72	1,153	26		•
c. Aides						· <u>-</u>
d. Other						
12. Other (Specify) See Attached Schedule						
	16,422	219	5,860	79		
B-13 Total Fees Paid in Lieu of Salaries  * Do not include in this section management consultants or services which	710,274	11,369	363,132	5,925		

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

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

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

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

Name of Facility	License No.	, i			of				
Crestfield Rehab & Fenwood Manor	1014C		9/30/2017		14 3				
		Related*	* to Owners,						
Name & Address of Individual	Full Explanation of Service		Operators, Officers		Explanation of Relationshi				
		Yes	No						
Constantine Zariphes MD, 945 Main St., Suite 102, Manchester, CT 06040	Medical Director	0	•						
Pharamerica, PO Box 409251, Atlanta, GA 30384	Pharmacy Consultant	0	•						
Select Rehabilitation, Inc., 550 Frontage Rd., Suite 2415 Northfield, IL 60093	Frontage Rd., Suite Contract Therapy		•						
Dr. Joseph Brenes-The Hospitalist Company-PO Box 844929, Los Angles, CA 90084-4929	Medical Director	0	<b>O</b>						
HealthDrive Dental Group-888 Worchester St., Wellesley. MA 02482-3744	Dental Consultant	0	0						
Dr. Gilberto Ramirez-Collins Medical Associates, 95 Woodlawn St., Hartford, CT 06105	Medical Director	0	0						
The Nurse Network-5 Central Ave., E. Hartford, CT 06150	Pool Nursing	0	0						
Worldwide Staffing-175 Dwight Rd., Longmeadow, MA 01106	Pool Nursing	0	0						
		0	0						
		0	0						
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<sup>\*</sup> Use additional sheets if necessary.

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

## **Annual Report of Long-Term Care Facility** CSP-15 Rev. 10/2005

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C		9/30/2017		15	37
		*******				
Item			Total	CCNH	RHNS	(Specify)
1. Administrative and General						
a. Employee Health & Welfare Benefits						
Workmen's Compensation		\$	140,527	102,585	37,942	and the second s
2. Disability Insurance		\$		·		
3. Unemployment Insurance		\$	97,967	71,516	26,451	
4. Social Security (F.I.C.A.)		\$	451,068	329,280	121,788	
5. Health Insurance		\$	735,831	537,157	198,674	
6. Life Insurance (employees only)						
(not-owners and not-operators)		\$				
7. Pensions (Non-Discriminatory)		\$				
(not-owners and not-operators)						
8. Uniform Allowance		\$				
9. Other (Specify)		\$				
See Attached Schedule						
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and			line and the second	Contractor		
Operators (Discriminatory)*					100000	
c. Bad Debts*		\$	300,000	221,100	78,900	
d. Accounting and Auditing		\$				
e. Legal (Services should be fully described o	on Page 7)	\$	32,484	23,941	8,543	
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*						
g. Office Supplies		\$	27,459	20,237	7,222	
h. Telephone and Cellular Phones	1.20					
1. Telephone & Pagers		\$	24,562	18,102	6,460	
2. Cellular Phones		\$				
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						
3. Resident Day User Fee		\$	676,907	577,402	99,505	
Subtotal		\$	2,486,804	1,901,318	585,486	

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

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

Crestfield Rehab & Fenwood Manor 9/30/2017

Attachment Page 15

## **Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	Proposition of the control of the co		
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			Bergoria (2. maio 1966). Majora de Milandro (2. majora (2. majora (2. majora (2. majora (2. majora (2. majora (2. majora (2. majora (2
		A CONTRACTOR OF THE CONTRACTOR	
Total		<b>d</b>	
	\$	Substitution (Force)	Sign of the second

## **Schedule of Other Taxes**

Description	CCNH	RHNS	(Specify)
			V-000-00-02-02-02-02-0-0
	AND THE PARTY OF T		
760	\$	\$	\$

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

Name of Facility	License No.		Report for	Year Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C		9/30/2017		16	37
	1					
Item			Total	CCNH	RHNS	(Specify)
	ls Brought Forw	ard:	2,486,804	1,901,318	585,486	
l. Travel and Entertainment	<u> </u>		, , , , , , , , , , , , , , , , , , , ,	, ,	,	
1. Resident Travel and Entertainment		\$	12,197	8,989	3,208	
2. Holiday Parties for Staff		\$	25	18	7	
3. Gifts to Staff and Residents		\$	8,708	6,364	2,344	
4. Employee Travel		\$	12,642	9,229	3,413	
5. Education Expenses Related to Seminars an	d Conventions	\$	1,738	1,269	469	
6. Automobile Expense (not purchase or depre	eciation)	\$	236	174	62	
7. Other (Specify)	, <u>, , , , , , , , , , , , , , , , , , </u>	\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expenses	s )	\$	3,000	2,190	810	270018 34 E 5018 1 7 30 E 6 10 10 10 4 E 600018 C 600018
2. Advertising Telephone Directory (all such e	expenses )***	\$				
3. Advertising Other (Specify)***		\$	19,279	14,209	5,070	
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records	<u> </u>	\$			<u>.</u>	
6. Barber and Beauty Supplies (if this service if	is supplied	\$	,			
directly and not by contract or fee for service	e)***					
7. Postage		\$	8,827	6,505	2,321	
* 8. Dues and Membership Fees to Professional		\$	11,631	8,572	3,059	
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-Al	llowable Org.***	\$				
9. Subscriptions	-	\$	546	403	144	
10. Contributions***		\$				
See Attached Schedule						
11. Services Provided by Contract (Specify and	Complete	\$	62,569	46,017	16,552	
Schedule C-2, Page 21 for each firm or indi	vidual)					
12. Administrative Management Services**		\$	652,511	479,596	172,915	
13. Other (Specify)		\$	101,853	75,065	26,788	
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	3,382,568	2,559,918	822,650	

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

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

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

#### Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	THERESE S		
		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	\$22654440324444624444446344463
			£4.44.5.24[1.4.44][1.4.5.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4
The second secon			
			100 1 2 100 11 11 10 11 11 10 10 10 10 10 10 10
Total Other Travel and Entertainment	**************************************	**** - 4	\$

#### Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Adversting-Promotional	\$ 3,092	S 1,103	
Marketing	\$ 11,117	\$ 3,967	
	23616112161216131777		
Total Other Advertising	\$ 14,209	\$ 5,070	<b>S</b>

#### Schedule of Dues

Description	CCNH	RHNS	(Specify)
		**************************************	
			221021201011110111111111111111111111111
Pines	e 0 577	¢ 2.050	
			100.000 000.000 000
		\$ 3,059	\$ -

#### Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	5 -	\$	\$ -

#### Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Employee Background Check	\$ 8,265	\$ 2,949	
Bank Fees	\$ 292	\$ 105	Shara an an an an an an an an an an an an an
Licenses : :: :: : : : : : : : : : : : : : :	\$ 313	\$ 112	
Late Fees, assembly and seeming and all the responsible and seeming the seeming of the seeming of the seeming the seeming of t	\$ 1,121	\$ 400	
Interest Expense-Late Fees	\$ 65,074	\$ 23,222	
			Secultable Chicago
	a a 65 a a		
i. Kiristis kiili joh kanskula apparaliin 29 oo suborka kalibiili daluukse saluse.			ACTION OF STREET
erinamenter utverises all'elizioni distributa di indicata di calcinatione			
Total Other Administrative and General	\$ 75,065	\$ 26.788	\$

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
Crestfield Rehab & Fenwood Manor	1014C	9/30/2017	17   37
Name & Address of Individual or	Cost of Management	Full Description of Mgmt. Service	Indicate Where Costs are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
Spectrum Healthcare	652,511	Home Office, Human Resource, Treasury Management and Financial Oversight	Page 16 Line m12
·			

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

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

Nor	ne of Facility		Lice		No.	Domant for X	7 F., d. d	Deser	- C
	stfield Rehab & Fenwood Manor		Lice		1014C	Report for Y 9/30/201'		Page 18	of   37
	Stricia Renab & Penwood Manor		<u> </u>		10140	9/30/201	/	10	3/
	Item				Total	CCNH	RHNS	(Sp	ecify)
2.	Dietary								37
	a. In-House Preparation & Service								
	1. Raw Food			\$	335,606	247,341	88,264		
	2. Non-Food Supplies			\$	31,500	23,216	8,285		
	3. Other (Specify)			\$			1		
	·								
	b. Purchased Services (by contract other			\$					
	than through Management Services)								
	(Complete Schedule C-2 att. Page 21)				g deletators comp. A sa sa sa sa sa sa sa sa				
	c. Management Services**			\$					
	d. Other (Specify)		_	\$					
							n karanda bir dada Karanda karanda bir bir		
2E.	Total Dietary Expenditures $(2a+b+c+d)$			\$	367,106	270,557	96,549		
				Ī					
2F.	Dietary Questionnaire				Total	CCNH	RHNS	(Sp	ecify)
G.	Resident Meals: Total no. of meals served per	r da	y:*		340	251	89		
H.	Is cost of employee meals included in 2E?		Yes		•	No			
I.	Did you receive revenue from employees?	0	Yes		•	No	If yes, specify amt.		
J.	Where is the revenue received reported in the	Co	st Rep	ort	? (Page/Line	Item)			
	Is cost of meals provided to persons other						T.C		
K.	than employees or residents (i.e., Board	0	Yes		•	No	If yes, specify		
	Members, Guests) included in 2E?						cost.		
L.	Is any revenue collected from these people?	0	Yes		• •	No	If yes, specify amt.		
M.	Where is the revenue received reported in the	Cos	st Ren	ort	? (Page/Line )	Item)			
	Is cost of food (other than meals, e.g.,		Р		(	· · · /			
N.	snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	Ö	Yes	-	•	No	If yes, specify cost.		
O.	Is any revenue collected from employees?	0	Yes		•	No	If yes, specify amt.		•
P.	Where is the revenue received reported in the	Cos	st Rep	ort'	? (Page/Line I	[tem)			

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

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

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

	ne of Facility	License		Report for Y	Year Ended	Page	of
Cre	stfield Rehab & Fenwood Manor		l014C	9/30/2017	7	19	37
	Item		Total	CCNH	RHNS	(S	pecify)
3.	Laundry  a. In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.	13,303	9,804	3,499		
	washed, ironed, and/or processed.***  2. Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	<ol> <li>Personal clothing of residents washed, ironed, and/or processed.***</li> </ol>	Lbs.					
	4. Repair and/or purchase of linens.***	Amt. \$ Lbs.		·			
		Amt. \$	18,269	13,464	4,805		
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Management Services**	\$					
	d. Other (Specify)	\$ \$		agen all responses and the			
3E.	Total Laundry Expenditures $(3a+b+c+d)$	\$	31,572	23,268	8,303		
3F. G.	Laundry Questionnaire  Is cost of employee laundry included in 3E? O	Yes	•	NA	If yes, specify cost.		
H.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost	Report?		(Page/Line			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	NA	If yes, specify cost.		
K.	Did you receive revenue from these people? O	Yes	•	Niv	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost	Report?		(Page/Line	Item)		

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

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

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

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

Name of Facility	License No.	Rep	ort for Year E	nded	Page	of
Crestfield Rehab & Fenwood Manor	1014C		9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel					
1. Supplies - Cleaning (Mops,	Amt.	\$	36,346	22,280	14,066	
pails, brooms, etc.)						
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel	.	1			
(Complete Schedule C-2 att.	Amt.	\$	2,570	1,575	995	
Page 21)						
c. Management Services*		\$				
d. Other (Specify)		\$				
4E. Total Housekeeping Expenditures (4a +	b+c+d)	\$	38,916	23,855	15,060	
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$	345,219	254,426	90,793	
				Philliphical		
b. Medicine Cabinet Drugs		\$	38,568	28,425	10,143	
c. Medical and Therapeutic Supplies		\$	332,663	245,172	87,490	
d. Ambulance/Limousine***		\$				
e. Oxygen						
For Emergency Use		\$				
2. Other***		\$	67,391	49,667	17,724	
f. X-rays and Related Radiological		\$	35,204	25,945	9,259	
Procedures***						
g. Dental (Not dentists who should be inc	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	34,022	25,074	8,948	
i. Recreation		\$	39,579	29,169	10,409	
j. Other (Specify)****		\$	164,038	120,896	43,142	
See Attached Schedule						
5K. Total Resident Care Expenditures (5a - 5	j)	\$	1,056,682	778,774	277,907	

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

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

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

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

#### Schedule of Other Resident Care

Description	(	CCNH	1	RHNS	(Specify)
PT Supplies	\$	634	\$	226	an and Aleman Assessment and Assessm
PT Supplies Part A	\$		\$	4	
OT Supplies	\$	79	\$	28	
Dues & Subscriptions	\$	441	\$	157	
IV Therapy	\$	35,452	\$	12,651	kgarany (k. 654
Outside Medical Services	S	9,714	\$	3,466	
Respiratory Therapy	\$	74,566	\$	26,609	
		ric compressions			
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	interniti				
			-50 x 13 7 x 233 x 24 1 27 x 13 7 x 233 x 24 1		
				Application of the control of the co	
		anner vener er alle ver melle (1900) a manere demail and technique (1900) b			
					rugo esperius esperius Sont disserius in Electric
					territinis et en en en en en en en en en en en en en
		er ya pangu pangu ya ku			
Total Other Resident Care	\$	120,896	\$	43,142	\$ -

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 Crestfield Rehab & Fenwood Manor	1anor			License No. 1014C	Report for Year Ended 9/30/2017	þ			Page of 21 37
		Related ** to Oumers	Oumere						1
		Operators, Officers	Officers				Total Cost/	Total Cost/Page Ref.**	26
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg Line
USA Hauling		0	•		Waste Removal	9,628	6,078		
ADP		0	•		Payroll Processing	29,898	10,780		16 m11
Tools 4 Data		0	•		Computer Maintenance	15,353	5,535		22 6f
Iron Mountain		0	•		Archives	10,514	3,752		16 m11
TRM Landscaping	**************************************	0	•		Grounds Landscaping	11,974	7,559		22 6f
TRM Landscaping		0	•		Snow Removal	6,389	4,033		22 6f
Temps Now		0	•		Housekeeping	1,575	995		20 4b
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						
		0	0						

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

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

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

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

	License No.	Report for Y	ear Ended		Page	of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2017			22	37
	•					
Item		Total	CCNH	RHNS	(Spe	cify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	65,957	40,432	25,525		
b. Heat	\$	54,339	33,310	21,029		
c. Light & Power	\$	80,661	49,445	31,216		
d. Water	\$	36,792	22,554	14,239		
e. Equipment Lease (Provide detail on pa	age 6) \$	3,892	2,386	1,506		
f. Other (itemize)	\$	91,256	58,570	32,686		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a -	6f) \$	332,898	206,696	126,202		
7. Depreciation (complete schedule page 23*	<sup>k</sup> )					•
a. Land Improvements	\$	411	252	159		
b. Building & Building Improvements	\$	34,435	21,108	13,326		
c. Non-Movable Equipment	\$	2,479	1,520	959		
d. Movable Equipment	\$	16,218	9,942	6,276		
*7e. Total Depreciation Costs $(7a + b + c + d)$	\$	53,543	32,822	20,721		
8. Amortization (Complete att. Schedule Pag	re 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 le	SS					
real estate taxes included in item 10b	\$	1,569,180	961,907	607,273		
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	115,356	70,713	44,643		
c. Personal property taxes	\$	14,378	8,814	5,564		
11. Total Property Expenses $(7e + 8e + 9 + 1e^{-1})$	0) \$	1,752,456	1,074,256	678,201		

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

## Schedule of Other Repairs and Maintenance

Description	CCNH			HNS	(Specify)	
Trash Removal	\$	9,708	\$	6,129		
Hazardous Waste Removal	\$	789	\$	498		
Service Contracts	\$	12,953	\$	8,178		
Grounds Maintenance	\$	6,424	\$	4,055		
Grounds Landscaping	\$	12,553	S	7,925		
Computer Maintenance	\$	15,353	\$	5,535		
Small Equipment Purchases-Admin	S	490	\$	177		
Small Equipment Purchases-Plant	\$	300	\$	189	ii di dirika ka	
			eride diction	hija dağı da		
		h injuries have the best of the best of	et et et et e			
	C POPPER VITE VIEW	A 100 M 100	THE WARM TO VALUE OF THE SECOND	P7 (N) (0.07/20 P (0.07/20 P) (0.07/20 P)	nighten en en en en en	
		adentinică din Receinică din		100 (100 (100 (100 (100 (100 (100 (100		
	211111111111111					
Total Other Repairs and Maintenance	\$	58,570	S	32,686	\$	

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

**Depreciation Schedule** 

Name of Facility						iation Sc	neuule	TD 31 F			<del>r</del>	
Crestfield Rehab & Fenwood Manor					License No.	1C		Report for Year E 9/30/2017	inded		Page	of
SANTON TOTAL CONTROL VICTOR					101.	+0	<u> </u>	<del></del>	1	ī	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					39,220		1					
Acquired prior to this report period							39,220	38,809	SL	8	411	NAME OF STREET
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												411
B. Building and Building Improvements												
Acquired prior to this report period					611,239		611,239	423,875	SL	Var	34,652	
2. Disposals (attach schedule)	<del></del>				(6,515)		(6,515)				(217)	
3. Acquired during this report period (atta B-4. Subtotal	ch sche	dule)										
C. Non-Movable Equipment												34,435
7 *		,			104.000							
Acquired prior to this report period     Disposals (attach schedule)					124,379		124,379	96,321	SL	Var	2,479	
Acquired during this report period (attachment)	ah saha	dulal										
C-4. Subtotal	CII SCIIE	uuie)										2.150
	Τ.							<u> </u>				2,479
	logi	nileage book ained?		te of isition Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment								Total o Operations	Septectation	Bite	Tot Tills Teat	Totals
Motor Vehicles (Specify name, model and year of each vehicle)     a.     b.     c.     d.												
2. Movable Equipment												
a. Acquired prior to this report period					322,437		322,437	260,414	SL	Var	16,150	
b. Disposals (attach schedule)			, ::			200,111	31	- ai	10,100			
c. Acquired during this report period												
(attach schedule)					4,065		4,065		SL	5	68	
D-3. Subtotal	1						.,000	Constant Section 1			50	16,218
E. Total Depreciation	1											53,543

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

Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:			ļ	
				College of Particles
STATE THE PROPERTY OF THE PROP				111.774.222.237.444.44
			Albertal Land (1975) National Land (1975)	
The state of the s	AMERICAN DESCRIPTION OF THE PROPERTY OF THE PR			
			1 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Cotal additions for Land Imm	ovements	<b>. S</b> in si renc <u>e</u> to	Affiliation Library	\$
Deletions:		*		
	Canada and Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada Canada C	**************************************	Part Carrent to the All S	angalatikaan karawa
	n appropriet promise in manufacturi (in finish in menerala su anno alla si in finish promo estanta al la si in In finish promo su anno anno anno anno anno anno anno ann			
		Appropries de la la company de la company de la company de la company de la company de la company de la company	Britis Meneraliana	
			iki karangan	
iks zacioni sa dialakasa	iki isti kisi diserrapa makaza an maraji de menalen ik			
			ĘŻŚWEDCE	
Colombia de California de C				
Cotal deletions for Land Impr	ovements	Same and Same	MANUAL VIEW COMMENTS	Small

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

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

	and report being		Useful						
Acquisition Date	Description of Item	Cost	Life	Depreciation					
Additions:									
			1 1733 133 144 144 144 174 174 174 174 174 174 174						
		1911 jahu kaluat 1914 ja jahu kantan kantan kantan kantan kantan kantan kantan kantan kantan kantan kantan kan Kantan kantan	(100 100 100 100 100 100 100 100 100 100	V 19149671717717111117171717171717171717171717					
	All the part of the same of th								
	The state of the s		Picture of the Pictur						
			30000000000000000000000000000000000000	<del>a kananagapa pakana katana managara mata</del>					
	The state of the s	AMERICAN STREET, STREE							
Lotal additions fo	or Building Improvements			\$					
Deletions:									
06/09/2016	Hot Water Heater	\$ (6,515)	10	\$ (217)					
	A Lack 1) Print Print 19 and Alleg ( Mail Administration are and the first transport and the second and the sec								
***************************************			1500.000.000.000.000.000.000.000						
	nte processo de la companya de la companya de la companya de la companya de la companya de la companya de la c La processa de la companya de la co		77710						
		ALL MANUAL DESCRIPTION OF THE PARTY OF THE P	Part Control of the C	*****************************					
otal deletions to	r Building Improvements	\$ (6,515)		\$ (217)					

<sup>\*</sup>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:		1		1
				1974174793107347773734197977777
Party of the second of the sec				
			ALIEN LES MANIELLES LES LES LES LES LES LES LES LES LE	28/4/1000/02/2012/04/2012/04/2012
	Non-Movable Equipment	\$ 1000	APPort SCIENT STATE CONTROL OF THE SCIENT STATE CONTROL OF THE SCIENT STATE CONTROL OF THE SCIENT STATE CONTROL OF THE SCIENT STATE CONTROL OF THE SCIENT STATE CONTROL OF THE SCIENT STATE CONTROL OF THE SCIENT STATE CONTROL OF THE SCIENT STATE CONTROL OF THE SCIENT STATE CONTROL OF T	\$
Deletions:	The state of the s			
				afaran bratanga aran balah tata maran tarah
		25-22-25-26-25-26-26-26-26-26-26-26-26-26-26-26-26-26-		
			The second secon	
		Carlotta conditions described in		
Lotal deletions for I	Non-Movable Equipment	\$ 7 7 2 2		\$ -

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

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

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

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

Acquisition Date Additions:	Description of Item	Cost	Useful Life	Depreciation
09/12/2017	Washer Motor & Impeller	\$ 4,065	5	\$ 68
		(22) 40 (0) (0) (0) (2) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0)	Note the residence of the second seco	45 livial (42 per nil) (4 per
		a da kilom elida udila eli al el bec		india Catalana
			ii oli oli oli oli oli oli oli oli oli o	Beginselessina. Beginselessik 2
frij is strik 2000	Movable Equipment			
	Movable Equipment	\$ 4,065		\$ 68
Deletions:				
	Section 1 and 1 an			
ental akusa eta ara	Propriet and the second	The state of the s	diameter kee	
		\$1.00 a \$10 a \$20 a		
	Movable Equipment	THE PRESENTATION OF THE PARTY O		\$

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

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

Acquisition Date	Description of Item	Cont	Useful Life	Depreciation
Additions:	Description of item	Cost	Lite	Depreciation
		ATTAC MALE VALUE OF THE PARTY O	The state of the s	
		THE REPORT OF THE PROPERTY OF		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		originari principalità di Propinsi della di Principalità di Carrolla di Principalità di Carrolla di Principalità di Carrolla d		
		eringing in the transfer of the contract of th		The second secon
	Leasehold Improvement			\$
Deletions:				
				11 (2011) 2011 2011 2011 2011 2011 2011
			A // CALL CASE OF THE PARTY OF	Y C C
				1
			Lt. 4 ; + Lt. 4 b / 4 Z 4 1 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4	
ye'h i he ha waaren h'e neujae'h meijae'h n'e jae'h n'e jae' wetenn i e'	Faschod I marylaway			1000
1 0141 4040 (10)13 101	Leasehold Improvement	<b>15</b>		<b>3</b> -

<sup>\*</sup>Ties to Page 24, Line C3
\*\*Ties to Page 24, Line C2

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

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

CSP-24 Rev. 10/2006

## **Amortization Schedule\***

Nam	e of Facility		License No.	ense No. Report for Year Ended				Page	of	
Cres	tfield Rehab & Fenwood Manor	• .		101	4C	9/30/2017			24	37
			e of			Accumulated Amort. to				
		Acqui	sition			Beginning of	Basis for			
	•			Length of	Cost to Be	Year's	Computing	Rate	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense					,,,,,,				100
	1.									englet statue e
	2.						****			
<u> </u>	3.						312			
A-4.										
B.	Mortgage Expense									
	1.									Artista de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición de la composición de la com
	2.									
<u></u>	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									Display Co.
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period					MARIE BANGON	velker fragieris green be			
	(attach schedule)									42.00
C-4.				CONTRACTOR	ida Berastan	All more than	The section of			TO POST A CONTRACT OF THE POST AND A CONTRACT AND A
D.	Total Amortization						erangen Art. St. og presente attackers			

<sup>\*</sup> 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.

<sup>\*\*</sup> Specify which of the following bases were used:

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

	License No.	Report for Year E	nded		Page of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2017			25 37
11. Property Questionnaire					
Part A			4		
Is the property either owned by the	Facility	O Yes	0	NT.	If "Yes," complete Part B.
or leased from a Related Party?*		O res	•	No	If "No," complete Part C.
*If any owner or operator of this faci	lity is related by fami	ly, marriage, ownership, ab	ility to control or		
business association to any person or a related party transaction.	r organization from w	hom buildings are leased, th	nen it is considered	I	
Description		Total			
Date Land Purchased		04/14/82		ABSS66	andrea establica de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composici
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date	of Purchase	04/05/08		alabania eta	
4. Date of Initial Licensure		05/18/82			
5. Total Licensed Bed Capacity		155	-		
6. Square Footage		55,592			
<ol> <li>Acquisition Cost</li> <li>a. Land</li> </ol>		45.040		bildeli eras	National Park Section 1
b. Building		45,348 1,746,921	<b>-</b>		
Part B - Owner and Related Part	tias	1st Mortgage		3rd Mortgage	4th Mortgage
1. Financing	ites	1st Wortgage	Ziid Mortgage	31d Wortgage	4th Moregage
a. Type of Financing (e.g., fix	ed. variable)				·
b. Date Mortgage Obtained		06/01/13			
c. Interest Rate for the Cost Y	ear	Libor + 6.25			
d. Term of Mortgage (number		. 3			
e. Amount of Principal Borrov		10,500,000			
f. Principal balance outstanding		8,310,878			
Complete if Mortgage was Re				100000	
During Current Cost Yea					
g. Type of Financing (e.g., fix h. Date of Refinancing	ed, variable)				
i. New Interest Rate			<u> </u>		
j. Term of Mortgage (number	of years)				
k. Amount of Principal Borrov					
I. Principal Outstanding on No					
Part C - Arms-Length Leases	for Real Proper	ty Improvements Only	y		
Name and Address of Lessor		Property Leased		Term of Lease	Annual Amount of Lease
				-	
	-				
			<del></del>		

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		
Crestfield Rehab & Fenwood Manor	1014C		9/30/2017			26   37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improven	nent & Non-Movab	le				
Equipment  1. First Mortgage		\$				
Name of Lender		Rate				
ramo or Bondo		Tate		10000	45234	
Address of Lender						
2. Second Mortgage		\$				
Name of Lender		Rate				
Address of Lender		<u></u>				
3. Third Mortgage		\$				
Name of Lender	. ,	Rate	and commenced and a contract and probably and			
Address of Lender		<u>'</u>				
4. Fourth Mortgage		\$				
Name of Lender		Rate	andersoller			
Address of Lender						
B. CHEFA Loan Information	1					
1. Original Loan Amount		\$				una di da di Santa di Is Santa di Santa di Santa di Santa
2. Loan Origination Date				ti etjeristi etjeristi e e elektro. Sodrani et e enekoja sistema		
3. Interest Rate %						
4. Term						
5. CHEFA Interest Exper	ıse					
12 B7. Total Building Interest Exper		\$				
<u> </u>			(Cama	y Subtotals f	convered to re	ovt naga)

(Carry Subtotals forward to next page)

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

Name of Facility Licen	se No.		Report for Y	Page of		
Crestfield Rehab & Fenwood Mand	1014C		9/30/2017			27   37
_		******				
Item	-1.4.4.1. D.	.1.5 1	Total	CCNH	RHNS	(Specify)
12. C. Movable Equipment	ubtotals Broi	ught Forward:				
1. Automotive Equipment						
A. Item	Rate	\$ Amount				
				proprior de la company	100000	Participation of
Lender						
Address of Lender	·	production of	Condition 19	lari daga daga Magazarta		
2 Other (Specific)			Structure of the second			
2. Other (Specify) A. Item	Rate	\$ Amount				
A. IOH	Kate	Amount				
Lender	<b>I</b>					
Address of Lender						
B. Item	Rate	Amount				
B. Rom	Kate	Amount				
Lender						
Address of Lender			s proper sleden spels s street	a dalam da sena a sena da sena da	ili ja ja ja ja ja ja ja ja ja ja ja ja ja	
12. C. 3. Total Movable Equipment In	terest	1011				
Expense (C1 + 2)		\$	<del></del>			
12. D. Other Interest Expense (Specify	)	\$	93,334	57,214	36,120	
Working Capital						
13. Total All Interest Expense (12B7 +	12C3 + 12D	) \$	93,334	57,214	36,120	
14. Insurance	1203   120		73,334	31,214	30,120	
a. Insurance on Property (building	s only)	\$	92,441	56,666	35,775	
b. Insurance on Automobiles	<i>31</i>	\$				
c. Insurance other than Property (a						
1. Umbrella (Blanket Coverage	)					
2. Fire and Extended Coverage						
3. Other (Specify)		\$				
						under Gericht in der Schlieber Begreger zu der Schlieber
14d. Total Insurance Expenditures (14a	+b+c)	\$	92,441	56,666	35,775	
15. Total All Expenditures (A-13 thru		\$	14,449,280	10,306,688	4,142,592	

## D. Adjustments to Statement of Expenditures

Name	e of Fa	cility		Li	cense No.	Report for Ye	Page	of	
			& Fenwood Manor		1014C	9/30/2017		28	37
					Total				
Item	Page	Line			Amount of				
	No.		Item Description		Decrease	CCNH	RHNS	(Sr	ecify)
			es and Wages				14111	(3)	
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	<del>-</del> \$					
4.			Other - See attached Schedule	 \$					
	13 - F	rofes	sional Fees	Ψ					
5.		· oj cs	Resident Care Physicians **	\$					
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	<del></del> \$		•			-
	. 15 R	16 -	Administrative and General	Þ					
8 8	, 1,5 tx	10 -	Discriminatory Benefits	\$					
9.	15	1c	Bad Debts			221 100	70.000		
10.	1.5	10		\$	300,000	221,100	78,900		
11.			Accounting & Legal	\$				ļ	
			Telephone	\$					
12.			Cellular Telephone	\$					
13.	İ		Life insurance premiums on the life	•					
			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or		property and		apoto projectiva		
		İ	universities for tuition and related costs						
			for owners and employees	\$					
16.	i		Travel for purposes of attending						
			conferences or seminars outside the		2.646.844			100	
ĺ			continental U.S. Other out-of-state		0.000				
			travel in excess of one representative	\$					
17.			Automobile Expense (e.g. personal use)	\$					
18.	16	m3	Unallowable Advertising *	\$	19,279	14,209	5,070	·	
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty	\$		·			
23.			Other - See attached Schedule	\$	1,520	1,121	400		
Page .	18 - D	ietary	Expenditures						
24.			Meals to employees, guests and others		<b>阿里尔斯斯</b> 奇	metal carrier			
			who are not residents	\$					THE STATE OF THE S
Page .	19 - L	aundi	y Expenditures						
25.	Ī		Laundry services to employees, guests						
			and others who are not residents	\$					
Page	20 - H		teeping Expenditures	Ψ					
26.	1		Housekeeping services to employees, guests	$\dashv$					
20.			and others who are not residents	\$					
	L		Subtotal (Items 1 - 26)	\$	320,799	236,430	84,370		•••
			Subtotal (nems 1 - 20)	Φ		230,430	<u>.</u>		

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

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

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

#### Schedule of Other Salaries Adjustment

		Description	CCNH	RHNS	(Specify)
(Serve) in amount of the			war spekioj stanj	in rivida a dan da	
			Part No. 60 NI Part II Part I Carlo I Part I	(4514)45(1).10(63)(40(4)(1)(1)(1)(1)(1)(1)	
111111111111111111111111111111111111111					
	(120,000,000,000,000,000,000,000,000,000,		alle behaviore de la companya de la companya de la companya de la companya de la companya de la companya de la	Second installed begins a superior advantage of	
				TIGHT (STATES AND INCOME STATES AND AND AND AND AND AND AND AND AND AND	
Zirini da Kalanda Kalanda Kalanda Kalanda Kalanda Kalanda Kalanda Kalanda Kalanda Kalanda Kalanda Kalanda Kal					
Total Other	Salaries /	Adjustment	\$	10-1 12-11-11-11-11-11-11-11-11-11-11-11-11-1	<b>S</b>
			***************************************		

#### Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			susunieniski, gidi		
				ene mindentina and	
\CV&\D&\X\\C07\03\C05\C0\C50\C50\C60\					
\$4446664445463543546644466666555354444					
Total Other	r Fees Adji	ustments	\$ -		6

#### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Late Fees	\$ 1,121	\$ 400	
				gi dagan dagan	
**************************************			unicalisti (ili 40		nardi di kata
				TPCTCTINETCHPIETCHOPITE COTOR COLOR	
				THE RESERVED OF THE PERSON OF	
Total Other	r A&G Ad		\$ 1,121	<b>\$</b> 400	\$ -

	D. Adjustments to Statement of Expenditures (cont'd)									
Nam	e of Fa	acility		Lie	cense No.	Report for	Year Ended	Page	of	
Crest	tfield I	Rehab	& Fenwood Manor		1014C	9/30/2017		29	37	
					Total					
Item	Page	Line			Amount of					
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Sp	ecify)	
			Subtotals Brought Forward	\$	320,799	236,430	84,370			
Page	20 - F	Reside	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	\$						
Page	22 - N	<b>Lainte</b>	enance and Property							
35.			Excess Movable Equipment Depreciation			Line Control	100 100 100 100		0.00	
			See Attached Schedule	\$						
36.			Depreciation on Unallowable							
			Motor Vehicles	\$						
37.			Unallowable Property and Real		AND BUILDING	100000				
			Estate Taxes	\$						
38.			Rental of Building Space or Rooms	\$						
39.			Other - See Attached Schedule	\$						
Page	27 - II	nsura	nce							
40.			Mortgage Insurance	\$						
41.			Property Insurance	\$	·					
Other	r - Mis	cellar	neous			transfer sales				
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,					1 119		
			enhancement or promotion of the							
			providers interest	\$				444		
48.			Interest Income on Accounts Rec	\$						
49.			Other (include personnel and other							
			costs unrelated to resident care) - See		0.000					
			Attached Schedule	\$	88,296	65,074	23,222	-2000000 ferrora (50 000 <del>00</del>		
Not F	or Pro	<u> </u>	oviders Only			í				
50.			Building/Non Movable Eq. Depreciation							
			Unallowable Building Interest -							
			See Attached Schedule	\$						
51.	Total 2		int of Decrease (Items 1 - 50)	\$	409,095	301,504	107,592			

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

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	121 (121 (121 (121 (121 (121 (121 (121			addivide dibuare at cest asis cae as sacareaes	201 (1) / 10 (1) (1 D A)(NO
				V. S. S. S. S. S. S. S. S. S. S. S. S. S.	2000
					oharisty, and the service
		BANG STEEL CONTROL OF THE PROPERTY OF THE PROP			
A CONTRACTOR AND A CONT					
		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	melyja endigezije		ieus gustinissis
Selective entressing					
ieletelummelin				en diet Ziene der mehren der ziene	770-7457-1477-1-771-771-771-771-771-771-771-771
Total Other	r Ancillary		\$14445000	S	<b>S</b> ection and Edit

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
			. A v de la la veria de la veria de la veria de la dela de la dela del del la dela de		
A STATE OF THE STA	0.00.0700		bia sia kanananananananananananananananananana		
NEW CONTROL OF THE PERSON OF T					1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
					************************
(452) 0x2 2x4 2x4 2x4 2x4 2x4 2x4 2x4 2x4 2x4 2		1/2			
			A APART ALL TOTAL VILLE AND AREA OF THE APART AND AREA OF THE APAR	39407004040404040404040404040404040404040	**************************************
AND AND AND AND AND AND AND AND AND AND				of new NEW Art of the Page Transport	Derry Mary Carlot (Carlot Carlot)
			A A STATE OF THE S		deritabeth (1917)
Total Exces	s Movable	Equipment Depreciation		\$ 12 12 12	

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
and traderick hild bright this					
3713352733135313525757575				70.07020787701070107070070	
			Annabreson (FE WITT LITTE	**************************************	
	Herother Herother				
	2011 2194 127 127 21714 2194 127 127 21714 2194 127 127				
	VIII VIII VIII VIII VIII VIII VIII VII		oppoping and a sing		ACTION OF THE PROPERTY OF THE
100 VD 62 VD 62 VD 70 VD					and resultance letteral and control and are
			100 A 100 A		N
Total Other	r Property	Adjustments			*** **********************************

Page Ref		Description	CCNH	RHNS	(Specify)
=======================================	m13	Interest Expense-Late Fees	\$ 65,074	\$ 23,222	
perturat de			ACT CONTROL OF THE PROPERTY OF	eli agente di dicional	
TERMINATION DESCRIPTION					
				aberra des estraterado	
\$170 millione   \$150 millione				traberda especial de la constante de la consta	
				niner samer	
Total Othe	r Adjustme		\$ 65,074	\$ 23,222	\$

Schedule of Unallowable Building Interest

Page Ref		Description	CCNH	RHNS	(Specify)
CASCIPIONI PRINCIPLE CONTRACTOR OF			the first of the control of the cont		**************************************
CORNERS OF PRINCIPAL CONTRACTOR SERVICES					
GRADIN CONTRA					
			AVOPTO A COLORA DA LA COLORA DA COLO		
				ginder donabersen	
real contraction and the			ah ka da ar ar a		
Total Unall	owable Bu	iliding Interest	S	8	\$

### F. Statement of Revenue

Name of Facility  Crestfield Rehab & Fenwood Manor  License No.  1014C	7 (11	Report for Y 9/30/2017	ear Ended		Page of 30   37
TOTAL TRANSPORT OF THE PROPERTY OF THE PROPERT		773072017		<u> </u>	1 30 1 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue		2000.			(= [
1. a. Medicaid Residents (CT only)	\$	9,541,891	9,541,891		
b. Medicaid Room and Board Contractual Allowance **	\$		(3,344,464)		
2. a. Medicaid (All other states)	\$		(0,0.1,10.1)		
b. Other States Room and Board Contractual Allowance **	\$	<del> </del>			
3. a. Medicare Residents (all inclusive)	\$	2,571,412	833,137	1,738,274	
b. Medicare Room and Board Contractual Allowance **	\$		260,703	543,935	
4. a. Private-Pay Residents and Other	\$		949,759	2,332,398	
b. Private-Pay Room and Board Contractual Allowance **	\$		8,436	19,494	
II. Other Resident Revenue	Ψ	21,731	0,100	17,171	
1. a. Prescription Drugs - Medicare	•	202.545	04 705	107.761	
b. Prescription Drugs - Medicare Contractual Allowance **	<u>\$</u>	1	94,785	197,761	
c. Prescription Drugs - Non-Medicare	<u> </u>	(292,545)	(94,785)	i	
		163,482	54,807	108,675	
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$	(163,482)	(54,807)	(108,675)	
2. a. Medical Supplies - Medicare	\$	1,310	425	886	
b. Medical Supplies - Medicare Contractual Allowance **	\$	(1,310)	(425)	(886)	
c. Medical Supplies - Non-Medicare	\$	5,535	1,799	3,736	
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$	(5,535)	(1,799)		
3. a. Physical Therapy - Medicare	\$	697,102	225,861	471,241	
b. Physical Therapy - Medicare Contractual Allowance **	\$	(638,935)	(207,015)		
c. Physical Therapy - Non-Medicare	\$	284,858	114,012	170,845	
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	(284,858)	(114,012)	(170,845)	
4. a. Speech Therapy - Medicare	\$	256,832	83,213	173,618	
b. Speech Therapy - Medicare Contractual Allowance **	\$	(223,217)	(72,322)	(150,895)	
c. Speech Therapy - Non-Medicare	\$	91,980	40,850	51,129	
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$	(91,980)	(40,850)	(51,129)	
5. a. Occupational Therapy - Medicare	\$	768,038	248,844	519,194	
b. Occupational Therapy - Medicare Contractual Allowance **	\$	(703,030)	(227,782)	(475,248)	
c. Occupational Therapy - Non-Medicare	\$	(299,608)	(123,934)	(175,674)	
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$	299,608	123,934	175,674	
6. a. Other (Specify) - Medicare	\$				
b. Other (Specify) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$	13,040,352	8,300,261	4,740,091	
IV. Other Revenue*					
<ol> <li>Meals sold to guests, employees &amp; others</li> </ol>	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	47	15	32	
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (Specify)	\$	8,025	5,898	2,127	
V. Total Other Revenue (1 thru 8)	\$	8,071	5,913	2,158	
VI. Total All Revenue (III +V)	\$	13,048,424	8,306,175	4,742,249	

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

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

#### Schedule of Other Resident Revenue - Medicare

#### Related Exp

	Description	CCNH	RHNS	(Specify)
		aspieridi niidi ii ji		andinanti danani
			Kongajnay paking diploking dip	
Party eventoral Pilot	TUNABATTANIA TANIA T			şirin di kazınının desimler
	KIRIPAN KIRIPAN KANTAN			
			220214 (211 ) 3 (211	
Total Othe	r Resident Revenue - Medicare	S carros con Laves	\$ -	\$

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

#### Related Exp

	Description	CCNH	RHNS	(Specify)
3.44				
				00 4 1 0 7 1 1 0 ms of 7 1 1 0 ms of 7 1 1 0 ms of 7 1 1 0 ms of 7 1 1 0 ms of 7 1 1 0 ms of 7 1 1 0 ms of 7 1 1 0 ms of 7 1 1 0 ms of 7 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Total Othe	er Resident Revenue	S die wie die Aiene	\$11411111111111	

#### **Interest Income**

#### Account

Page Ref Account	Balance	CCNH	RHNS	(Specify)
Account Receivables		S 15	\$ 32	
				ing galaring mineral
	ACCOUNT OF THE PROPERTY OF THE		11 Maria (1981) - 11 Maria (1981) - 12 Maria (19	
Total Interest Income	180 P. S. S. S. S. S. S. S. S. S. S. S. S. S.	3 15	\$ 32	The state of the s

#### Schedule of Other Revenue

	Description		CNH	F	RHNS	(Specify)
	Medical Records		856	***************	309	
	UHC Participation Plan	**********	4,564	1 33 Property contr	1,646	K. Kara Pirania
	Hairdresser Rental		478	\$	172	
				Profession 1		I Provide Company of the Company of
THE REPORT OF THE PROPERTY OF		12221122	Hebibieriterebelerin	F-4-42 (42 (C) (C) (C)		CONTRACTOR STATES OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF T
		vezgacziczeac				
		(***: **********				
		101122120112 2070101127	;	CTREATMENT CO.		747 X (778 X 27 X 27 X 27 X 27 X 27 X 27 X 27 X
		ALCONTACT OF THE PARTY OF THE P		51141531575E		
		OFFICE CONTRACTOR OF THE CONTR			**************************************	
Total Othe	er Revenue	***************************************	5,898		2,127	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Crestfield Rehab & Fenwood Ma	nor 1014C	9/30/2017	31	37
	Account			Amount
Assets	, · · · · · · · · · · · · · · · · · · ·			
A. Current Assets			Į	
1. Cash (on hand and in bo	anks)		\$	24,878
2. Resident Accounts Rece	eivable (Less Allowance	for Bad Debts)	\$	1,760,822
	able (Excluding Owners	or Related Parties)	\$	223,640
4 Inventories			\$	
<ol><li>Prepaid Expenses</li></ol>	•		\$	117,439
a. <u>Prepaid-Expenses</u>	·	5,727		
b. Prepaid-Real Estate		79,429		
c. <u>Prepaid-Real Estate</u> 7	Taxes	32,283		
d.				
6. Interest Receivable	*******		\$	
7. Medicare Final Settleme			\$	
8. Other Current Assets (it	emize)		\$	21,465
Deposits-Other		21,465		at alleged at up to a
A-9. Total Current Assets (Line	s A1 thru 8)	-	\$	2,148,245
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	39,220	\$	
	Accum. Deprecia	tion 39,220 Net		
3. Buildings	*Historical Cost	604,724	\$	146,414
	Accum. Deprecia	tion 458,310 Net		
<ol><li>Leasehold Improvement</li></ol>	s *Historical Cost		\$	***************************************
	Accum. Depreciat	tion Net		
<ol><li>Non-Movable Equipment</li></ol>	nt *Historical Cost	124,379	\$	25,579
	Accum. Depreciat	tion 98,800 Net		
6. Movable Equipment	*Historical Cost	326,502	\$	49,870
	Accum. Depreciat	tion 276,632 Net		
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciat	ion Net		
8. Minor Equipment-Not D	epreciable	WHE.	\$	
9. Other Fixed Assets (item	nize)	- · · · · · · · · · · · · · · · · · · ·	\$	
	·			
3-10. Total Fixed Assets (Line	on D1 them (1)	WII	0	001.00
10. Iviai I ixea Assets (Line	c2 D1 mm 2)		\$	221,863

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

# G. Balance Sheet (cont'd)

Nam	ie o	f Facility	License No.	Report for Year Ended		Page	of
Cres	tfie	ld Rehab & Fenwood Manor	1014C	9/30/2017		32	37
			Account		T	Amo	====== unt
				Total Brought Forward:	\$		2,370,108
C.	Le	easehold or like property record	ed for Equity Purpose	es.			
	1.	Land			\$		
	2.	Land Improvements	*Historical Cost		Ì		
			Accum. Depreciation	n Net	\$		
	3.	Buildings	*Historical Cost				
			Accum. Depreciation	n Net	\$		
1	4.	Non-Movable Equipment	*Historical Cost	·			
			Accum. Depreciation	n Net	\$		
	5.	Movable Equipment	*Historical Cost		I		
			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
ļ			Accum. Depreciation	n Net	\$		
		Minor Equipment-Not Deprec	~~~		\$		
C-8		otal Leasehold or Like Properti	es (C1 thru 7)	<u> </u>	\$		
D.		vestment and Other Assets					
<u> </u>		Deferred Deposits			\$		
		Escrow Deposits		· · · · · · · · · · · · · · · · · · ·	\$		
	3.	Organization Expense	*Historical Cost	<u> </u>			
			Accum. Depreciation	n Net	\$		
		Goodwill (Purchased Only)			\$		
	5.	Investments Related to Reside	nt Care (itemize)		\$		
			*****				
	6.	Loans to Owners or Related Pa	<u> </u>		\$		8,409,230
		Name and Address	Amount	Loan Date			
		C / /II / C 1/37" /	•				
		Spectrum/Hartford/Winste	0.400.000				
		d	8,409,230		Φ.		
	7.	Other Assets (itemize)			\$		
			TOTAL CONTRACTOR OF THE CONTRA				
D 0	<b>T</b> .	4-1 T	ota (Linea D1 d1 - 7)		ů.		0.400.020
		tal Investments and Other Asse tal All Assets (Lines A9 + B10			\$		8,409,230
D-9.	101	in An Asseis (Lines Ay + Bio	T CO T DO)		\$	1	0,779,337

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

## G. Balance Sheet (cont'd)

Name of Fac	•		License No.	Report for Year	Ended	Page	of
Crestfield Re	ehab	& Fenwood Manor	1014C	9/30/2017		33	37
			Account			Am	ount
Liabilities							
A.	Cu	rrent Liabilities					
	1.	Trade Accounts Payable			\$		2,522,757
	2.	Notes Payable (itemize)			\$		
	2	Loans Payable for Equipm	out (Commont a outin		s		
	<u> </u>	Name of Lender	Purpose	Amount	Date Due		
		Name of Lender	ruipose	Amount	Date Due		
		· ·					
	4.	Accrued Payroll (Exclusive	e of Owners and/or	Stockholders only)	\$		345,441
	5.	Accrued Payroll (Owners of	and/or Stockholder:	s only)	\$		
	6.	Accrued Payroll Taxes Pay	/able		\$		6,503
	7.	Medicare Final Settlement	Payable		\$		
	8.	Medicare Current Financin	ig Payable		\$		
	9.	Mortgage Payable (Curren	t Portion)		\$		
	10.	Interest Payable (Exclusive	of Owner and/or I	Related Parties)	\$		
	11.	Accrued Income Taxes*			\$		
	12.	Other Current Liabilities (i	temize)		\$		953,500
	•	Accrued Other Expenses	268	,477 Accrued Provider Tax	744,777		医性肠神经炎
		Property Liablity Insurance	52	,805 Due To Prior Owner	(9,355)		
		Resident Refunds	(101	,145)			
	····	Resident Trust		,059)			
A-13.	Tot	al Current Liabilities (Line	es A1 thru 12)		\$		3,828,201

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

# G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended		Ended	Page	of
Crestfield Rehab & Fenwood Manor	1014C	9/30/2017		34	37
A	Account			Aı	nount
Total Brought Forward:					3,828,201
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment	`	ı	\$		
Name of Lender	Purpose	Amount	Date Due		
					engaga da sa sa sa
Mortgages Payable		Lu.	\$		
3. Loans from Owners or Rela	ted Parties (itemize)		\$		6,617,123
Name and Address of Lender	Amount	Loan Da	ate		
			3		
Ansonia/Derby/Torrington	96,687				
					an Bashim sa sa Basa
,					
Spectrum Realty	6,520,436				
·					
4. Other Long-Term Liabilities	s (itemize)		\$		1,427,624
Working Capital Line of Cr	edit	1,427,624			
					raj kanden je sa se
					and the second
B-5. Total Long-Term Liabilities (L	ines B1 thru 4)		\$		8,044,746
C. Total All Liabilities (Lines A-1	3 + B-5)		\$		11,872,948

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

	ne of Facility	License No.	Report for Ye	ar Ended	Pag	e of
Cre	stfield Rehab & Fenwood Manor	1014C	9/30/2017		35	37
		Account				Amount
A.	Reserves					
	1. Reserve for value of leased l	and			\$	
-	2. Reserve for depreciation value	ue of leased build	ings and appurten	ances		
	to be amortized				\$	
	3. Reserve for depreciation value	ue of leased perso	nal property ( <i>Equ</i>	ity)	\$	
	4. Reserve for leasehold real pr	operties on which	fair rental value	s based	\$	
	5. Reserve for funds set aside a	s donor restricted			\$	
	6. Total Reserves	·			\$	
В.	Net Worth	·				
	1. Owner's Capital				\$	
	2. Capital Stock	- The state of the			\$	
	3. Paid-in Surplus				\$	V231 (see ) 1 c d (
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	307,245
	6. Gain or Loss for Period	10/1/20	16 thru	9/30/2017	\$	(1,400,856)
	7. Total Net Worth	***			\$	(1,093,611)
C.	Total Reserves and Net Worth		···		\$	(1,093,611)
D.	Total Liabilities, Reserves, and I	Vet Worth			\$	10,779,337

# H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	r Ended	Page	$\mathbf{of}$	
Crestfield Rehab & Fenwood Manor	1014C	1014C 9/30/2017			37	
	Account	,		F	Amount	
A. Balance at End of Prior Period a	s shown on Report of	09/30/2016		\$	307,833	
B. Total Revenue (From Statement		\$	13,048,424			
C. Total Expenditures (From States	C. Total Expenditures (From Statement of Expenditures Page 27)					
D. Net Income or Deficit				\$	(1,400,856)	
E. Balance				\$	(1,093,023)	
F. Additions	****					
Additional Capital Contribut	ed (itemize)					
					STATES	
·				0.00		
2. Other (itemize)				0.00		
·						
F-3. Total Additions				\$		
G. Deductions						
Drawings of Owners/Operate			· .	\$		
Name and Address (No., Ci	ty, State, Zip)	Title	Amount			
2. Other Withdrawings (Specify	)			\$		
Purpose		Amo	unt			
3. Total Deductions				\$		
H. Balance at End of Period	09/30/	17		\$ \$	(1,093,023)	
				<del></del>	\	

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

Name of Facility	License No.	Report for Year Ended	Page of
Crestfield Rehab & Fenwood Manor	1014C	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 Englist	Accounting Manage	1/29/18	
Printed Name of Preparer			
Gennaro Evangelista			
Address		Phone Number	
27 Naek Rd., Vernon, CT 06066		860-871-5454	