

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	
Address (No. & Street, City, State, Zip Code) 189 Alps Road, Branford, CT 06405	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 997C	RHNS	Other	Medicare Provider 9977
------------------	--------------	------	-------	---------------------------

Medicaid Provider Numbers:	CCNH 07-5296	RHNS	ICF-IID
----------------------------	-----------------	------	---------

For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care	997C	9/30/2018	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 IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Janet Woxland			Printed Name (Owner) Charles F Shelton, Jr		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 189 Alps Road, Branford, CT 06405				
Report Prepared By Renee P Grailich, CPA, Director of Finance	Phone Number 203-483-4402	Date 2/12/2019		
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-481-6221		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center		Address (No. & Street, City, State, Zip) 189 Alps Road, Branford, CT 06405		
License Numbers:	CCNH 997C	RHNS	Other	Medicare Provider No. 9977
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Profit Corp. <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Janet A Woxland		Nursing Home Administrator's License No.:	001516	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Charles F Shelton, Jr		License No.:	211	

General Information and Questionnaire Corporate Owners

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills He	License No. 997C	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	189 Alps Road, Branford, CT 06405		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Charles F Shelton, Jr	29 Blackstone Avenue, Branford, CT 06405	resident/Treasur	99	
Doris J Shelton	29 Blackstone Avenue, Branford, CT 06405	Secretary	1	
Names of Stockholders Owning at Least 10% of Shares				
Charles F Shelton, Jr	29 Blackstone Avenue, Branford, CT 06405	resident/Treasur	99	

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health	License No. 997C	Report for Year Ended 9/30/2018	Page 5	of 37
---	---------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

Outpatient Therapy, Respiratory Therapy and BHHCC Pharmacy

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 Year Ended			Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Cen			997C	9/30/2018			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed	
	Yes	No							
Accelerated Care, 13828 Coll Center Road, Chicago, IL 60963	<input type="radio"/>	<input checked="" type="radio"/>	PT and OT equipment		As needed			14,181	
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machines	01/01/18	Monthly			2,646	
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***
									16,827

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility CSC Enterprises, Inc. d/b/a Branfor	License No. 997C	Report for Year Ended 9/30/2018	Page 7	of 37
---	---------------------	------------------------------------	-----------	----------

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

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

Independent Accounting Firm

Name of Accounting Firm 1 O'Connor Davies 2 3 4	Address (No. & Street, City, State, Zip Code) 100 Great Meadow Rd, Wethersfield, CT 06109
---	--

Services Provided by This Firm (*describe fully*)

1 Accounting and Financial Reporting	\$ 22,250
2 Medicare Cost Report	\$ 3,000
3	\$
4	\$
	Charge for Services Provided
	\$ 25,250

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Expenditures Other Than Salaries - A & G Line 1e

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Ciulla & Donofrio LLP 2 Murtha Cullina LLP 3 US Marshall 4 State of CT 5 Branford Probate	Telephone Number 203-239-9829 860-240-6000
---	--

Address (*No. & Street, City, State, Zip Code*)
 1 127 Washington Ave PO Box 219, North Haven, CT 06473
 2 PO Box 150435, Hartford, CT 06115
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Personal Property Tax Appeal	\$ 1,086
2 Employee issues/ALJ Appeal	\$ 24,326
3 Collection Issues	\$ 205
4 Collection Issues	\$ 340
5 Collection Issues	\$ 285
	Charge for Services Provided
	\$ 26,242

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Expenditures Other Than Salaries - A & G Line 1e

Schedule of Resident Statistics

Name of Facility			License No.			Report for Year Ended				Page		of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C			9/30/2018				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	190	190			190	190			190	190			
B. On last day of THIS report period	190	190			190	190			190	190			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	181	181			181	181			187	187			
B. As of midnight of THIS report period	177	177			187	187			177	177			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,026	4,026			3,003	3,003			1,023	1,023			
B. Medicaid (Conn.)	50,176	50,176			37,336	37,336			12,840	12,840			
C. Medicaid (other states)													
D. Private Pay	10,936	10,936			8,171	8,171			2,765	2,765			
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	65,138	65,138			48,510	48,510			16,628	16,628			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	14	14			10	10			4	4			
B. Other Bed Reserve Days	149	149			102	102			47	47			
5. Total Resident Days (3G + 4A + 4B)	65,301	65,301			48,622	48,622			16,679	16,679			

Schedule of Resident Statistics (Cont'd)

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills He			License No. 997C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Other		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	14		129		31								
Per Diem Rate													
a. One bed rm.					505.00								
b. Two bed rms.	562.00		240.54		462.50								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Other	
A. Medicare - Part B									11,340	11,340			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									371	371			
C. Other									43	43			
D. Total Physical Therapy Treatments									11,754	11,754			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									687	687			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									33	33			
C. Other									14	14			
D. Total Speech Therapy Treatments									734	734			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									8,703	8,703			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									672	672			
C. Other									66	66			
D. Total Occupational Therapy Treatments									9,441	9,441			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center	997C	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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)	171,687	2,208				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	188,760	2,080				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	630,555	16,431				
5. Dietary Service						
a. Head Dietitian	76,647	2,088				
b. Food Service Supervisor	77,627	2,147				
c. Dietary Workers	815,493	50,917				
6. Housekeeping Service						
a. Head Housekeeper	65,893	1,485				
b. Other Housekeeping Workers	466,265	30,887				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	78,957	2,187				
b. Other Maintenance Workers	113,110	4,949				
8. Laundry Service						
a. Supervisor	33,094	746				
b. Other Laundry Workers	212,174	12,443				
9. Barber and Beautician Services						
10. Protective Services	199,826	13,536				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	276,848	5,998				
b. RN						
1. Direct Care	1,022,688	31,962				
2. Administrative**	192,130	5,213				
c. LPN						
1. Direct Care	1,655,979	60,273				
2. Administrative**	138,144	4,611				
d. Aides and Attendants	2,891,828	219,205				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	172,976	8,562				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	169,946	6,493				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	199,549	8,292				
<i>A-13. Total Salary Expenditures</i>	9,850,176	492,713				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Admissions Coordinator	\$ 83,103	2,160				
Medical Records	\$ 39,550	1,889				
Nursing Scheduler	\$ 33,979	2,112				
Unit Secretary	\$ 42,917	2,131				
Total	\$ 199,549	8,292	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Respiratory Therapy Patient Care	\$ 97,550	1,951				
Therapy Services Consultant	\$ 2,704	42				
Total	\$ 100,254	1,993	\$ -	-	\$ -	-

**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
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center				997C	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
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).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center				997C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
Section III - Administrators***										
Janet A. Woxland	171,687				Administrator	2,208	A2			
Section IV - Assistant Administrators										
Charles F Shelton, Jr	188,760			Auto Exp See Pg. 28	Assistant Administrator	2,080	A3			

*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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
CSC Enterprises, Inc. d/b/a Branford Hills Health C	997C	9/30/2018	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	21,949	156				
3. Pharmacist	19,042	268				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	594,922	5,106				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	66,000	208				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	107,100	896				
b. Other						
10. Occupational Therapist						
a. Resident Care	529,378	4,322				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	100,254	1,993				
B-13 Total Fees Paid in Lieu of Salaries	1,438,645	12,949				

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health	997C	9/30/2018	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 224,376	224,376		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 139,692	139,692		
4. Social Security (F.I.C.A.)	\$ 699,599	699,599		
5. Health Insurance	\$ 984,680	984,680		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 25,690	25,690		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 20,683	20,683		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 102,677	102,677		
d. Accounting and Auditing	\$ 25,250	25,250		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 26,241	26,241		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 11,470	11,470		
g. Office Supplies	\$ 245,458	245,458		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,334	20,334		
2. Cellular Phones	\$ 2,549	2,549		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250		
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 5,076	5,076		
3. Resident Day User Fee	\$ 1,235,157	1,235,157		
Subtotal	\$ 3,769,182	3,769,182		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care	997C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
<i>Subtotals Brought Forward:</i>	3,769,182	3,769,182			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 11,269	11,269			
3. Gifts to Staff and Residents	\$ 14,592	14,592			
4. Employee Travel	\$ 2,120	2,120			
5. Education Expenses Related to Seminars and Conventions	\$ 8,950	8,950			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 4,625	4,625			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 13,743	13,743			
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 16,007	16,007			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 18,521	18,521			
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	\$ 9,469	9,469			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 15,531	15,531			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 470	470			
9. Subscriptions	\$ 5,806	5,806			
10. Contributions*** See Attached Schedule	\$ 13,154	13,154			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 57,437	57,437			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,960,876	3,960,876			

* 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	Other
Travel and Entertainment	\$ 4,743		
Board of Director Fees	\$ 9,000		
Total Other Travel and Entertainment	\$ 13,743	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Promotions	\$ 18,521		
Total Other Advertising	\$ 18,521	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Other
CAHCF	\$ 13,521		
ALTCFM	\$ 255		
ACHCA	\$ 435		
AMEX	\$ 545		
CT Bar Association	\$ 280		
Shoreline Eldercare Alliance	\$ 150		
APIC	\$ 175		
CLIA Laboratory Program	\$ 150		
Lori Martins - Recreation	\$ 20		
Total Dues	\$ 15,531	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	Other
James Blackstone Library	\$ 10,000		
Senate Republican Leadership	\$ 250		
Shoreline Village	\$ 50		
Kate Foundation	\$ 700		
Branford Rotary Festival	\$ 154		
Justin Bromwell	\$ 1,000		
Orchard House Medical Adult Day Center	\$ 500		
Guilford Art Center	\$ 500		
Total Contributions	\$ 13,154	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
License - Admin - CFJR	\$ 205		
License - Admin - Janet Woxland	\$ 205		
License - Elevator Renewal	\$ 560		
License - East Shore District Health Dept	\$ 450		
License - Admin - Stephen J Shelton	\$ 205		
License - CT Dept of Health	\$ 1,390		
CT Secretary of State - annual report	\$ 200		
Annual Report CSC Enterprises	\$ 150		
Controlled Substance Registration	\$ 731		
Cable Internet Charges	\$ 3,077		
Ethernet Internet Charges	\$ 13,063		
Cable TV LW3	\$ 17,696		
Penalties	\$ 19,505		
Total Other Administrative and General	\$ 57,437	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
CSC Enterprises, Inc. d/b/a Branford Hills	997C	9/30/2018	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 #
A/R Solutions PO Box 592 Wallingford, ct 06492	10,320	Medicare billing	P16LM11
Frances Chandler 29 Dristen Couirt East Haven, CT 06513	6,087	Administrative consultant	P16LM11
Hollis D Segur PO Box 400 Cheshire, CT 06410	1,808	Consultation Fee	P16LM11
NRC Health PO Box 809030 Chicago, IL 60680	7,331		P16LM11

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care		997C	9/30/2018	18	37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	552,111	552,111		
2. Non-Food Supplies	\$	120,940	120,940		
3. Other (<i>Specify</i>) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Other (<i>Specify</i>) _____	\$	1,244	1,244		
2D. Total Dietary Expenditures (2a + b + c + d)		\$	674,295	674,295	
2F. Dietary Questionnaire					
G. Resident Meals:		Total no. of meals served per day:*			
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care C		997C	9/30/2018		19	37
Item		Total	CCNH	RHNS	Other	
3. Laundry						
a. In-House Processing*	Lbs.					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.					
	Amt. \$					
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	30,070	30,070			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Other (Specify) Supplies	\$	19,794	19,794			
3D. Total Laundry Expenditures (3a + b + c)	\$	49,864	49,864			
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)		N/A		
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health		997C	9/30/2018		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced	50,536	50,536		
	a. In-House Care	by Personnel				
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
	b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced				
	(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$				
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$	481,079	481,079		
	2. Purchased from Omnicare	\$	18,882	18,882		
	b. Medicine Cabinet Drugs	\$				
	c. Medical and Therapeutic Supplies	\$	404,743	404,743		
	d. Ambulance/Limousine***	\$				
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	50,197	50,197		
	f. X-rays and Related Radiological Procedures***	\$	13,462	13,462		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	59,551	59,551		
	i. Recreation	\$	23,760	23,760		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	65,502	65,502		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	1,117,176	1,117,176		

* 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.

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

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			License No. 997C		Report for Year Ended 9/30/2018			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
CSC Enterprises, Inc. d/b/a Branford Hills He	997C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 66,205	66,205				
b. Heat	\$ 84,152	84,152				
c. Light & Power	\$ 160,228	160,228				
d. Water	\$ 51,530	51,530				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 16,820	16,820				
f. Other (<i>itemize</i>)	\$ 204,384	204,384				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 583,319	583,319				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 24,022	24,022				
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 68,750	68,750				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 92,772	92,772				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 213,766	213,766				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 213,766	213,766				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 504,545	504,545				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 173,205	173,205				
c. Personal property taxes	\$ 26,719	26,719				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,011,007	1,011,007				

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

Depreciation Schedule

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			License No. 997C		Report for Year Ended 9/30/2018			Page 23	of 37				
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements													
1. Acquired prior to this report period			340,641		340,641	161,610	SL	Var	24,022				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal										24,022			
B. Building and Building Improvements													
1. Acquired prior to this report period			6,746,906		6,746,906								
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
1. Acquired prior to this report period			181,006		181,006	181,006							
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,658,891		1,658,891	1,267,517	SL	Var	65,917	
b. Disposals (attach schedule)						(67,517)		(67,517)	(62,884)				
c. Acquired during this report period (attach schedule)						40,316		40,316		SL	Var	2,833	
D-3. Subtotal													68,750
E. Total Depreciation													92,772

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/14/2017	18 Office Chairs	\$ 2,182	\$ 7	\$ 312
10/19/2017	12 Stacking Arm Chairs	\$ 5,522	\$ 7	\$ 723
12/5/2017	Fold-Up Wheelchair Scale & accessories	\$ 2,241	\$ 10	\$ 187
12/25/2017	2 Table Plus Bases	\$ 1,024	\$ 10	\$ 77
12/5/2017	Entrapment Measurement Tool	\$ 1,380	\$ 7	\$ 164
12/21/2017	2 Table Plus Tops	\$ 710	\$ 10	\$ 53
5/22/2018	Emergency Cart & Accessories	\$ 2,419	\$ 10	\$ 81
8/10/2018	Plaza Benches/chairs	\$ 1,645	\$ 7	\$ 39
8/29/2018	4 Linen Carts	\$ 1,276	\$ 7	\$ 15
9/6/2018	Wascomat 80#/installation, removal of old)	\$ 17,781	\$ 10	\$ 148
1/10/2018	Main Gear Computer	\$ 4,135	\$ 3	\$ 1,034
Total additions for Movable Equipmen		\$ 40,316		\$ 2,833 *
Deletions:				
	Medical Mattresses	\$ (3,315)		
	Medical	\$ (1,100)		
	6 foam mattresses 35 x 84 x 6	\$ (1,505)		
	Ricoh copier model 2120D	\$ (4,254)		
	10 foam mattresses 35 x 84 x 6	\$ (2,816)		
	2 Air Pressure Mattresses 35x80x7	\$ (2,414)		
	2 Air Pressure Mattresses 35x80x7	\$ (2,417)		
	5 mattresses 35 x 84 x 6	\$ (1,453)		
	1 Air Pressure Mattresses 35x80x7	\$ (1,228)		
	5 mattresses 35 x 84 x 6	\$ (3,438)		
	1 Air Pressure Mattresses 35x80x7	\$ (1,246)		
	40 Mattresses	\$ (8,594)		
	30 Mattresses	\$ (18,910)		
	Refrigerator Parts	\$ (1,288)		
	Refrigerator Parts	\$ (576)		
	30 Mattresses	\$ (11,317)		
	Ubiquiti WIFI with Installation	\$ (1,646)		
Total deletions for Movable Equipmen		\$ (67,517)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/9/2017	Room 208 new frp/new base molding	\$ 1,081	5	\$ 216
10/27/2017	washing/waterproofing - labor & materials	\$ 21,990	10	\$ 2,016
11/13/2017	paint Rm 210/paint admitting room	\$ 1,781	5	\$ 327
12/16/2017	Room 214 prep, paint	\$ 1,624	5	\$ 271
12/21/2017	Room 214 FRP and base	\$ 1,081	5	\$ 162
1/30/2018	Room 216 prep, paint	\$ 1,569	5	\$ 235
2/2/2018	Room 216 FRP and base	\$ 1,081	5	\$ 144
2/27/2018	Room 218 prep, paint	\$ 1,569	5	\$ 183
3/22/2018	Room 218 FRP and base	\$ 1,081	5	\$ 108
2/12/2018	Dining Room	\$ 3,072	10	\$ 205
4/3/2018	New Radiator/air cooler, etc	\$ 9,657	10	\$ 483
4/20/2018	Room 224 prep, paint	\$ 1,569	5	\$ 131
4/27/2018	Room 224 FRP and base	\$ 1,081	5	\$ 90
6/6/2018	Room 222 prep, paint	\$ 1,569	5	\$ 105
6/25/2018	Room 222 FRP and base	\$ 1,081	5	\$ 54
7/19/2018	Room 226 prep, paint	\$ 1,569	5	\$ 52
8/11/2018	Room 226 FRP and base	\$ 1,081	5	\$ 36
9/6/2018	Room 228	\$ 1,569	5	\$ 26
Total additions for Leasehold Improvermen		\$ 55,105		\$ 4,844 *
Deletions:				
	Carpet Installation	\$ (16,790)		
	Carpeting	\$ (3,861)		
	Carpeting	\$ (11,331)		
	Wallpaper & Painting	\$ (47,847)		
	Wallpaper & Painting	\$ (18,143)		

Whirlpool Tub Remodel	\$ (93,427)		
Dishwasher	\$ (13,677)		
Replace sewer grinder pumps	\$ (19,231)		
Paint 2nd/ 3rd fl Elevator Doors & Main Lobby Ceiling	\$ (1,853)		
Painting	\$ (5,214)		
Painting BH 325 and 329	\$ (4,434)		
Painting BH 321, 323, 327	\$ (6,651)		
Painting BH 315, 317, 319 LW 260,	\$ (6,380)		
Painting BH 313,331,333, LW 263 and 2nd floor porch rails	\$ (6,835)		
Painting BH 307, 309, 311	\$ (6,012)		
Paint BH3 soil room, LW2 lounge	\$ (3,299)		
Painting BH308	\$ (2,004)		
Painting LW3 Lounge	\$ (2,746)		
Painting BH 303	\$ (2,004)		
Paint LW2 Fish Room	\$ (2,746)		
Painting BH3 nutr, med and nurse stations	\$ (1,942)		
Paint and Prep BH302, BH304 and LW254	\$ (4,346)		
Paint and Prep BH306, BH310	\$ (4,204)		
Paint BH1 Recreation Area (rec room, bathroom and office)	\$ (3,985)		
Moveable Equip	\$ (15,605)		
Fire Protection	\$ (3,311)		
Fire Alarm System	\$ (14,465)		
Cable Connections	\$ (3,017)		
SS Table	\$ (1,219)		
Bed Kit	\$ (1,587)		
Chairs & Loveseat	\$ (3,175)		
Med Cart	\$ (1,510)		
Sales Tax on disposed assets	\$ (2,895)		
Work Table for Kitchen	\$ (876)		
Furniture	\$ (1,320)		
Cat5e Dbl cable drops	\$ (2,500)		
WiFi bridge, Telephone System	\$ (4,777)		
Total deletions for Leasehold Improvemen	\$ (345,219)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				4,898,362	3,294,070			208,922	
2. Disposals (attach schedule)				(345,219)	(317,830)				
3. Acquired during this report period (attach schedule)				55,105				4,844	
C-4. Subtotal									213,766
D. Total Amortization									213,766

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility CSC Enterprises, Inc. d/b/a Branford H	License No. 997C	Report for Year Ended 9/30/2018	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	01/01/80				
2. Date Structure Completed	01/01/80				
3. If NOT Original Owner, Date of Purchase	N/A				
4. Date of Initial Licensure	Est 1980				
5. Total Licensed Bed Capacity	190				
6. Square Footage	Est 80,109				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Variable			
b. Date Mortgage Obtained		03/02/11			
c. Interest Rate for the Cost Year		3.04%			
d. Term of Mortgage (number of years)		23			
e. Amount of Principal Borrowed		4,725,477			
f. Principal balance outstanding as of 9/30/18					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)		Variable			
h. Date of Refinancing		09/25/18			
i. New Interest Rate		3.14%			
j. Term of Mortgage (number of years)		25			
k. Amount of Principal Borrowed		3,769,805			
l. Principal Outstanding on Note Paid-Off		3,769,805			
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
CSC Enterprises, Inc. d/b/a Branford		997C	9/30/2018			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford	997C	9/30/2018	27	37
Item	Total	CCNH	RHNS	Other
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
2. Other (Specify)	\$			
A. Item	Rate	Amount		
Lender				
Address of Lender				
B. Item	Rate	Amount		
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$			
12. D. Other Interest Expense (Specify) Equipment Lease Financing	\$	5,891	5,891	
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	5,891	5,891	
14. Insurance				
a. Insurance on Property (buildings only)	\$	19,564	19,564	
b. Insurance on Automobiles	\$	4,729	4,729	
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	112,247	112,247	
2. Fire and Extended Coverage	\$	114	114	
3. Other (Specify) Bond	\$	275	275	
14d. Total Insurance Expenditures (14a + b + c)	\$	136,929	136,929	
15. Total All Expenditures (A-13 thru C-14)	\$	18,828,178	18,828,178	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 59,352	59,352		
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$ 529,379	529,379		
7.			Other - See attached Schedule	\$ 97,550	97,550		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$ 5,181	5,181		
9.			Bad Debts	\$ 102,677	102,677		
10.			Accounting	\$ 3,000	3,000		
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$ 259	259		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$ 11,470	11,470		
14.			Gifts, flowers and coffee shops	\$ 345	345		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$ 4,625	4,625		
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$ 250	250		
20.			Fund Raising / Contributions	\$ 13,154	13,154		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 76,819	76,819		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$ 2,147	2,147		
Subtotal (Items 1 - 26)				\$ 906,208	906,208		

* 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.

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

Name of Facility			License No.	Report for Year Ended	Page	of	
CSC Enterprises, Inc. d/b/a Branford Hills Health Care Center			997C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 906,208	906,208		
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 518,482	518,482		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$ 13,312	13,312		
30.			Laboratory	\$ 59,552	59,552		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 50,197	50,197		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 56,415	56,415		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$ 1,354	1,354		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 16,850	16,850		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,622,370	1,622,370		

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
CSC Enterprises, Inc. d/b/a Branford Hills	997C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 21,083,664	21,083,664				
b. Medicaid Room and Board Contractual Allowance **	\$ (9,504,802)	(9,504,802)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,071,803	2,071,803				
b. Medicare Room and Board Contractual Allowance **	\$ 419,005	419,005				
4. a. Private-Pay Residents and Other	\$ 4,547,171	4,547,171				
b. Private-Pay Room and Board Contractual Allowance **	\$ (62,107)	(62,107)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 547,150	547,150				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 305,071	305,071				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 37,028	37,028				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,606,214	1,606,214				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 620,666	620,666				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 333,695	333,695				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 135,720	135,720				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,453,533	1,453,533				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 631,800	631,800				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 237,729	237,729				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (4,966,324)	(4,966,324)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 19,497,016	19,497,016				
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 (<i>Specify</i>)	\$ 1,736	1,736				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (154,846)	(154,846)				
V. Total Other Revenue (1 thru 8)	\$ (153,110)	(153,110)				
VI. Total All Revenue (III +V)	\$ 19,343,906	19,343,906				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Oxygen Medicare A	\$ 3,465		
	Xray Medicare A	\$ 12,469		
	Labs Med A	\$ 53,610		
	EKG Med A	\$ 13		
	OP Medicare Contractual Allowance	\$ (779)		
	OP Cont Allow MCR B Sequester	\$ (11,484)		
	Prothrombin Med B	\$ 247		
	IV Therapy Med A	\$ 41,441		
	Ambulance Med A	\$ (593)		
	Respiratory Therapy Med A	\$ 99,680		
	Retroactive Medicare Settlement	\$ 39,660		
Total Other Resident Revenue - Medicare		\$ 237,729	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Complex Medical Equipment	\$ 4,085		
	Oxygen HMO private	\$ 211		
	Contractual Allowances	\$ (5,004,708)		
	OP Contractual Allowance	\$ (554)		
	Lab HMO Current Year	\$ 22,652		
	Xray HMO Current Year	\$ 937		
	Prior Year Revenue Collected - Private	\$ 10,000		
	R & B Prior Year Medicaid	\$ 1,053		
Total Other Resident Revenue		\$ (4,966,324)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	Interest Income - Investments		\$ 1,736		
Total Interest Income			\$ 1,736	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	Dividend Income - Investments	\$ 13,036		
	Investment change in FMV	\$ 33,026		
	Investment Management Fees	\$ (5,585)		
	Investment Income capital gains/(losses)	\$ 20,089		
	Other Revenue and Deductions	\$ (4,256)		
	Rental Income BHHCC Pharmacy	\$ 5,214		
	Value add fee BHHCC Pharmacy	\$ (12,000)		
	Barber & Beautician	\$ (707)		
	Mgmt Fees Blackstone Assoc	\$ (49,900)		
	Mgmt Fees Minetta LLC	\$ (49,900)		
	Mgmt Fees Trison LLC	\$ (49,900)		
	Gain/(loss) on disposal of assets	\$ (53,963)		
Total Other Revenue		\$ (154,846)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford Hill	997C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,388,861
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,331,440
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	25
4. Inventories			\$	160,900
5. Prepaid Expenses			\$	77,793
a. Unexpired Insurance	62,635			
b. Sewer Use Fee	7,829			
c. Computer/Communications Support	5,931			
d. See Schedule	1,398			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	65,489
Employee Loans and Advances	15,265			
IRS Section 759 Deposit	50,224			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	5,024,508
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	340,641	\$	155,009
	Accum. Depreciation	185,632		Net
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			Net
4. Leasehold Improvements	*Historical Cost	4,608,248	\$	1,418,242
	Accum. Depreciation	3,190,006		Net
5. Non-Movable Equipment	*Historical Cost	181,006	\$	
	Accum. Depreciation	181,006		Net
6. Movable Equipment	*Historical Cost	1,631,690	\$	295,423
	Accum. Depreciation	1,336,267		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	581,166
See Schedule		581,166		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	2,449,840

* 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
CSC Enterprises, Inc. d/b/a Branford Hi	997C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	7,474,348
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	6,746,906		
	Accum. Depreciation	_____	Net	\$ 6,746,906
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	6,746,906
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	137,224
Name and Address		Amount	Loan Date	
Stephen J Shelton 161 Denison Dr Guilford CT 06437/Christian B Shelton 216 Devonshire Lane		137,224		
7. Other Assets (<i>itemize</i>)			\$	20,388
Deposits		20,388		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	157,612
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	14,378,866

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

Annual Report of Long-Term Care Facility

G. Balance Sheet (cont'd)

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills Hea		License No. 997C	Report for Year Ended 9/30/2018	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	430,293
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	717,827
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	3,630
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	602,931
Accrued Stockholder Dividend		175,000	401(k) Employee	3,198	
Accrued Nursing Home User Fee		314,293	Loans - 401(k)	(3,617)	
Accrued Sales Tax		423	Deferred Income	724	
Accrued Property Tax		75,646	See Schedule	37,264	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,754,681

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills H		License No. 997C	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,754,681	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 54,019	
Bank of America Loan 7		9,288			
Bank of America Loan 9		5,807			
Bank of America Loan 10		33,797			
See Schedule		5,127			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 54,019	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,808,700	

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

Name of Facility	License No.	Report for Year Ended	Page	of
CSC Enterprises, Inc. d/b/a Branford H	997C	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	6,746,906
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	6,746,906
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,392,012
6. Gain or Loss for Period	10/1/2017	thru	9/30/2018	\$ 430,248
7. Total Net Worth			\$	5,823,260
C. Total Reserves and Net Worth			\$	12,570,166
D. Total Liabilities, Reserves, and Net Worth			\$	14,378,866

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of	
CSC Enterprises, Inc. d/b/a Branford Hill	997C	9/30/2018	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$		
D. Net Income or Deficit			\$		
E. Balance			\$		
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i>					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$		
			09/30/18		

I. Preparer's/Reviewer's Certification

Name of Facility CSC Enterprises, Inc. d/b/a Branford Hills	License No. 997C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Renee P Grailich				
Address Address			Phone Number	
189 Alps Rd, Branford, CT 06405			203-483-4402	