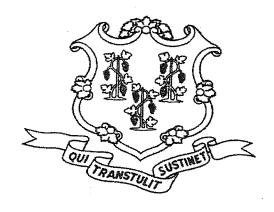
# **State of Connecticut**



# Annual Report of Long-Term Care Facility

Cost Year 2018

Name of Facility (as I	licensed)									
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol										
Address (No. & Street, City, State, Zip Code)										
1660 Stafford Avenue	e Bristol, CT	06010								
Type of Facility										
Chronic and Convalescent  ☑ Nursing Home only (CCNH)				Rest Home with Nursing Supervision only  Residential Care Home			re Home			
Report for Year Begin 10/1/2017	nning		Report for Yea 9/30/2018	r Ending						
License Numbers: CCNH 2285			RHNS	100100100110110110110110110110110110110		dicare Provider 07-5415001				
			N TT T	DI	TNIC		IC			
Medicaid Provider No	umbers:	2285	NH	NH RHNS			ICF-IID			
For Department Use	e Only									
Sequence Number	Signed and	Date	Sequence N	lumber	Signed	nd Notaria	zed	Date Received		
Assigned	Notarized	Received	Assigned		Signed and Notarized			Date Received		

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### **General Information**

1 ' ' '		Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside	2285	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 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 Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol [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
hisbuh carmid	ael	2/15/19		2/15/19
Printed Name (Administrator)			Printed Name (Owner)	
Lizbeth Carmichael			Lawrence Santilli	
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:	CT	2/15/19		11/12020
Address of Notary Public			NOTARY I	JEK
484 Farmington	Ave Harte	of CT C		

(Notary Seal)

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

55 Farmington Avenue, Hartford, Connecticut 06105

5.37 (2.37)				T	
Data Required for Real Wage Adjus	Page	of			
1				1A	37
Name of Facility		Period Cov	ered:	From	То
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of E	rist	ol		10/1/2017	9/30/2018
Address of Facility					
1660 Stafford Avenue Bristol, CT 06010				7:	
Report Prepared By		Phone Nun		Date	
Athena Health Care Associates, Inc		(860) 751-3	3900	2/22/2019	
					Residentia
					1 Care
Item		Total	CCNH	RHNS	Home
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

	1	hone No. of Fac	ility		ear Ended			of
	[86	50-583-8483	0 0	9/30/2018	7:	2		37
Name of Facility (as shown on license) Bristol CCH Group LLC of Bristol, d/b/a Country	nido Mone			Street, City, St		10		
	NH			dential Care F		Medicare F	rovid	er No
License Numbers: 2285	INIT	KIIINS	IXCS10	dential Care i	ionic	07-5415001	10110	.01 110.
Type of Facility (Check appropriate box(es))	L_					07 3 113001		
	D.	ant I I aman weith 3	.T	· · ·				
Chronic and Convalescent		est Home with l apervision only		- 11	Resident	ial Care Hon	ne	
Nursing Home only (CCNH)		ipervision only	(KIII					
Type of Ownership (Check appropriate box)								
O Proprietorship	ship (	O Profit Corp.	0	Non-Profit Co	rp. O	Government	0	Trust
			Date	Opened	Date Clo	sed		
If this facility opened or closed during report year	provide:							
Has there been any change in ownership								
or operation during this report year?	(	9 Yes	<u> </u>	No	If "Yes,"	explain fully	у	
See Attached Ownership Detail								
Administrator								
Name of Administrator				Nursing H				
Lizbeth Carmichael				Administra		001141		
				License	No.:			
Other Operators/Owners who are assistant adminis	strators (fi	all or part time)	of th			······································		
Name				License	No.:			
Not Applicable								
								<u></u>

## General Information and Questionnaire Partners/Members

Name of Facility Bristol CCH Group LLC of Bri		License No. 2285	Report for Y  9/30/2018	ear Ended	Page 3	or 37
Legal Name of Parti	Business		State(s) and/o Which R			
Bristol CCH Group, LLC		1660 Stafford A CT 06010	ve, Bristol,	СТ		
Name of Partners/Members	ddress		Γitle	% Ov	vned	
See Attached						
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

# BRISTOL CCH GROUP, LLC OWNERSHIP DETAIL

Owner	Current Ownership
LAWRENCE G. SANTILLI	63.0499%
CONSERVATORS FOR LAWRENCE E. SANTILLI (11)	19.9501%
VALERIE CHAKALOS SANTILLI (21)	1.0000%
MAHANEY FAMILY LIMITED PARTNERSHIP(24)	2.0000%
JOHN B. NOCERA, JR	5.0000%
MICHAEL E MOSIER	2.0000%
MARYBETH HAUSER	1.0000%
CHRISTINE WARD	1.0000%
KARYN IANNACCONE	2.0000%
DOROTHY ROSSETTI	1.0000%
TERESA SKINNER	2.0000%
	0.0000%
TOTALS	100.0000%

## General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year Ended		Page of
Bristol CCH Group LLC of Bristol, d/b/a Co	2285	9/30/2018	9/30/2018	
If this facility is owned or operated as a corp	oration, provide th	e following inform	nation:	
Legal Name of Corporation	Busines	ss Address	State(s) in W	hich Incorporated
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
Not Applicable				
		<b>19</b> (19 (19 (19 (19 (19 (19 (19 (19 (19 (19		
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
Bristol CCH Group LLC of Bristol, d/b/a Countrys	2285	9/30/2018	3B 37
If this facility is owned or operated as an individua	ıl proprietorship, p	rovide the following informat	ion:
Owa	ner(s) of Facility		
Not Applicable			
Not Applicable			
	National Control of the Control of t		
	***************************************		
	V ~ V .		

## General Information and Questionnaire Related Parties\*

Name of Facility		Licens	e No.		Report for Year Ended		Page	of
Bristol CCH Group LLC	C of Bristol, d/b/a Countryside I		2285		9/30/2018		4	37
A : 1: :1 1		•••						
	eiving compensation from the fa	-		_		If "Yes," provide th	ie Name/Ad	dress and
marriage, ability to cont	rol, ownership, family or busine	ess asso	ciation?	, 0	Yes O No	complete the inform	nation on Pa	age 11 of the report.
1	companies which provide goods							
	property or the loaning of funds							
related through family a	ssociation, common ownership,	contro	l, or bus	siness	Yes O No			
association to any of the	e owners, operators, or officials	of this 1	facility?			If "Yes," provide th	e following	information:
		Als	so Provi	ides		Indicate Where		
		Good	ds/Servi	ces to		Costs are Included		
Name of Related	Business	Non-I	Related	Parties	Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company		Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
1660 Stafford Ave, LLC	1660 Stafford Ave, Bristol, CT 06010	0	0		Lease of Real Property	Pg 22, 9 and 10b, Pg 2		510,262
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	0	0	>98%	Bank fees	Pg 16 Ln m13	7,295	7,295
Miscellaneous Facilities	various	0	0	>98%	Interfacility Loans	Pg 33, A2		1,322
Athena Health Care	135 South Road, Farmington, CT	0	0		Workers Comp Captive	Pg 15, ln 1a	368,974	368,974
Athena Health Care	135 South Road, Farmington, CT	0	0	>50%	See Attached			
Procare LTC Pharmacy of CT LLC	111 Executive Blvd., Farmingdale, NY 11735	0	0	>50%	Pharmacy Services	Pg 20 5a2	150,607	150,607
		0	•					
		0	0					
		0	0					

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

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

#### Countryside Manor RELATED PARTIES QUESTIONNAIRE PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties Yes No %**	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page#/Line#	Costs Reported	Actual Cost to the Related Party
Athena Health Care Associates	135 South Road Farmington, CT 06032	X >50%	Employee Relations, Legal Marketing, Insurance, Lobbying, Payroll Gift Certificates, MDS Fill-In, office supplies Maintenance & Repairs	Pg 13, Pg 15,1d,1e & 1g pg 16, m3 7 & M13, Pg16, L2, pg 27, 12D pg 13, B5 & B11, Pg 22, 6A	\$49,980	\$49,980
Athena Health Care Insurance	135 South Road Farmington, CT 06032	Х	Health Insurance	Pg 15, Line 1a5	\$782,576	\$782,576
Athena Health Care Systems 401(k) plan	135 South Road Farmington, CT 06032	Х	Facility Participates in a multi-facility 401 (k) plan			
Athena Health Care Associates	135 South Road Farmington, CT 06032	X >50%	Management fees	Pg 16 line 12, pg 18 Line 2c and pg 20 line 5j	\$220	\$137,359

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

Name of Facility	License No	).	Report for Year Ended	Page	of 37					
Bristol CCH Group LLC of Bristol, d/b/a Coun										
If the facility is licensed as CDH and/or RCH or	r provides A	AIDS or TB	I services with special Medicai	d rates,	costs					
must be allocated to CCNH and RHNS as follow	ws:									
Item			Method of Allocation							
Dietary		Number of meals served to residents								
Laundry		Number of pounds processed								
Housekeeping		Number of	square feet serviced							
		Number of	hours of routine care provided	by EAC	CH					
Nursing		employee c	lassification, i.e., Director (or	Charge :	Nurse),					
		Registered	Nurses, Licensed Practical Nur	ses, Ai	des and					
		Attendants								
Direct Resident Care Consultants		Number of	hours of resident care provided	by EA	CH					
			See listing page 13)	-						
Maintenance and operation of plant		Square feet								
Property costs (depreciation)		Square feet								
Employee health and welfare		Gross salar	ies							
Management services		Appropriate	e cost center involved							
All other General Administrative expenses		Total of Di	rect and Allocated Costs							
The preparer of this report must answer the follow	owing quest	ions applica	able to the cost information pro	vided.						
1. In the preparation of this Report, were all	O 17	~ \r\	If "No," explain fully why sucl	alloca	tion was					
costs allocated as required?	O Yes	⊙ No	not made.							
Not Applicable										
••										
2. Explain the allocation of related company exp	penses and	attach copy	of appropriate supporting data.	<u> </u>						
Not Applicable										
The tippine and tippine and the tippine and tippine an										
3. Did the Facility appropriately allocate and se	lf-dicallow	direct and ir	adirect costs to non-nursing hor	ne cost	centers?					
(e.g., Assisted Living, Home Health, Outpatie			•	110 0036	contors.					
(0.5., 13515ted 21, mg, 115me 116ditin, Outputte										
	O Yes	O NO	If "No," explain fully why such not made.	allocat	ion was					
Not Applicable: No Non-Nursing Home Cost C	enters									

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

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

Name of Facility			License No.	Report for Y	Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a C	ountrysi	de Man	2285	9/30/2018			6	37
	Relate	ed * to		1				1
	1	ners,						
		ators,				Annual		
		icers		Date of	Date of Term of Amount		Am	ount
Name and Address of Lessor	Yes	No	Description of Items Leased	1 1		of Lease	Clai	med
Pitney Bowes	0	0	postal equipment	04/01/18	60 months	1,315	1,014	
LEAF, PO Box 742647, Cincinnati, OH 45274-2647	0	0	Copier	10/13/16		9,852	9,852	
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	0	0	PCC Equipment	08/09/13	60 months	3,981	3,981	
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	0	•	PCC Equipment	12/09/14	60 months	1,751	1,751	
	0	0					-	
	0	0						
	0	0						
	0	0						
	0	0						
	0	0						
Is a Mileage Log Book Maintained for All I	Leased V	ehicles	? O Yes	•	No	Total ***	16,598	

<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.

pitney bowes |

### Lease Agreement

				Agreement Number
	Business Information		. Makkar serinda 1974 iliya yang makang kanang pada yang pada yang pada kanang di mulah yang banda yang Makang pada kanang kanang makang kanang pada yang banda yang pada kanang pada kanang pada kanang pada banda ka	Agreement Number
Full L	egal Name of Lessee / DBA	Name of Lessee		Tax ID # (FEIN/TIN)
COUN	NTRYSIDE MANOR OF BRIST	FOL		, , , , , , , , , , , , , , , , , , , ,
Sold-	To: Address			
1660	Stafford Ave. Bristol, CT, 0601	0-2571, US		
Sold-1	To: Contact Name	Sold-To: Contact Phone #	Sold-To: Account #	
Craig I	Lewis	(860) 583-8483	0015733700	
Bill-To	o: Address			
1660 \$	Stafford Ave, Bristol, CT, 05010	0-2571. US		
Bill-To	: Contact Name	Bill-To: Contact Phone #	BIII-To: Account #	Bill-To: Emaîl
Craig L	.ewis	(860) 583-8483	0015733700	clewis@alhenahealthcare.com
Ship-T	o: Address			
1660 S	tafford Ave, Bristol, CT, 06010	ŀ2571, US		
Ship-T	o: Contact Name	Ship-To: Contact Phone #	Ship-To: Account #	
Craig L	ewis	(860) 583-8483	0015733700	
PO#			0010100	
	lusiness Needs	1	generally, mente, mentere durit stand graphic productions considerate and the second section of the second second section and the second secon	
Qty	Item	Business Solution Description		
1	DM300C	DM300C Digital Mailing System		
1	1FAE	Basic Accounting -50 Accounts		
1	1GW2	2lb Integrated Weighing Feature		
1	3CES			
	10020	US LIVE DM300C BASE - ES2		
1	G900	Meter for DM300/DM400/475 Series		
1	G9SS	USPS Tracking Services Activation		
<u> </u>	MP9G			
		Integrated Weighing Platform		
	SBYP	DM300C Digital Meter System		
	SJ30	SoftGuard for DM300		
	STDSLA	Standard SLA-Equipment Service Agreement (for	DM300C Digital Mailing System)	

Your Payment Plan	anger an elektron province, de ligeration per province de des reservos les est, etc. Est de les careaux y con La literatura de la literatura de la ligeratura de la literatura de la completation de la literatura de la comp		A SECURITY OF THE PROPERTY OF
Initial Term: 60 months	Initial Payment Amount		( ) Tax Exempt Certificate Attached
Number of Months	Monthly Amount	Billed Quarterly at*	( ) Tax Exempt Certificate Not Required
60	\$ 94.59	\$ 283.77	(X) Purchase Power <sup>9</sup> transaction fees included
"Doas not include any applicable cales, use,	or property laxes which will be bifed separate	rly.	( ) Purchase Power <sup>6</sup> transaction fees extra
By signing below, you agree to be and are incorporated by reference after we have completed our convalueMAX® equipment protection.	be bound by all the terms of this A ce. You acknowledge that you may redit and documentation approva on program (see Section 16 of the I	y not cancel the lease for any reason If process and have signed below. T Pilney Bowes Terms) for an additional	s Terms (Version 10/17), which are available at http://www.ph.com/termsconditions and that all payment obligations are unconditional. The lease will be binding on us The lease requires you either to provide proof of insurance or participate in the lafee, if software is included in the Order, additional terms apply which are available fuse/software-and-subscription-terms-and-roadilions html. Those additional terms
Not Applicable State/Entitys Contract#			
Lessee Signature	~	Pil	Iney Bowes Signature
Print Name ROBERT T	Powers	Pri	int Namo
Tide ADMINIST		Tiu	ie
Date ADMINISTRA	TOP @ COUNTRYS	DE HALOROF BEISTEL	le C
Email Address		DE(2)()	- Cept
ales Information			
effrey Mesite		jeffrey.mesile@pb.com	and the second s
ccount Rep Name		Email Address	

# PITNEY BOWES PURCHASE POWER® TERMS AND CONDITIONS

Effective as of May 14, 2018: Change to Terms and Conditions. The Terms and Conditions governing your account have been modified. The Meter Postage Overage Fee maximum has been changed. Please read and review the updated Terms and Conditions below and save a copy for your records.

As an existing customer of Pitney Bowes Inc. (Pitney Bowes Inc. and its subsidiaries are herein collectively called "Pitney Bowes"), you are enrolled in the Pitney Bowes Purchase Power program"). Under the Purchase Power Program, you have the option of paying the amounts owed to The Pitney Bowes Bank, Inc. ("the Bank") for meter refills, office supplies, and other products and services which are made subject to the Purchase Power Program upon receipt of your bill or you may defer payment which are made subject to the Purchase Power Program in the Purchase Power Visa® Program, as on amounts you owe. You are also eligible for enrollment in the Purchase Power Visa® Program, as described below. The following sets forth the terms and conditions of the agreement between you and the Bank relating to your use of the Purchase Power Program and the Purchase Power Visa Program (collectively, the "Programs"). Your use of any or all of the Programs will signify your acceptance of this Agreement.

- Agreement.

  1. Definitions. In this Agreement, the words "you," "your" and "yours" means the corporation, partnership, or other business entity which participates in the Programs. The Programs are not sole proprietorship, or other business entity which participates in the Programs. The Programs are not available to individuals for personal, family or household purposes. "Account" means your Purchase Power Account, including charges under any of the Programs. "Agreement" means the terms and conditions Account, or as amended by the Bank from time to time. "Purchase Power Visa Account" means a Purchase Power Visa Program. "Card" means a Purchase Power Visa Visa account established under the Purchase Power Visa Program. "Card" means a Purchase Power Visa Program under which you may use a Card to defer payment of goods and services you receive from the program under which you may use a Card to defer payment of goods and services you receive from participating third party merchants for shipping, overnight delivery services and retail postage, as determined by Pitney Bowes.
- determined by Pitney Bowes.

  2. The Purchase Power Program. (A) Except as provided below, each time a meter refill, office supply, or of other product or service is ordered through the Purchase Power Program by you or by an employee or agent of yours with express, implied or apparent authority to do so (an "Authorized User"), the Account agent of yours with express, implied or apparent authority to do so (an "Authorized User"), the Account automatically will be charged for the amount of postage, products and services requested, and any applicable fees or interest. You authorize the Bank to honor requests by Authorized Users to use the Account, including a Card, and you agree to be liable for all amounts payable on the Account as a result of Account, including a Card, and you agree to be liable for all amounts payable on the Account as a result of Account, including a Card, and you agree to be liable for all amounts payable on the Account, and, transactions made by Authorized Users (B) When you order a meter refill, if if applicable, the return of all Cards provided to such Authorized Users. (B) When you order a meter refill, if you have funds on account with the United States Postal Service ("USPS") and/or the account trunds if you postage. Funds will be withdrawn first from USPS funds and thereafter from Reserve Account funds. If you do not have funds on account with the USPS or the Reserve Account, the amounts due for postage and related fees will be hilled through the Purchase Power Program under the terms and conditions of this Agreement. Charges for office supplies, other products and services ordered through the Purchase Power Program under the terms and conditions of this Program and any fees you owe under this Agreement will be charged against the Account.

  3. The Purchase Power Visa Program. Your Purchase Power Program to Account and Cards may be used at
- 3. The Purchase Power Visa Program. Your Purchase Power Visa Account and Cards may be used at 3. The Purchase Power Visa Program. Your Purchase Power visa Account and Cards may be used at participating merchants for certain qualifying purchases. Currently, qualifying purchases include shipping, overnight delivery services and retail postage. The participating merchants and qualifying categories of goods and services may change from time to time. The Bank will inform you of those changes. The Cards and your Purchase Power Visa Account may not be used to make non-qualifying purchases, purchases and your Purchase Power Visa Account may not be used to make non-qualifying purchases. and your Functions I own vos recording the form non-participating merchants, or to obtain cash or cash advances. The Bank is not liable if any merchant from non-participating merchants, or to obtain cash or cash advances. The Bank is not liable if any merchant refuses to accept any Card or if authorization is denied for any transaction. Upon your request, the Bank will place monthly dollar spending limits and/or limits on the categories of charges which can be made with Cards to individual authorized users, to the extent operationally feasible. In the absence of such a request, the Bank may establish limits on the amount of the credit line which can be used for Card purchases. The Bank may refuse to extend further credit if the amount of a requested transaction, plus the existing balance on the Account, will exceed the credit line or the individual Card limits, as the case may be. Cards are the property of the Bank. You agree to surrender all Cards to the Bank upon request.
- 4. Rewards Program. Pitney Bowes offers a rewards program tied to the Account (the "Rewards Program"). You have been automatically enrolled in the Basic Rewards Program. If you have enrolled in Program"). You have been automatically enrolled in the Basic Rewards Program. If you have enrolled in one of the annual see rewards programs, you agree to pay a see of up to \$49.99 annually. The Rewards one of the annual see rewards program will be subject to terms and conditions which are available online. For more information on the Program will be subject to terms and conditions which are available online. Program will be subject to terms and conditions which are available online. For more information on the program in which you participate, please refer to your Purchase Power statement for the rewards program vebsite. You may also request a copy of the Rewards Program Terms and Conditions by calling 1-800-243-7800 or writing to the Bank at PO Box 571677, Salt Lake City, UT 84157-1677. The Rewards Program Terms and Conditions may be changed at any time, in the sole discretion of Pitney Bowes.
- 5. Billing. You will receive a billing statement for each billing cycle in which there are amounts due in respect 5. Billing. You will receive a billing statement for each billing cycle in which there are amounts due in respect of the Account. The Bank reserves the right to deliver any statement by mail at the address which you provided to the Bank or electronically to your email address that is then on file with the Bank. You agree to review each statement and to notify the Bank within thinty (30) days of the statement date of any errors on the statement or it will be deemed correct. You promise to pay the total amount of all meter refills, office supplies and other products and services, and applicable fees due under this Agreement by the due date supplies and other products and services, and applicable fees due under this Agreement by the due date shown on your shown on your billing statement. You may pay the entire balance due by the due date shown on your statement. If you choose not to pay the total amount due, you may pay a portion of the balance, provided that you pay at least the minimum payment shown on the statement. In the event of a partial payment, you will be responsible for the unpaid balance of the Account under the terms of this Agreement.
- 6. Meter Postage Overage Fee. In the event that the aggregate meter refils in any billing cycle exceed \$500, a meter postage overage fee equal to the greater of \$1 or 1% of the amount by which the aggregate meter refils in the billing cycle exceed \$500, up to a maximum of \$250, will be assessed.
- meter refills in the billing cycle exceed \$500, up to a maximum of \$250, will be assessed.

  7. Deferred Payment Terms. Whenever there is an unpaid balance outstanding on the Account (including your Purchase Power Visa Account) which is not paid in full by the due date shown on your billing statement, your Purchase Power Visa Account) which is not paid in full by the due date shown on your billing statement to the Bank will charge you, and you agree to pay, interest on the unpaid balance of the Account from time to the Bank will charge you, and you agree to pay, interest on the unpaid balance time, for each day from the date the transaction is posted to the Account until the date the unpaid balance is paid in full, at a variable rate equal to the Annual Percentage Rate applicable to the Account will be the greater of (i) 22.00% and (ii) the time. The Annual Percentage Rate section of The Wall Street Journal on sum of (a) the highest "Prime Rate" published in the "Money Rates" section of The Wall Street Journal on the last business day of the month and (b) the margin set forth below (the sum of the margin and the Prime the last business day of the month and (b) the margin set forth below (the sum of the margin and the Prime the last business day of the month and (b) the margin set forth below (the sum of the margin and the Prime Rate is herein called the "Floating Rate."). The Annual Percentage Rate will be adjusted on a monthly basis Rate is herein called the "Floating Rate. Any change in the Annual Percentage Rate wall be all the Calculation described in this section will become effective on the first day of your next billing cycle, if calculation described in this section will be eaded to the Prime Rate to determine the Floating Rate will be 14.75% applicable. The margin which will be added to the Prime Rate to determine the Floating Rate will be 14.75% applicable. The margin which will be added to the Prime Rate to determine the Floating Rate will be 14.75% applicable.

corresponding daily periodic rate would be .05274%). The Account balance that is subject to a finance charge each day will include (i) outstanding balances, minus any payments and credits received by the Bank on the Account that day, and (i) unpaid interest, fees, and other charges on the Account. The Bank will charge a minimum finance charge of one dollar in any bitting cycle if the finance charge calculated above will charge a minimum finance that you make will be applied to metice the cutstanding balance of win change a minimum mance charge of one dollar in any plang cycle if the finance charge cacculated above is less than one dollar. Each payment that you make will be applied to reduce the outstanding balance of the Account and replenish your available credit line. The Bank will apply payments first to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and thereafter to the portion of the balance subject to the lowest finance charge and t highest finance charge until the payments have been applied in full. The Bank may refuse to extend further credit if the amount of a requested charge plus your existing balance exceeds your credit line.

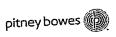
- credit if the amount of a requested charge plus your existing balance exceeds your credit line.

  8. Account Charges. Unless prohibited by applicable law, if you do not pay at least the minimum amount payable under this Agreement by the due date shown on your billing statement, you agree to pay a late charge of \$9.99 if your outstanding balance is less than \$30, \$29.99 if your outstanding balance is greater than or equal to \$30 but is less than \$400, \$39.99 if your outstanding balance is greater than or equal to \$30 but is less than \$2,500 and 1.99% of the outstanding balance if your outstanding balance is greater than or equal to \$2,500. If you exceed your oredit limit, you agree to pay an over limit charge of \$39. If any than or equal to \$2,500. If you exceed your oredit limit, you agree to pay an over limit charge of \$39. If any the Account has no transaction activity for a year or longer, you agree to pay an annual account maintenance fee of up to \$180. Unless prohibited by applicable law, the Bank may charge you and you agree to pay the Bank's fees then in effect for copies of statements, personalized business checks and other fee based services provided by the Bank. The Bank may change the fees under the Agreement from time to time, as provided below.
- 9. Financial and Other Information. Upon the request of the Bank, you agree to furnish it with current financial information about you. Upon the request of the Bank, you agree to provide your tax identification number, social security number, and other information. You understand the Bank may obtain credit reports in connection with your Account. IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING IN SOCIAL INT. To had the consequence that the fundament of terrorism and manner learned activities. In connection with your account, invitors trained interconvention about Procedures Procedures A NEW ACCOUNT: To help the government light the funding of terrorism and money laundering activities. A NEW ACCOUNT: To help the government light the funding of terrorism and money laundering activities and person Federal law requires financial institutions to obtain, verify and record information that identifies each person who opens an account. Accordingly, in order to activate the Account, the Bank asks that you provide who opens an account. identifying information, including your address and taxpayer identification number. The Bank may also ask Identifying information, including your address and taxpayer identification minimal. The dails may also ask for additional identifying information, where appropriate, including asking fitat your representative who is opening the Account to provide his/her name, address, date of birth, driver's locase and/or other documents and information that will allow the Bank to identify him/her. You agree to provide all such requested identifying information, in order to participate in the Program, you must provide the information described in
- 10. Unauthorized Use of Account. You agree to notify the Bank immediately of any loss, theft or unauthorized use your Purchase Power Visa Account or any Card by calling the Bank at 1-888-339-7228.
- unauthorized use your Purchase Power Visa Account or any Card by calling the Bank at 1-888-339-7228.

  11. Billing Inquiries. If you think a billing statement is wrong, or need more information about a charge on a billing statement, call the Bank at 1-800-243-7800. You can also notify the Bank in writing at PO BOX 571677, Salt Lake City, UT 84157-1677. In either case, you must notify the Bank within 30 days of the receipt of the billing statement on which the error or problem first appears. Please provide to the Bank of the receipt of the billing statement on which the error or problem first appears. Please provide to the Bank the Stowing information: Your name and the Purchase Power Visa Account number; the dollar amount of the suspected error; and describe the error and explain why you believe there is an error. You may be liable if your Purchase Power Visa Account or any Card is being used without your consent, but you will not be if your Purchase Power Visa Account or any Card is being used without your consent, but you will not be liable for unauthorized use that occurs after you notify the Bank orally or in writing of the loss, theft or possible unauthorized use. In any event, your liability for unauthorized transactions will not exceed \$50 or the amount of unauthorized transactions made before you notified the Bank.
- 12. Account Cancellation and Suspension. The Bank may at any time dose or suspend the Account, and may refuse to allow further charges to the Account. You can cancel the Account by notifying the Bank in writing. No cancellation or suspension will affect your obligation to pay any amounts you owe under in writing.
- this Agreement.

  13. Events of Default. If you fail to meet any of the obligations due under this Agreement or any other agreement with the Bank or its affiliates, the Bank may declare all loans, leases, or other agreements you have with the Bank due and payable at once without notice or demand, and the Bank may exercise any other rights it has. The Bank may also do this if you (a) have made any misrepresentations to the Bank, or other rights it has. The Bank may also do this if you (a) have made any misrepresentations to the Bank, or (b) at any time, have done or allowed anything that indicates to the Bank that you may be unable or unwilling to repay the balance made under this Agreement. If you are in default of this Agreement or upon cancellation of the Account, whether such cancellation was made by you or by the Bank, the Bank shall not be obligated to continue to provide the Purchase Power service or extend further credit under this Agreement. If the Bank is required to take collection action or any other legal action under this Agreement or any other agreement you have with the Bank or any affiliate, you agree to pay all court and collection costs and reasonable attorney's fees. You also agree that, subject to applicable law, the Bank and its affiliates have a lien and security interest in and right of setoff in your Account. This means that if you owe money to the Bank, Pitney Bowes or their affiliates for any reason, the Bank may take the funds owned to us from your Account to the extent allowed by law, even without giving you prior notice. us from your Account to the extent allowed by law, even without giving you prior notice.
- 14. Amendments to this Agreement; Notices; Termination. The Bank can amend this Agreement or any of its provisions. You are consenting to the delivery of any amendments to this Agreement by mail at the address which you provided to the Bank or electronically to your email address that is then on file with the address which you provided to the Bank or electronically to your email address that is then on file with the address which you provided to the Bank or electronically to your email address that is then on file with the Bank. In addition, the Bank may defiver all other notices to you at any time by mail at the address which you provided to the Bank or electronically to your email address that is then on file with the Bank. Any you provided to the Bank or electronically to your email address that is then on file with the Bank. Any amendment will become effective on the date stated in the notice and will apply to any outstanding balance on the Account. The Bank may terminate any or all of the Programs at any time. The Bank will notify you in the event of any termination. Any outstanding obligation will survive termination of any or all of the Programs.
- the event of any terminator. Any custom only congetted was survive terminator or any or an order regretate.

  15. Miscellaneous. The Bank may accept late payments, partial payments, or checks and money orders marked 'payment in full,' without compromising any rights under this Agreement. The Bank can choosy not to exercise or to delay enforcement of any rights under this Agreement without compromising there is a survival or the Bank may assign the Account and this Agreement and any rights under this Agreement to a third printing or the survival of the Account and this Agreement. If any provision of this Agreement is held invalidation of the Account of the Account and the Agreement of the Agreeme



### Annual Report of Long-Term Care Facility

CSP-7 Rev. 6/95

### General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	l	Page	of
Bristol CCH Group LLC of Bristol,	2285	9/30/2018		7	37
The records of this facility for the p	eriod covered by this report	were maintained on the following basis:			
	Modified Cash				
Is the accounting basis for this					
1	Yes	If "No," explain.			
previous period? O	No				
Independent Accounting Firm					
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)			
1 DHL&S		4 Corporate Drive, Shelton, CT 06484			
2 Marcum LLP		555 Long Wharf Drive, New Haven, CT 0	)6511		
3 CT Dept of Revenue Services		PO Box 5088, Hartford, CT 06102			
4 Midcap Financial Services, LL0		7255 Woodmont Avenue Suite 200, Bethe	esda, MD 2	20814	
Services Provided by This Firm (de.	scribe fully )				
1 Audit &Year End Financials: Allow			\$	9,500	
2 Medicare cost report Preparation: Allo	)W		\$	2,675	
3 User Fee Audit: Disallow			\$	2,907	
4 LOC audits: Disallow			\$	3,475	
			Charge for	Services Pr	ovided
			\$	18,557	
Are These Charges Reflected in the Expend	liture Portion of This Report? If Y	es, Specify Expense Classification and Line No.		· · · · · · · · · · · · · · · · · · ·	<del></del>
⊙ Yes O No	Pg 15, Line1d				
Legal Services Information					
Name of Legal Firm or Independent	Attorney		Telephone	Number	
1 Goldman, Gruder & Woods, LI	_C	l l	203-899-8		
2 State of CT Probate/Marshall			860-584-6	230	
3 Midcap Financial Services, LLC	3		646-896-1		
4 Shipman & Goodwin			860-251-5		
5 Murtha Cullina			860-240-6	000	
Address (No. & Street, City, State, Z	=				
1 200 Connecticut Avenue, Norw					
2 111 N. Main Street, Bristol, CT					
3 7255 Woodmont Avenue Suite					
4 One constitution Plaza, Hartford					
5 185 Asylum Street, Hartford, C				************************	·····
Services Provided by This Firm (des				4.50	*************
1 A/R Collections: Disallow			\$	360	<del></del>
2 Conservatorship hearings: Disallow			\$	1,040	••••••••••••••••••••••••••••••••••••••
3 LOC lender switch: Disallow			\$	6,094	
4 Employee matters: Disallow			\$	(2,787)	
5 General matters: Disallow			\$	855	
			Charge for	Services Pro	ovided
			\$	5,562	
	iture Portion of This Report? If Yo Pg 15, Line1e	es, Specify Expense Classification and Line No.			

## **Schedule of Resident Statistics**

Name of Facility			License 1	Vo.			Report fo	or Year Ende		<b>.</b>	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countrysid	le Manor c	of Bristol	2	285			9/30/201		-		8	37
,						Period 10	/1 Thru 6/	′30		Period 7/	1 Thru 9/	
		Total	Total	Total								
	Total All Levels	CCNH	RHNS	Residential	m . 1	G CO 17.7		Residential				Residential
Certified Bed Capacity	Leveis	Level	Level	Care Home	Total	CCNH	RHNS	Care Home	Total	CCNH	RHNS	Care Home
A. On last day of PREVIOUS report period	90	90			90	90			90	90		
B. On last day of THIS report period	90	90			90	90			90	90		
2. Number of Residents					70	- 70			90	90		
A. As of midnight of PREVIOUS report period	86	86			86	86			90	90		
B. As of midnight of THIS report period	86	86			90	90			86	86		
3. Total Number of Days Care Provided During Period					w					- 00		
A. Medicare	2,635	2,635			2,008	2,008			627	627		
B. Medicaid (Conn.)	27,287	27,287			20,355	20,355			6,932	6,932	····	
C. Medicaid (other states)										0,702		
D. Private Pay	1,239	1,239			999	999			240	240		
E. State SSI for RCH									2.0	240		
F. Other (Specify) Managed Care	177	177			92	92			85	85		
G. Total Care Days During Period (3A thru F)	31,338	31,338			23,454	23,454			7,884	7,884		
Total Number of Days Not Included in Figures in 3G									.,,	1,001		
for Which Revenue Was Received for Reserved     Beds												
A. Medicaid Bed Reserve Days	141	141			94	94			4.7	477		
B. Other Bed Reserve Days	37	37			23	23	<del></del>		47 14	47 14		
5. Total Resident Days (3G + 4A + 4B)	31,516	31,516			23,571	23,571	<del></del>		7,945	7,945		

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

Name of Faci	lity			Lice	nse No.				Repor	t for Year	Ended		Page	of
Bristol CCH	Group L	LC of F	Bristol, d/b/a Cοι	d bed capacity during the report year?						9/30/201	8		9	37
ı	-	_	in the certified b		ion:									
11 1E3	<del>,                                    </del>			11011.			in Dod					tan Chamas		·····
	<u> </u>	Place o	f Change Residential		CI	nange	in Bed	ıs		Ca	pacity An	er Change	-	
Date of	CCNH	RHNS	1		Lost		١ ,	Gaine	d					
Date 01	CCIVII	Idins	Curcinome		2285  capacity during the report year?  Change in Beds  Capacity After Change  Lost  Gained  (2) (3) (1) (2) (3) CCNH RHNS  Care Hon  acity during the report year (as reported in item 4 above) provide the he change.  Lent Days  CCNH RHNS  Associated in item 4 above (as reported in item 4 above) provide the he change.  CCNH RHNS  CCNH RHNS  CCNH RHNS  CCNH RHNS  CARE Hon  Associated in item 4 above (as reported in item 4 above) provide the he change.  CCNH RHNS  Associated in item 4 above (as reported in item 4 above) provide the he change.  CCNH RHNS  CCNH RHNS  CCNH RHNS  CCNH RHNS  CCNH RHNS  CCNH RHNS  CARE Hon  Associated in item 4 above (as reported in item 4 above) provide the he change.  Associated in item 4 above (as reported in item 4 above) provide the he change.  Associated in item 4 above (as reported in item 4 above) provide the he change.  Associated in item 4 above (as reported in item 4 above) provide the he change.  Associated in item 4 above (as reported in item 4 above) provide the he change.  Associated in item 4 above (as reported in item 4 above) provide the he change.  Associated in item 4 above (as reported in item 4 above) provide the he change.  Associated in item 4 above (as reported in item 4 above) provide the he change.  Associated in item 4 above (as reported in item 4 above) provide the he change.  Associated in item 4 above (as reported in item 4 above) provide the he change.									
Change	(1)	(2)	(3)	(1)	Capacity during the report year?   O Yes		Reason	for Change						
	(1)	(=)		(1)	Capacity during the report year?   O Yes			11000011	or onango					
					Capacity during the report year?   O Yes		1							
					capacity during the report year? O Yes Gen:  Change in Beds Capacity After Change  Lost Gained Residential  (2) (3) (1) (2) (3) CCNH RHNS Care Home  acity during the report year (as reported in item 4 above) provide the number change.  CCNH RHNS  CCNH R									
	-	_		-	-	the re	eport y	ear (as	s report	ted in item	n 4 above)	provide the nu	mber of	
				s following the change.  ange in Resident Days  CCNH  R  con September 30 of Cost Year dicare  Medicaid  Self-Pay  CNH  CCNH  RHNS  CCNH  RHNS  Care  3  76  2  499.49  232.32  527.00										
			Change in Re	on September 30 of Cost Year licare Medicaid Self-Pay  Resident Days CCNH RI  Self-Pay  Resident Days CCNH RI  RI  RESIDENT RESID								RHNS	Residentia	Care Home
1st chang	e e		Change in re	JDIQUI.	Change in Beds  Lost Gained  (1) (2) (3) (1) (2) (3) CCNH RHNS Care Ho  car									
2nd char		•		~~~~	2285   9/30/2018									
3rd chan			A		Compact   Comp									
4th chan	ge			2285   9/30/2018										
6. Number	of Resid	lents an	d Rates on Septe	Co   2285   9/30/2018										
			Medicare		Medic	caid		Other Sta	te Assisted					
					Change in Beds							i ,		
					Change in Beds							Residential	İ	
	Item		CCNH	C	capacity during the report year?  Change in Beds  Lost Gained  (1) (2) (3) (1) (2) (3)  Capacity during the report year (as report year (as report year)  Control of Cost Year  Medicaid  CCNH  RHNS  CCNH  76  232.32  232.32  506  Total of Cost Year  Medicaid  CCNH  RHNS  CCNH  76  232.32  506				CNH	RH	INS	Care Home	R.C.H.	ICF-MR
No. of R			3		Capacity during the report year?   O Yes   O Yes									
Per Dien					Capacity during the report year?   O Yes									
a. One b												<del> </del>		ļ
b. Two b			499.49		Change in Beds									
c. Three		;												
bed r	ms.				]			L						ļ
7. Total Nu	mber of	'Physica	al Therapy Treatr	nents						ΤO	ΓΑΙ	CCNH	RHNS	Residential Care Home
		re - Part	A #									3,458		
В.	Medica	id (Excl	lusive of Part B)											
	1. Mair	ntenance	e Treatments								522	522		
		orative '	Treatments											
	Other			······	····						<del></del>			
			Therapy Treatm	CCNH   RHNS   CCNH   RHNS   Residential   Care Home   CCNH   RHNS   Residential   Care Home   CCNH   RHNS   Residential   Care Home   CCNH   RHNS   Resident   Care Home   CCNH   RHNS   Resident   Care Home   CCNH   RHNS   Resident   Care Home   CCNH   RHNS   Residential   Care Home   CCNH   RHNS   CCNH   RHNS   CCNH   RHNS   CCNH   RHNS   Care Home   CCNH										
		•	Therapy Treatm	CCNH   RHNS   CCNH   RHNS   Residential   Care Home										
		re - Part	usive of Part B)	Change in Beds										
			e Treatments	g the change.    Sident Days										
			Treatments	Change in Beds										
	Other	Jianive	11 catificitis	Change in Beds										
		peech T	herapy Treatme	Lost   Gained   Resident   Resident   Care Ho   Care H										
					nents						,	,		
		re - Part							ı		4,038	4,038		
			usive of Part B)											
			Treatments								670	670		
	2. Resto	orative "	Treatments											
	Other													
D.	Total O	ccupati	onal Therapy Tr	eatm	ents				ļ		9,747	9,747		

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

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Report of 15x		5 - Salail	~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>		T	
Name of Facility	License No.		Report for Yea	ır Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Man	o 2285		9/30/2018		10	37
Are time records maintained by all individuals receiving co	mpensation?	0	Yes	0	No	
			Total Cost a	and Hours		
	1	T	T	T	T	
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*	CCIVII	Tiours	IGHAS	Tiours	Care Frome	Tiours
Operators/Owners (Complete also Sec. I						
of Schedule A1)						
2. Administrator(s) (Complete also Sec. III						
of Schedule A1)	127,578	1,975	3			
Assistant Administrator (Complete also Sec. IV						
of Schedule A1)						****************
4. Other Administrative Salaries (telephone						
operator, clerks, receptionists, etc.)	132,021	5,783				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	49,092					
c. Dietary Workers	288,032	22,362				
6. Housekeeping Service						
a. Head Housekeeper	50,250					
b. Other Housekeeping Workers 7. Repairs & Maintenance Services	138,051	12,056				
a. Engineer or Chief of Maintenance	53,517	2,176				
b. Other Maintenance Workers	31,668	<del></del>		<b> </b>		<del> </del>
8. Laundry Service	51,008	2,133				
a. Supervisor						
b. Other Laundry Workers	88,936	7,059				
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	201,335	4,224				
b. RN						
1. Direct Care	552,989					
Administrative**  c. LPN	295,952	10,437				
1. Direct Care	691,155	26,417				
2. Administrative**	071,155	20,717				
d. Aides and Attendants	1,445,568	84,063				
e. Physical Therapists	357,032	11,889				***************************************
f. Speech Therapists	55,149					
g. Occupational Therapists	182,862	4,899				
h. Recreation Workers	139,811	6,405				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	152,371	3,767				
n. Marketing		- 7 7				
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures	5,033,369	225,577				

<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	CNH	RH	INS	Residential	Residential Care Home		
Position	S	Hours	\$	Hours	S	Hours		
	8.2			100	100000			
			1000					
					3.00			
						9.4		
				10.00				
		-			-			
					<b>S</b> -			
Total	\$ -	-	\$ -	-	\$ -	-		

### Schedule of Other Fees (Page 13)

	CCN	H	R	HNS	Residential	Care Home
Service	S	Hours	\$	Hours	S S	Hours
Medical Staff Meetings	\$ 600	6			1 1 1	
					- 4	
		9-1				
		10.00				
				<del> </del>		
				<del> </del>		
<u> Fotal</u>	\$ 600		s -	<u>.</u>	S -	-

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

Name of Facility				License No.		Year Ended	-	Page	of	
Bristol CCH Group LLC of Bristo	l, d/b/a Cou	untryside M				9/30/2018		Z	11	37
		Salary Pai	d	Fringe Benefits						
Name	CCNH	RHNS	Residential Care Home	and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Section I - Operators/Owners								The state of the s		
Not Applicable										
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).										
Not Applicable										

<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.

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)	- ,					Report for Y	ear Ended		Page	of
Bristol CCH Group LLC of Bristo	l, d/b/a Cou	ntryside M	anor of Bristo	2285		9/30/2018			12	37
		Salary Pai		Fringe Benefits and/or Other		Total	Line Where		Total	
Name	CCNH	RHNS	Residential Care Home	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours Worked	Compensation Received
Section III - Administrators***										
Brett Stewart (10/1/17-10/26/17)	18,520			Health & life insurances, Payroll Taxes Health & life	Day to day operations of the nursing home facility.  Day to day operations	200	A2			
Robert Powers (10/27/17-1/31/18)	28,192			insurances, Payroll Taxes	of the nursing home facility.	496	A2			
Lizbeth Carmichael (2/1/18-9/30/18)	80,866			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,279	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 <u>all</u> 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

B. Report of E.		es - Froi			Dogo	of
Name of Facility	License No.	n.c	Report for Year Ended 9/30/2018		Page 13	37
Bristol CCH Group LLC of Bristol, d/b/a Countrysic	228	53	L	1 1 7	] 13	<u> </u>
			Total Cost	and Hours	l	Γ
					Residential	
**	CONTI	Harres	RHNS	Hours	Care Home	Hours
Item 500	CCNH	Hours	KIIIO	110015	Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)	10.0					
1. Dietitian						
2. Dentist	9,774	282				
3. Pharmacist	7,249	41				
4. Podiatrist	,,,,,,,					
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	141		\$ 1.00 pt 10.00 pt 10		
b. Utilization Review						
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	838	8				
d. Administrative Services facility						
1. Infection Control Committee						
(Quarterly meetings)		····			<u> </u>	
Pharmaceutical Committee     (Quarterly meetings)					-	
3 Staff Development Committee						
(Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care				<u> </u>		
b. Other						
<ol> <li>Nurses and aides and attendants</li> </ol>					2.90	
a. RN						
1. Direct Care	1,930	35				
2. Administrative***	3,484	58				
b. LPN						
1. Direct Care	2,517	56		<u> </u>	<u> </u>	
2. Administrative***				<u> </u>		
c. Aides	49,335	1,410		<u> </u>		
d. Other						
12. Other (Specify)						
See Attached Schedule	600	6				
B-13 Total Fees Paid in Lieu of Salaries	99,727	2,037			<u> </u>	<u> </u>

<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.	· · · · · · · · · · · · · · · · · · ·	Report for	Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a C			9/30/2018		14	37
Name & Address of Individual	Full Explanation of Service		* to Owners, ors, Officers No	Expla	nation of Rela	tionship
Health Drive, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dental Consulting, Podiatrist, Eye Doctor	0	0			
Dr. Gary Miller, 100 North Meadow Road, Canton, CT 06019	Medical Director	0	0			
Dr. Steven Zebrowski, 120 West Main Street, Plainville, CT	Medical Director	0	0			
Ready Nurse Staffing, PO Box 301076, Dallas, TX 75303	Nurse Pool	0	0			
Vista Behavioral Health, LLC, 152 Simsbury Road, Avon, CT 06001	Psychiatric Services	0	0			
Athena Health Care, 135 South Road, Farmington, CT 06032	MDS Fill-in	•	0	Common Own		
Procare LTC, 1492 Highland Avenue, Chesire, CT 06032	Pharmacy Consultant	0	0	Common owne	ers, Minority inte	rest
World Wide Staffing, 425 Union Street, West Springfield, MA 01089	Nurse Pool	0	0			
Nurse Network, 405 Park Ave, New York, NY	Nurse Pool	0	•			
		0	•			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			

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

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

# C. Expenditures Other Than Salaries - Administrative and General

Name of Facility License No.	Report for Y	ear Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countr 2285	9/30/2018		15	37
				Residential
Item	Total	CCNH	RHNS	Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 368,974	368,974		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 74,607	74,607		
4. Social Security (F.I.C.A.)	\$ 344,232	344,232		
5. Health Insurance	\$ 648,305	648,305		
6. Life Insurance (employees only)				
(not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory)	\$ 37,544	37,544		
(not-owners and not-operators)				
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> )	\$			
See Attached Schedule	10.0			
b. Personal Retirement Plans, Pensions, and	\$			
Profit Sharing Plans for Owners and				
Operators (Discriminatory)*				
c. Bad Debts*	\$ 76,387	76,387		
d. Accounting and Auditing	\$ 18,557	18,557		
e. Legal (Services should be fully described on Page 7)	\$ 5,562	5,562		
f. Insurance on Lives of Owners and	\$			
Operators (Specify)*				
g. Office Supplies	\$ 43,612	43,612		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 51,081	51,081		
2. Cellular Phones	\$ 939	939		
i. Appraisal (Specify purpose and	\$			
attach copy)*				
		100		
j. Corporation Business Taxes (franchise tax)	\$ 90	90		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$ 			
2. Other ( <i>Specify</i> )	\$			
See Attached Schedule				
3. Resident Day User Fee	\$ 607,079	607,079		
Subtotal	\$ 2,276,969	2,276,969		

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

Attachment Page 15

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

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

### **Schedule of Other Taxes**

			Residential
Description	CCNH	RHNS	Care Home
	100 mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m		
			9. 300
Total	\$ -	\$ -	\$ -

\_\_\_\_\_

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

Name of Facility License No.		Report for	Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside 2285		9/30/2018		16	37
					Residential
Item		Total	CCNH	RHNS	Care Home
Subtotals Brought Forwa	ırd:	2,276,969	2,276,969		
l. Travel and Entertainment		,			
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	4,700	4,700		
3. Gifts to Staff and Residents	\$	10,194	10,194		
4. Employee Travel	\$	919	919		
5. Education Expenses Related to Seminars and Conventions	\$	3,120	3,120		
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (Specify)	\$				:
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	3,906	3,906		
2. Advertising Telephone Directory (all such expenses )***	\$				
3. Advertising Other (Specify)***	\$	17,927	17,927		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$	273	273		
6. Barber and Beauty Supplies (if this service is supplied	\$				
directly and not by contract or fee for service)***			15		
7. Postage	\$	5,182	5,182		
* 8. Dues and Membership Fees to Professional	\$	10,936	10,936		
Associations (Specify)				100	
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	100	100		
9. Subscriptions	\$				
10. Contributions***	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete	\$				
Schedule C-2, Page 21 for each firm or individual)					
12. Administrative Management Services**	\$	220	220		
13. Other ( <i>Specify</i> )	\$	95,403	95,403		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	2,429,849	2,429,849		

<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	Residential Care Home
			3.9
			100
	672		
Total Other Travel and Entertainment	S -	s -	s -

#### Schedule of Other Advertising

		Residential
CCNH	RHNS	Care Home
S 17,927		
	100	
\$ 17,927	s -	S -
	\$ 17,927	S 17,927

#### Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Description CAHCF	\$ 10,936		
Total Dues	\$ 10,936	s -	s -

#### Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	s -	\$ -	s -

#### Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Data Processing Fees	\$ 37,984		
Licenses	\$ 1,585		
Bank Charges	\$ 14,266		
Payroll Processing Fees	\$ 22,821		
Employee Physicals and Background checks	\$ 14,716		
Energy Audit	\$ 2,639		
Penalties - User Fee Audit	\$ 1,392		1
			1
Total Other Administrative and General	\$ 95,403	s -	s -

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

Name of Facility	License No. 2285	Report for Year Ended 9/30/2018	Page of 17   37
Bristol CCH Group LLC of Bristol, d/b/a	2283	9/30/2018 	1/   3/
	Cost of		Indicate Where Costs
Name & Address of Individual or	Management	Full Description of Mgmt. Service	are Included in Annual
Company Supplying Service	Service	Provided	Report Page #/Line #
Athena Health Care Assoc., Inc 135		Contract Attached to a Prior	See Below
South Road Farmington, CT 06032		Year	
Allocation of Above	\$0	Admin/Gen 66%	Pg 16, Line 12
	\$0	Indirect 16%	Pg 18, Line 2C
	\$0	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc 135	220	Admin/Gen - Other Exp	Pg 16, Line 12
South Road Farmington, CT 06032		-	
	ļ		

<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)

Name of Facility License			Report for Year Ended			Page of
de		2285	1	9/30/2018		18   37
						Residential Care
		Total		CCNH	RHNS	Home
					lating and the second	
				220,136		
		.}	<u> </u>	24,659		
	. \$	268		268		
	\$					
		100			100	
	\$					
					1	
	<u> </u>	98.1				
	\$	245,063	<u> </u>	245,063		
						Residential Care
		Total		CCNH	RHNS	Home
lay	7:*	258		258		
9	Yes	0	No	•		
)	Yes	•	No		If yes, specify amt.	
Cos	t Repor	t? (Page/Line	Iten	1)		
					If yes specify	
<b>9</b>	Yes	0	No			
					COSt.	\$45,380
O	Yes	•	No		If yes, specify amt.	
cos	t Repor	t? (Page/Line	Item	1)		
		- G-g				
O	Yes	•	No		If yes, specify cost.	
)	Yes	•	No		If yes, specify amt.	
		t? (Page/Line				
	dday D D D D D	s s s s s s s s s s s s s s s s s s s	License No.	License No.   Red	License No.   Report for Y   9/30/2018	Total   CCNH   RHNS

<sup>\*</sup> 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)

	ne of Facility	License		Report for Y		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside M		1	2285	9/30/2018	<del>                                     </del>	19	37
				000.00	n r n r n	1	ntial Care
	Item	<b>T</b>	Total	CCNH	RHNS	H	ome
3.	Laundry  a. In-House Processing*  1. Bed linens, cubicle curtains, draperies, gowns and other resident care items	Lbs.					
	washed, ironed, and/or processed.***	Aunt. p					
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.					<u></u>
		Amt. \$					
	b. Purchased Services (by contract other	\$	14,048	14,048			
	than through Management Services) (Complete Schedule C-2 att. Page 21)						
	c. Other (Specify) Supplies = \$7,586	\$	7,586	7,586			
3D.	Total Laundry Expenditures (3a + b + c)	\$	21,634	21,634			
3F.	Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E? O	Yes	•	No	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	Item)		
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.		
K.	Did you receive revenue from these people? O	Yes	•	No	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> 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
Bristol CCH Group LLC of Bristol, d/b/a Coun	2285		9/30/2018		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced					
a. In-House Care	by Personnel	ĺ				
1. Supplies - Cleaning (Mops,	Amt.	\$	24,400	24,400		
pails, brooms, etc.)				•		
b. Purchased Services (by contract other	Sq. Ft. Serviced					
than through Management Services)	by Personnel					
(Complete Schedule C-2 att.	Amt.	\$				
Page 21)						
C. Other (Specify)		\$				
4D. Total Housekeeping Expenditures (4a +	b+c)	\$	24,400	24,400		
5. Resident Care (Supplies)**				pi i		
<ul><li>a. Prescription Drugs***</li></ul>						
1. Own Pharmacy		\$				
2. Purchased from		\$	137,848	137,848		
Procare						
b. Medicine Cabinet Drugs		\$	26,555	26,555		
c. Medical and Therapeutic Supplies		\$	208,244	208,244		
d. Ambulance/Limousine***		\$	1,188	1,188		
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$	50,125	50,125		
f. X-rays and Related Radiological		\$	9,907	9,907		
Procedures***						
g. Dental (Not dentists who should be incl	luded under	\$				
salaries or fees)						
h. Laboratory***		\$	18,100	18,100		
i. Recreation		\$	13,980	13,980		
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				· · · · · · · · · · · · · · · · · · ·
1. Other (Specify)****		\$	165,174	165,174		
See Attached Schedule						
5M. Total Resident Care Expenditures (5a - 5)	j)	\$	631,121	631,121		

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

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

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

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

### Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Oxygen Concentrator Rentals	\$ 13,104		
Cable TV Fees	\$ 9,890		
Medical Equipment Rental-Other	\$ 53,506		
Physical Therapy Supplies	\$ 34,355		
Occupational Therapy Supplies	\$ 3,830		
Medical Equipment Rental-Medicaid	\$ 50,489		
Landers			
Contract to the contract to th			
green on the			
Total Other Resident Care	\$ 165,174	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ende	d			Page	of
Bristol CCH Group LLC of B	ristol, d/b/a Countrysic	le Manor of I	Bristol	2285	9/30/2018				21	37
		Related ** t Operators,					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home	l	Line
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	0	•		Rubbish Removal	22,194			22	6f
Procare LTC	111 Executive Blvd., Farmingdale, NY 11735 Philadelphia, PA 19170-	•		Common Owners: Minority Interest	Pharmacy Supplies & Services	150,607			20	5a2
ADP	0351	0	•		Payroll services	17,460			16	lm13
Compass Enterprises	89 Birch Street, Southington, CT	0	0		Snow removal	22,552			22	6f
		0	•							
		0	0							
		0	0							
		0	•							
		0	0							<u> </u>
		0	0							<u> </u>
		0	0							ļ
		0	0							
		0	•							-
		0	<b>⊙</b> .							

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

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

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

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

Name of Facility License No.	Э.	Report for Ye	ear Ended		Page of
Bristol CCH Group LLC of Bristol, d/b/a Cou 2285		9/30/2018			22   37
					Residential Car
Item		Total	CCNH	RHNS	Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	77,244	77,244		
b. Heat	\$	62,025	62,025		
c. Light & Power	\$	88,243	88,243		
d. Water	\$	32,096	32,096		
e. Equipment Lease (Provide detail on page 6)	\$	16,598	16,598		
f. Other (itemize)	\$	108,286	108,286		
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	384,492	384,492		
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$				
c. Non-Movable Equipment	\$	19,261	19,261		
d. Movable Equipment	\$	29,862	29,862		
*7e. Total Depreciation Costs (7a + b + c + d)	\$	49,123	49,123		
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$	13,066	13,066		
c. Leasehold Improvements	\$	66,713	66,713		
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$	79,779	79,779		
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$	369,979	369,979		
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$	94,620	94,620		
c. Personal property taxes	\$	24,409	24,409		
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	617,910	617,910		

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

#### Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Groundskeeping	\$ 9,532		
Rubbish Removal	\$ 22,194	PAZ DE PERSONALIDADO CARRES CARRES ESCAS CONTRADAS ANTONOCISTA CONTRA	
Snow Removal	\$ 22,552		
Supplies	\$ 52,705		
Exterminating	\$ 1,303	i	
		1000	
	98.		
Total Other Repairs and Maintenance	\$ 108,286	\$ -	\$ -

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

**Depreciation Schedule** 

Bristol   CCH   Group   LLC of   Bristol,   Ab/a   Countryside   Marror of   Bristol   Cost							iation Sc	neuule	, · · · · · · · · · · · · · · · · · · ·				
Historical Exclusive of Exclu	Name of Facility					License No.				Ended		Page	of
Property Item	Bristol CCH Group LLC of Bristol, d/b/a Co	ountry	side M	anor of	Bristo	228	5		9/30/2018				37
Property Item						Historical			Accumulated				
Property Item						3				i .			
A count of profit of this report period						1		1					
1. Acquired prior to this report period   2. Disposals (attach schedule)   3. Acquired during this report period (attach schedule)   5. Acquired during this report period (attach schedule)   5. Acquired during this report period   5. Acquired						Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
Disposals (attach schedule)	1												
3. Acquired during this report period (attack schedule)													
A-S. Subtotal  B. Building and Building Improvements													
B.   Building and Building Improvements		ch sch	edule)										
1. Acquired prior to this report period   2. Disposals (attach schedule)				····									
Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
Part													
C. Non-Movable Equipment		ch sch	edule)										
1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule)    Samilar   Samilar   Samilar   Salvage   Salv	B-4. Subtotal												
2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule)  Les logbook maintained?    Salvage   Cost to Be   Cost to Be	C. Non-Movable Equipment												
2. Disposals (attach schedule)   3. Acquired during this report period (attach schedule)   5. Acquired attach schedule)   5. Acquir	Acquired prior to this report period					273,117		273,117	165,543	S/L	Various	19,261	
C-4. Subtotal    C-4. Subtotal   C-4. Subtotal   C-5. Subtota	2. Disposals (attach schedule)	Disposals (attach schedule)								,			
S a mile	3. Acquired during this report period (atta	ch sch	edule)				V						
Historical Cost to Be   Historical Cost to Be   Historical Cost to Be   Beginning of Computing   Useful Depreciation to Rotation   Depreciation   Depreci	C-4. Subtotal												19 261
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$		Ic a m	ileane										
Cost   Less   Depreciation to   Method of   Perciation to   Method of   Perciation to   Depreciation to   Depreciation to   Depreciation to   Depreciation to   Depreciation to   Depreciation   Deprec						Historical			Accumulated			A STATE OF THE STA	
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) 2. D. Movable Equipment 3. Substal  D. Movable Equipment 4. Motor Vehicles (Specify name, model and year of each vehicle) 5. C. C. C. C. Acquired during this report period (attach schedule) 6. D. Disposals (attach schedule) 7. Acquired prior to this report period (attach schedule) 8. Acquired prior to this report period (attach schedule) 9. 2018 20,830 9. 20,830 9. 20,830 9. 20,830 9. 20,840 9. 20							Less			Method of			
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) a.  b. c. d. d. 2. Movable Equipment 3. Motor Movable Equipment 4. Motor Vehicles (Specify name, model and year of each vehicle) 5. C. d. d. 2. Movable Equipment 6. Acquired prior to this report period (attach schedule) 6. Disposals (attach schedule) 6. C. Acquired during this report period (attach schedule) 7. Acquired during this report period (attach schedule) 8. Acquired from the standard of the stand							i	Cost to Re	i -		Hooful	Dommosiation	
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 b. Disposals (attach schedule)  c. Acquired during this report period (attach schedule)  D-3. Subtotal  D-3. Subtotal		Ves	No	Month	Vear			t					Totala
1. Motor Vehicles (Specify name, model and year of each vehicle)  a.  b.  c.  d.  2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule)  c. Acquired during this report period (attach schedule)  D-3. Subtotal  1. Motor Vehicles (Specify name, model and year of each vehicle)  2. Movable Specify name, model and year of each vehicle)  9 2017 786,393 786,393 690,490 S/L Various 28,821  9 2018 20,830 20,830 S/L Various 1,041	D. Movable Equipment	103	140	Wichin	i cai	Dana	Value	Bepreciated	Tear's Operations	Depreciation	Life	101 THIS TEAT	Totals
and year of each vehicle) a.  b.  c.  d.  2. Movable Equipment a. Acquired prior to this report period b. Disposals (attach schedule)  c. Acquired during this report period (attach schedule)  D-3. Subtotal    Acquired prior to this report period (attach schedule)   Acquired during this report period (attach schedule)   Acquired prior to this report period (attach schedule)   Acquired prior	· ·										7-11		
A.													
b.	,			i de la companya de						elan elementario del estreta			
d.       2. Movable Equipment         a. Acquired prior to this report period       9 2017 786,393 786,393 690,490 S/L Various 28,821         b. Disposals (attach schedule)       9 2018 20,830 20,830         c. Acquired during this report period (attach schedule)       9 2018 20,830 20,830         D-3. Subtotal       29,862		<b>†</b>											
2. Movable Equipment		<b></b>						<u> </u>			<del> </del>		
9   2017   786,393   786,393   690,490   S/L   Various   28,821	d.	1									<del>                                     </del>	<del>                                     </del>	
9   2017   786,393   786,393   690,490   S/L   Various   28,821	2. Movable Equipment												
Disposals (attach schedule)	a. Acquired prior to this report period			9	2017	786,393		786,393	690,490	S/L	Various	28 821	
(attach schedule)         9         2018         20,830         20,830         S/L         Various         1,041           D-3. Subtotal         29,862		1									1	1 25,521	
(attach schedule)         9         2018         20,830         20,830         S/L         Various         1,041           D-3. Subtotal         29,862													
D-3. Subtotal 29,862	1			9	2018	20,830		20,830		S/L	Various	1 041	
<u> </u>		1				,		20,000				1,041	29.862
	E. Total Depreciation	1						100					49,123

#### **Amortization Schedule\***

			License No.		Report for Year Ended			Page	of	
Brist	ol CCH Group LLC of Bristol, d/b/a Cou	ntryside	Manor	223	2285 9/30/2018			24	37	
		Date Acqui				Accumulated Amort. to Beginning of	Basis for			
	**		<b>3</b> 7	Length of	Cost to Be	Year's	Computing	1	Amortization	
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
<b> </b>	2.									
	3.		***************************************							
A-4.	Subtotal									
B.	Mortgage Expense									
	1. Finance Fees - LOC	2	2018	3	59,367				13,066	
	2.								12,000	
	3.									
B-4.	Subtotal									13,066
C.	Leasehold Improvements and Other									
	1. Acquired prior to this report period	9	2017	Various	1,305,770	898,215	s/l	variou	64,266	
	2. Disposals (attach schedule)									
	3. Acquired during this report period			450					3 July 1997	
	(attach schedule)	9	2018	Various	74,394		s/l	variou	2,447	
C-4.	Subtotal					100				66,713
D.	Total Amortization									79,779

<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:

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
200		and the second		
				200
Total additions for Land Impro	vements	\$ -		\$ -
Deletions:				
The state of the s				
			÷	
Total deletions for Land Impro	vements	\$ -		\$ -

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

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

outline of a mining miles	ements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
Total additions for Building	Improvements	S -	- 1 L	\$ -
Deletions:				
			100	
			100	
Total deletions for Building I	mprovements	\$ -		\$ -

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

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

_			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
3 (September 2)				
Total additions for Non-Movab	le Equipment	\$ -		\$ -
Deletions:				
				1
Fotal deletions for Non-Movabl	- T	S -		\$ -

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

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

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Dep	reciation
Additions:					
	See Attached	\$ 20,830		S	1,041
	7 (9) con an				
	7 3. SH 18 38 38. 50. 50. 50. 50. 50.				
Total additions for	Movable Equipment	\$ 20,830		S	1,041
Deletions:					
				-	
				+	
				+	
Total deletions for	Movable Equipment	\$ -		\$	-

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	T			
	See Attached	\$ 74,394		\$ 2,447
	Fr Paris State Control of Ch			
Total additions fo	Leasehold Improvement	\$ 74,394		\$ 2,447
Deletions:				
T-4-13-1-4	Leasehold Improvement	S -		\$ -
rotal actenous for	reasenna unbrosement	3 -		

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

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

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

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

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation		
Additions:						
Oct-17	HD Supply - Bed Control Boxes	\$ 1,478	15	\$ 49		
Oct-17	Kittredge - Blender/Mixer	\$ 4,744	15	\$ 158		
Nov-17	Joerns Healthcare - Lifter Sling	\$ 737	10	\$ 37		
Mar-18	McKesson - Chair Scale	\$ 607	10	\$ 30		
Apr-18	Mckesson - Mattress	\$ 695	5	<b>\$</b> 70		
May-18	Mckesson - Bed Safety Testing Equip	\$ 1,224	10	\$ 61		
May-18	ACPL - Therapy Equip	\$ 7,019	10	\$ 351		
Jul-18	Secure Care Products - Transponders	\$ 845	5.	\$ 85		
Aug-18	Proline - Dryer Repairs	\$ 1,358	10	\$ 68		
Aug-18	HD Supply - Portable Dehumidifiers	\$ 817	10	\$ 41		
Aug-18	Write Way Signs - Signage	\$ 511	5	\$ 51		
Aug-18	Joerns Healthcare - Hoyer Lift Parts	\$ 795	10	\$ 40		
		+				
			34.3			
otal additions for Mov	able Equipment	\$ 20,830		\$ 1,041		
Deletions:						
otal deletions for Mov	able Equipment	\$ -		\$ -		

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

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

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

Accurate Security - Automatic Door Locks Accurate Security - Automatic Door Locks Modern Mechanical - HVAC Repairs United Cabinets - Cabinetry Modern Mechanical - Mixing Valve Shalom Sahar - Carpentry Work	\$ \$ \$ \$ \$	857 879 741 16,665	10 10 15	S S	reciatio
Accurate Security - Automatic Door Locks Modern Mechanical - HVAC Repairs United Cabinets - Cabinetry Modern Mechanical - Mixing Valve	\$ \$ \$ \$	879 741	10 15	S	44
Accurate Security - Automatic Door Locks Modern Mechanical - HVAC Repairs United Cabinets - Cabinetry Modern Mechanical - Mixing Valve	\$ \$ \$ \$	879 741	10 15	S	44
Accurate Security - Automatic Door Locks Modern Mechanical - HVAC Repairs United Cabinets - Cabinetry Modern Mechanical - Mixing Valve	\$ \$ \$ \$	879 741	10 15	S	44
Modern Mechanical - HVAC Repairs United Cabinets - Cabinetry Modern Mechanical - Mixing Valve	\$ \$ \$	741	15		
United Cabinets - Cabinetry Modern Mechanical - Mixing Valve	\$ \$			S	
Modern Mechanical - Mixing Valve	\$	16,665			25
	EC 20000 10000		15	\$	556
Shalom Sahar - Carpentry Work		1,363	20	5	34
	\$	7,000	15	\$	233
Modern Castle - Fire Panel	\$	2,199	10	\$	110
Modern Mechanical - Kitchen Hood Repairs	\$	7,445	20	\$	186
Modern Mechanical - Plumbing Repairs	\$	3,646	20	\$	91
Modern Mechanical - Plumbing Repairs	5	2,243	20	\$	56
United Cabinets - Cabinetry	\$	29,986	15	\$	1,000
Friedmann Electric - A/C Electrical	S	1,370	10	S	69
Improvements	\$	74,394		\$	2,447
	T				
	1				
Improvements	8			8	-
	Modern Mechanical - Kitchen Hood Repairs Modern Mechanical - Plumbing Repairs Modern Mechanical - Plumbing Repairs United Cabinets - Cabinetry Friedmann Electric - A/C Electrical	Modern Mechanical - Kitchen Hood Repairs  Modern Mechanical - Plumbing Repairs  Modern Mechanical - Plumbing Repairs  United Cabinets - Cabinetry  Friedmann Electric - A/C Electrical  S  Improvements  \$	Modern Mechanical - Kitchen Hood Repairs \$ 7,445  Modern Mechanical - Plumbing Repairs \$ 3,646  Modern Mechanical - Plumbing Repairs \$ 2,243  United Cabinets - Cabinetry \$ 29,986  Friedmann Electric - A/C Electrical \$ 1,370  Improvements \$ 74,394	Modern Mechanical - Kitchen Hood Repairs         \$ 7,445         20           Modern Mechanical - Plumbing Repairs         \$ 3,646         20           Modern Mechanical - Plumbing Repairs         \$ 2,243         20           United Cabinets - Cabinetry         \$ 29,986         15           Friedmann Electric - A/C Electrical         \$ 1,370         10           Improvements         \$ 74,394	Modern Mechanical - Kitchen Hood Repairs         \$ 7,445         20         \$           Modern Mechanical - Plumbing Repairs         \$ 3,646         20         \$           Modern Mechanical - Plumbing Repairs         \$ 2,243         20         \$           United Cabinets - Cabinetry         \$ 29,986         15         \$           Friedmann Electric - A/C Electrical         \$ 1,370         10         \$   Improvements  \$ 74,394  \$ \$

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

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

Name of Facility License N		Report for Year Er	nded		Page	of
Bristol CCH Group LLC of Bristol, d/ 2	2285	9/30/2018			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the Facility	•	<b>V</b>	0	No	If "Yes," comple	ete Part B.
or leased from a Related Party?*	•	Yes	O	No	If "No," complet	te Part C.
*If any owner or operator of this facility is relate						
business association to any person or organizati	on from whom	buildings are leased, th	en it is considered			
a related party transaction.		T-4-1				
Description  1. Date Land Purchased		Total				
Date Land 1 dichased     Date Structure Completed						
If <b>NOT</b> Original Owner, Date of Purcha	ise	08/27/03				
4. Date of Initial Licensure	.50	08/27/03	1.00			
5. Total Licensed Bed Capacity		90				
6. Square Footage						
7. Acquisition Cost				75		
a. Land		400,000				
b. Building		2,320,000				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing						
a. Type of Financing (e.g., fixed, varial	ole)	HUD				
b. Date Mortgage Obtained		03/29/12				
c. Interest Rate for the Cost Year		3.22%				
d. Term of Mortgage (number of years)		21				
e. Amount of Principal Borrowed		2,976,000				
f. Principal balance outstanding as of		2,268,966				
Complete if Mortgage was Refinanced	1					
During Current Cost Year						
g. Type of Financing (e.g., fixed, variab	ole)					
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number of years) k. Amount of Principal Borrowed					**************************************	
Principal Outstanding on Note Paid-	Off					
Part C - Arms-Length Leases for Real		nnrovements Only	7			
Name and Address of Lessor	<del>,</del>	erty Leased	· <del>····································</del>	Term of Lease	Annual Amount	of Lease
Traine and Flagress of Dessoi	1100	city neased	Date of Bease	Tom or Louise	7 Himadi 7 Hillouni	or Dease

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

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

Name of Facility License No.		Report for Ye	ar Ended		Page of
Bristol CCH Group LLC of Bristol, d 2285		9/30/2018			26   37
					Residential Care
Item		Total	CCNH	RHNS	Home
12. Interest					
A. Building, Land Improvement & Non-Movable	;				
Equipment  1. First Mortgage	\$		İ		
Name of Lender	Rate				
Traine of Bender	71400				
Address of Lender			1000		
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender			490		
Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender	-				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate			500	
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$			10 TO	
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

	License No.		Report for Y	ear Ended		Page of
Bristol CCH Group LLC of Bristol,	2285		9/30/2018			27   37
						Residential
Item	1		Total	CCNH	RHNS	Care Home
	Subtotals Brou	ight Forward:				
12. C. Movable Equipment						
1. Automotive Equipmen		\$				
A. Item	Rate	Amount				
						100
Lender			Di Companya da Maria			
Address of Lender	<u> </u>					
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
1 11 10000		1 mile dill				
Lender	1	-				
Address of Lender						
				100		
B. Item	Rate	Amount				
Lender						
A 11						
Address of Lender					2.20	
12. C. 3. Total Movable Equipm	ent Interest					
Expense (C1 + 2)		\$		*****		
12. D. Other Interest Expense (Sp		\$	191,884	191,884		
Vender Int=(\$2,296);LOC	Int=\$191,680;Mtg	;Fees=\$2,500				
	ST : 1000 / 100					
13. Total All Interest Expense (12)	B7 + 12C3 + 12D	\$	191,884	191,884		
14. Insurance	1.11	6	40.051	40.051		
<ul><li>a. Insurance on Property (bui</li><li>b. Insurance on Automobiles</li></ul>		\$ \$	48,951	48,951		
c. Insurance other than Prope						
1. Umbrella ( <i>Blanket Cove</i>		\$				
2. Fire and Extended Cove		\$				<u> </u>
3. Other ( <i>Specify</i> )	,14 <u>6</u> 2	\$				
14d. Total Insurance Expenditures	<del></del>	\$	48,951	48,951		
15. Total All Expenditures (A-13 t	hru C-14)	\$	9,728,400	9,728,400	•	

### D. Adjustments to Statement of Expenditures

Nam	e of F	acility		Lie	cense No.	Report for Ye	ar Ended	Page of
1		-	up LLC of Bristol, d/b/a Countryside Manor o		2285	9/30/2018		28   37
	T	T T			Total			
Item	Page	Line			Amount of			Residential Care
1	No.	No.	Item Description		Decrease	CCNH	RHNS	Home
			es and Wages					
1.	T T		Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
<u></u>	10	A12g	Occupational Therapy	\$	182,862	182,862		
4.	<u> </u>		Other - See attached Schedule	\$	117,228	117,228		
	13 - 1	rofes	sional Fees					
<u> </u>	13		Resident Care Physicians **	\$	838	838		
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$				
Page.	s 15 &	16 -	Administrative and General					
8.			Discriminatory Benefits	\$				
9.	15	1c	Bad Debts	\$	76,387	76,387		
10.	15	1d	Accounting	\$	6,382	6,382		
10a.			Legal	\$	5,562	5,562	······································	
11.			Telephone	\$				
12.	15	1h2	Cellular Telephone	\$	21	21		
13.			Life insurance premiums on the life					
			of Owners, Partners, Operators	\$				
14.	16	13	Gifts, flowers and coffee shops	\$	10,194	10,194		
15.			Education expenditures to colleges or					
			universities for tuition and related costs					
			for owners and employees	\$	1,676	1,676		
16.			Travel for purposes of attending					
			conferences or seminars outside the					
			continental U.S. Other out-of-state					
j			travel in excess of one representative	\$				
17.			Automobile Expense (e.g. personal use)	\$				
18.	16		Unallowable Advertising *	\$	17,927	17,927		
19.			Income Tax / Corporate Business Tax	\$				
20.			Fund Raising / Contributions	\$				
21.	16		Unallowable Management Fees	\$	(90,657)	(90,657)		
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$	15,758	15,758		
Page	18 - L	ietary	Expenditures		100			
24.	18	2a1	Meals to employees, guests and others					
			who are not residents	\$	45,380	45,380		
Page	19 - L	aundi	ry Expenditures					
25.			Laundry services to employees, guests					
			and others who are not residents	\$				
Page	20 - H	ousek	seeping Expenditures					
26.			Housekeeping services to employees, guests					150
			and others who are not residents	\$				
			Subtotal (Items 1 - 26)	\$	389,558	389,558		
					<i>' ' ' ' ' ' ' ' ' '</i>	erry Subtotal fo		

<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

Page Ref	Line Re	ef Description	CCNH	RHNS	Residential Care Home
10	1262	Marketing Salaries & Benefits	\$ 117,228		
					100 March 100 Ma
Total Othe	r Salarie	s Adjustment	\$ 117,228	S -	<u>  \$ -</u>

#### Schedule of Fees Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	Residential Care Home
			ADDITION OF THE PROPERTY OF TH			100
				1999		
Total Othe	r Fees Adj	stments		\$ -	\$ -	\$ -

#### Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Processor Secretary and Secretary and Secretary	CONTRACTOR CONTRACTOR AND ADDRESS.	Bank Charges	\$ 14,2		
eutabemas e streets un beschool page La	REMOVEMENT AND ADMINISTRATION	Penalties - User Fee Audit	\$ 1,3	92	
16	8n	Disallowed Dues	\$ 1	00	
Total Othe	er A&G Ad	instments	\$ 15.7	58 \$ -	- S -

\_\_\_\_\_\_

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

	D. Adjustments to Statement of Expenditures (cont'd)												
Nam	e of F	acility	· ]	Lic	ense No.	Report for Y	Page of						
Brist	ol CC	H Gro	up LLC of Bristol, d/b/a Countryside Manor		2285	9/30/2018		29   37					
					Total								
Item	Page	Line			Amount of			Residential Care					
No.			Item Description		Decrease	CCNH	RHNS	Home					
			Subtotals Brought Forward	\$	389,558	389,558							
Page	20 - 1	Reside	nt Care Supplies***										
27.			Prescription Drugs	\$	137,848	137,848							
28.	20	5d	Ambulance/Limousine	\$	1,188	1,188							
29.	20	5f	X-rays, etc	\$	9,907	9,907							
30.	20	5h	Laboratory	\$	18,100	18,100							
31.	20	5c	Medical Supplies	\$	15,006	15,006							
32.	20	5e2	Oxygen (non emergency)	\$	50,125	50,125							
33.	20	5j	Occupational Therapy	\$	3,830	3,830							
34.			Other - See Attached Schedule	\$	13,660	13,660							
Page	22 - N	Mainte	enance and Property										
35.			Excess Movable Equipment Depreciation										
			See Attached Schedule	\$	4,285	4,285							
36.			Depreciation on Unallowable										
			Motor Vehicles	\$									
37.			Unallowable Property and Real					1000					
			Estate Taxes	\$									
38.			Rental of Building Space or Rooms	\$									
39.			Other - See Attached Schedule	\$									
Page	27 - I	nsura	nce										
40.			Mortgage Insurance	\$									
41.			Property Insurance	\$									
Othe	r - Mis	scellar	neous										
42.			Other - Indirect	\$									
43.	30	IV5	Interest Income on Account Rec.	\$	31	31							
44.			Other - Miscellaneous Administrative	\$									
45.				\$									
46.				\$									
47.				\$									
Not I	or Pr	ofit Pi	roviders Only										
48.			Building/Non Movable Eq. Depreciation										
			Unallowable Building Interest -										
		l	See Attached Schedule	\$									
49.	Total	Amou	int of Decrease (Items 1 - 48)	\$	643,538	643,538							

<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 R	ef Description	CCNH	RHNS	Residential Care Home
I New York Williams Committee	5i ·*	Medical Equipment Rental	\$ 53,506		
20	5B	Ebox	<b>\$</b> 566		
20	5j	Radio & Television Revenue	\$ 6,290		
18	2c	Unallowable Management FeesIndirect Care	\$ (21,977)		
20	5j	Unallowable Management FeesDirect Care	\$ (24,725)		
Total Othe	r Ancilla	rry Costs	\$ 13,660	\$ -	S -

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7d	Moveable Equipment Depreciation-carryforward	\$ 4,285		
		*			5.00
TRANSPORT					
Fotal Exce	ss Movable	Equipment Depreciation	\$ 4,285	s -	s -

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		·			
		V 1			
				1000	
		the second of th			
Total Othe	r Property	Adjustments	\$ -	s -	\$ -

#### Countryside Moveable Equipment Carryforward Schedule

Cost Year	Original Disallow Adjustment Cost Term	Prior Owner Basis Add Back \$ (65,155) 10	Sub-Totals	2004/2 Field A Adjustm	udit	2004/2005 Field Audit Adjustment 2 \$ 860	\$ 727	Heritage Furniture 2007 \$ 10,799 5	2007	Fu 2	2008	Furr	niture 008	Rooms 2013	Rooms	atient 2014 4,265 5	Rooms 2015 \$ 978	5 R	ooms 2016	McKesson VitaScan returned 3/2016 \$ 9,349	8 Roo	s Patient oms 2017 1,636 5	Totals
2002 2002 2002 8/26/2003 8/26/2003 9/30/2003 9/30/2003 2004 2005 2005 2006 2007 2007 2008 2008 2009 2010 2011 2011 2011 2011 2012 2013 2014 2014 2015 2016 2016 2016 2017 2017 2018 2019 2019	Deprec Book Value Deprec Book Value	\$ (543) \$ (64,612) \$ (65,16) \$ (58,096) \$ (6,516) \$ (65,516) \$ (65,516) \$ (38,548) \$ (6,516) \$ (32,032) \$ (6,516) \$ (25,516) \$ (25,516) \$ (25,516) \$ (6,516) \$ (19,000) \$ (6,516) \$ (12,484) \$ (5,516) \$ (12,484) \$ (5,516) \$ (12,484) \$ (12,484) \$ (12,484) \$ (12,484) \$ (13,516) \$ (13,516)	\$ \$ \$ (543) \$ (64,612) \$ (65,616) \$ (58,096) \$ (6,516) \$ (6,516) \$ (38,548) \$ (6,516) \$ (38,548) \$ (6,516) \$ (12,484) \$ (6,516) \$ (12,484) \$ (6,516) \$ (12,484) \$ (6,516) \$ (12,516)	\$ \$ \$ \$ \$ \$ \$	540 180 360 180 180 180	\$ 172 \$ 516 \$ 172 \$ 344	\$ 73 \$ 654 \$ 73 \$ 581 \$ 73 \$ 508 \$ 73 \$ 435 \$ 73 \$ 362 \$ 73 \$ 362 \$ 73	- - -	\$ 11,214 \$ 1,180 \$ 10,034 \$ 1,180 \$ 8,854 \$ 1,180 \$ 7,674 \$ 1,180 \$ 6,494 \$ 1,180 \$ 5,314 \$ 1,180	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8 26 8 18 8 10 8 2 2	\$ \$ \$ \$ \$ \$	4 65 7 51 7 44 7 30 7 16 7 9 9	\$ 6,514 \$ 1,447 \$ 5,067 \$ 3,620 \$ 1,447 \$ 2,173 \$ 1,447 \$ 726 \$ 726	\$ 3 \$ 2 \$ 2 \$ 2 \$ 1 \$ 2	853 427 6.50	\$ 880 \$ 196 \$ 684 \$ 196 \$ 488 \$ 196 \$ 292 \$ 196 \$ 96	\$ \$ \$ \$ \$ \$	3,805 846 2,959 846 2,113 846 1,267 846 421 421.00	\$ 667 \$ 8,682 \$ 1,336 \$ 7,346 \$ 1,336 \$ 4,674 \$ 1,336 \$ 3,338		164 1,472 327 1,145 327 818 327 491 327 164 16400 0	\$ - \$ - \$ (543) \$ (64,612) \$ (63,336) \$ (57,376) \$ (6,164) \$ (50,352) \$ (6,091) \$ (43,534) \$ (16,510) \$ (2,744) \$ (13,534) \$ (10,745) \$ (3,088) \$ (7,657) \$ (3,088) \$ (4,569) \$ (4,169) \$

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
				-	
	and the same				
Total Othe	r Adjustme	ents	s -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	C	CNH	RHNS	Residential Care Home
						44.00
Total Unal	lowable Bu	ilding Interest	S	-	\$ -	\$ -

#### F. Statement of Revenue

Name of Facility	3	
Total   CCNH   RHNS   Resident Room, Board & Routine Care Revenue	ential	Care
1. a. Medicaid Residents (CT only)		
b. Medicaid Room and Board Contractual Allowance ** \$ (7,381,067) (7,381,067)		
2. a. Medicaid (All other states)   5   b. Other States Room and Board Contractual Allowance **   \$   \$   \$   \$   \$   \$   \$   \$   \$		
b. Other States Room and Board Contractual Allowance ** \$		
3. a. Medicare Residents (all inclusive)   \$ 705,955   705,955     b. Medicare Room and Board Contractual Allowance **   \$ (48,361)   (48,361)     4. a. Private-Pay Residents and Other   \$ 1,352,001   1,352,001     b. Private-Pay Room and Board Contractual Allowance **   \$ (100,697)   (100,697)     II. Other Resident Revenue                   1. a. Prescription Drugs - Medicare   \$ 103,078   103,078     b. Prescription Drugs - Medicare Contractual Allowance **   \$ (103,078)   (103,078)     c. Prescription Drugs - Non-Medicare   \$ 137,483   137,483     d. Prescription Drugs - Non-Medicare Contractual Allowance **   \$ (137,483)   (137,483)     2. a. Medical Supplies - Medicare Contractual Allowance **   \$ 5,686     b. Medical Supplies - Medicare Contractual Allowance **   \$ 56,762   56,762     d. Medical Supplies - Non-Medicare Contractual Allowance **   \$ 352,935   352,935     b. Physical Therapy - Medicare Contractual Allowance **   \$ (69,027)   (69,027)     c. Physical Therapy - Medicare Contractual Allowance **   \$ (187,600)   (187,600)     4. a. Speech Therapy - Medicare Contractual Allowance **   \$ 99,005   99,005     b. Speech Therapy - Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Non-Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Non-Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Non-Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Non-Medicare Contractual Allowance **   \$ (69,883)   (69,883)     c. Speech Therapy - Non-Medicare Contractual Allowance **   \$ (69,88		
b. Medicare Room and Board Contractual Allowance ** \$ (48,361) (48,361)		
4. a. Private-Pay Residents and Other   S 1,352,001   1,352,001     b. Private-Pay Room and Board Contractual Allowance **   \$ (100,697)   \$ (100,697)     II. Other Resident Revenue		
b. Private-Pay Room and Board Contractual Allowance ** \$ (100,697) (100,697)		
II. Other Resident Revenue   1. a. Prescription Drugs - Medicare   \$ 103,078   103,078   b. Prescription Drugs - Medicare Contractual Allowance ** \$ (103,078)   (103,078)   c. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (137,483   137,483   137,483   d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (137,483)   (137,483)   2. a. Medical Supplies - Medicare   \$ 5,686   5,686   b. Medical Supplies - Medicare Contractual Allowance ** \$   c. Medical Supplies - Non-Medicare   \$ 56,762   56,762   d. Medical Supplies - Non-Medicare Contractual Allowance ** \$   \$   \$   \$   \$   \$   \$   \$   \$		
1. a. Prescription Drugs - Medicare       \$ 103,078       103,078         b. Prescription Drugs - Medicare Contractual Allowance **       \$ (103,078)       (103,078)         c. Prescription Drugs - Non-Medicare       \$ 137,483       137,483         d. Prescription Drugs - Non-Medicare Contractual Allowance **       \$ (137,483)       (137,483)         2. a. Medical Supplies - Medicare       \$ 5,686       5,686         b. Medical Supplies - Medicare Contractual Allowance **       \$ 56,762       56,762         d. Medical Supplies - Non-Medicare Contractual Allowance **       \$ 352,935       352,935         b. Physical Therapy - Medicare       \$ 352,935       352,935         b. Physical Therapy - Medicare Contractual Allowance **       \$ (69,027)       (69,027)         c. Physical Therapy - Non-Medicare       \$ 188,000       188,000         d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ (187,600)       (187,600)         4. a. Speech Therapy - Medicare       \$ 99,005       99,005         b. Speech Therapy - Medicare Contractual Allowance **       \$ (69,883)       (69,883)         c. Speech Therapy - Non-Medicare       \$ 75,105       75,105	or consumers on the	
b. Prescription Drugs - Medicare Contractual Allowance ** \$ (103,078) (103,078) c. Prescription Drugs - Non-Medicare \$ 137,483 137,483 137,483 d. Prescription Drugs - Non-Medicare Contractual Allowance ** \$ (137,483) (137,483)		
c. Prescription Drugs - Non-Medicare         \$ 137,483         137,483           d. Prescription Drugs - Non-Medicare Contractual Allowance **         \$ (137,483)         (137,483)           2. a. Medical Supplies - Medicare         \$ 5,686         5,686           b. Medical Supplies - Medicare Contractual Allowance **         \$         56,762           c. Medical Supplies - Non-Medicare         \$ 56,762         56,762           d. Medical Supplies - Non-Medicare Contractual Allowance **         \$         352,935           b. Physical Therapy - Medicare         \$ 352,935         352,935           b. Physical Therapy - Medicare Contractual Allowance **         \$ (69,027)         (69,027)           c. Physical Therapy - Non-Medicare         \$ 188,000         188,000           d. Physical Therapy - Medicare Contractual Allowance **         \$ (187,600)         (187,600)           4. a. Speech Therapy - Medicare         \$ 99,005         99,005           b. Speech Therapy - Medicare Contractual Allowance **         \$ (69,883)         (69,883)           c. Speech Therapy - Non-Medicare         \$ 75,105         75,105		
d. Prescription Drugs - Non-Medicare Contractual Allowance **       \$ (137,483)       (137,483)         2. a. Medical Supplies - Medicare       \$ 5,686       5,686         b. Medical Supplies - Medicare Contractual Allowance **       \$         c. Medical Supplies - Non-Medicare       \$ 56,762       56,762         d. Medical Supplies - Non-Medicare Contractual Allowance **       \$         3. a. Physical Therapy - Medicare       \$ 352,935       352,935         b. Physical Therapy - Medicare Contractual Allowance **       \$ (69,027)       (69,027)         c. Physical Therapy - Non-Medicare       \$ 188,000       188,000         d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ (187,600)       (187,600)         4. a. Speech Therapy - Medicare       \$ 99,005       99,005         b. Speech Therapy - Medicare Contractual Allowance **       \$ (69,883)       (69,883)         c. Speech Therapy - Non-Medicare       \$ 75,105       75,105		
2. a. Medical Supplies - Medicare       \$ 5,686       5,686         b. Medical Supplies - Medicare Contractual Allowance **       \$ 56,762       56,762         c. Medical Supplies - Non-Medicare       \$ 56,762       56,762         d. Medical Supplies - Non-Medicare Contractual Allowance **       \$ 352,935       352,935         b. Physical Therapy - Medicare Contractual Allowance **       \$ (69,027)       (69,027)         c. Physical Therapy - Non-Medicare       \$ 188,000       188,000         d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ (187,600)       (187,600)         4. a. Speech Therapy - Medicare       \$ 99,005       99,005         b. Speech Therapy - Medicare Contractual Allowance **       \$ (69,883)       (69,883)         c. Speech Therapy - Non-Medicare       \$ 75,105       75,105		
b. Medical Supplies - Medicare Contractual Allowance ** \$ c. Medical Supplies - Non-Medicare \$ 56,762 56,762  d. Medical Supplies - Non-Medicare Contractual Allowance ** \$ 3. a. Physical Therapy - Medicare \$ 52,935 352,935  b. Physical Therapy - Medicare Contractual Allowance ** \$ (69,027) (69,027)  c. Physical Therapy - Non-Medicare \$ 188,000 188,000  d. Physical Therapy - Non-Medicare Contractual Allowance ** \$ (187,600) (187,600)  4. a. Speech Therapy - Medicare Contractual Allowance ** \$ (69,883) (69,883)  c. Speech Therapy - Non-Medicare \$ 75,105 75,105		
c. Medical Supplies - Non-Medicare       \$ 56,762       56,762         d. Medical Supplies - Non-Medicare Contractual Allowance **       \$         3. a. Physical Therapy - Medicare       \$ 352,935       352,935         b. Physical Therapy - Medicare Contractual Allowance **       \$ (69,027)       (69,027)         c. Physical Therapy - Non-Medicare       \$ 188,000       188,000         d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ (187,600)       (187,600)         4. a. Speech Therapy - Medicare       \$ 99,005       99,005         b. Speech Therapy - Medicare Contractual Allowance **       \$ (69,883)       (69,883)         c. Speech Therapy - Non-Medicare       \$ 75,105       75,105		
d. Medical Supplies - Non-Medicare Contractual Allowance **       \$         3. a. Physical Therapy - Medicare       \$       352,935         b. Physical Therapy - Medicare Contractual Allowance **       \$       (69,027)         c. Physical Therapy - Non-Medicare       \$       188,000         d. Physical Therapy - Non-Medicare Contractual Allowance **       \$       (187,600)         4. a. Speech Therapy - Medicare       \$       99,005         b. Speech Therapy - Medicare Contractual Allowance **       \$       (69,883)         c. Speech Therapy - Non-Medicare       \$       75,105		
3. a. Physical Therapy - Medicare       \$ 352,935       352,935         b. Physical Therapy - Medicare Contractual Allowance **       \$ (69,027)       (69,027)         c. Physical Therapy - Non-Medicare       \$ 188,000       188,000         d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ (187,600)       (187,600)         4. a. Speech Therapy - Medicare       \$ 99,005       99,005         b. Speech Therapy - Medicare Contractual Allowance **       \$ (69,883)       (69,883)         c. Speech Therapy - Non-Medicare       \$ 75,105       75,105		
b. Physical Therapy - Medicare Contractual Allowance ** \$ (69,027)		
c. Physical Therapy - Non-Medicare       \$ 188,000       188,000         d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ (187,600)       (187,600)         4. a. Speech Therapy - Medicare       \$ 99,005       99,005         b. Speech Therapy - Medicare Contractual Allowance **       \$ (69,883)       (69,883)         c. Speech Therapy - Non-Medicare       \$ 75,105       75,105		
d. Physical Therapy - Non-Medicare Contractual Allowance **       \$ (187,600)       (187,600)         4. a. Speech Therapy - Medicare       \$ 99,005       99,005         b. Speech Therapy - Medicare Contractual Allowance **       \$ (69,883)       (69,883)         c. Speech Therapy - Non-Medicare       \$ 75,105       75,105		
4. a. Speech Therapy - Medicare       \$ 99,005       99,005         b. Speech Therapy - Medicare Contractual Allowance **       \$ (69,883)       (69,883)         c. Speech Therapy - Non-Medicare       \$ 75,105       75,105		
b. Speech Therapy - Medicare Contractual Allowance ** \$ (69,883) (69,883) c. Speech Therapy - Non-Medicare \$ 75,105 75,105		
c. Speech Therapy - Non-Medicare \$ 75,105 75,105		
1 d. Speech Therapy - Non-Medicare Contractual Allowance ** St. (75.105) (75.105)	<del></del>	
5. a. Occupational Therapy - Medicare \$ 415,990 415,990		
b. Occupational Therapy - Medicare Contractual Allowance ** \$ (283,325) (283,325)		
c. Occupational Therapy - Non-Medicare \$ 226,900   226,900   d. Occupational Therapy - Non-Medicare Contractual Allowance ** \$ (226,400)   (226,400)		
6. a. Other (Specify) - Medicare \$ b. Other (Specify) - Non-Medicare \$		·····
III. Total Resident Revenue (Section I. thru Section II.)  \$ 8,722,252   8,722,252    IV. Other Revenue*		
		212.x.
1. Meals sold to guests, employees & others		
2. Rental of rooms to non-residents \$ 3. Telephone \$		
3. Telephone \$ 4. Rental of Television and Cable Services \$		
4. Rental of Television and Cable Services 5  5. Interest Income (Specify) \$ 31 31		
6. Private Duty Nurses' Fees \$		
7. Barber, Coffee, Beauty and Gift shops		
8. Other (Specify)		
VI. Total All Revenue (III +V)       \$ 8,722,283       8,722,283		7

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

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

#### Schedule of Other Resident Revenue - Medicare

Related	Exp
---------	-----

Page Ref	Description	CCNH	RHNS	Residential Care Home
			T *	
		11		
Cotal Othe	r Resident Revenue - Medicare	s -	S -	s -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

	CCNH	RHNS	Residential Care Home
	1000		
	\$ -	S -	\$ -
WORKSTON CONTRACTOR AND AND AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRESS OF		CCNH	

#### **Interest Income**

#### Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Interest on A/R	Dalance -	\$ 31	Kiins	Care Home
		400		100	
				100	20-012-01-01
Total Inter	rest Income		\$ 31	<b>s</b> -	s -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
				53.50
			100	
				-
Total Othe	] er Revenue	S -	\$ -	s -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	e of
Bristol CCH Group LLC of Br	istol, d/b 2285	9/30/2018	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and in	banks)		\$	4,321
<ol><li>Resident Accounts R</li></ol>	eceivable (Less Allowanc	e for Bad Debts)	\$	1,029,183
3. Other Accounts Rece	ivable (Excluding Owners	s or Related Parties)	\$	
4 Inventories			\$	17,995
<ol><li>Prepaid Expenses</li></ol>			\$	285,305
a. Prepaid Insurance		273,533		
b. Prepaid Health Ins	urance	6,470		
c. Prepaid expenses		5,302		
d.			± 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6. Interest Receivable			\$	
7. Medicare Final Settle	ment Receivable		\$	
8. Other Current Assets	(itemize)		\$	40,684
Medicaid cost settleme	ent	33,992		
A/R Related Parties		6,692		
A-9. Total Current Assets (Li	nes A1 thru 8)		\$	1,377,488
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
•	Accum. Depreci	ation Net		
3. Buildings	*Historical Cost		\$	
2	Accum. Depreci	ation Net		
4. Leasehold Improvement	······································		\$	415,236
	Accum. Depreci			•
5. Non-Movable Equipn		273,119	\$	88,313
1	Accum. Depreci			•
6. Movable Equipment	*Historical Cost	797,271	\$	76,886
	Accum. Depreci			,
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Deprecia	ation Net		
8. Minor Equipment-No			\$	
9. Other Fixed Assets (iii	emize)		\$	13,467
See Schedule		12 167		
	inac R1 thm; 0)	13,467	\$	502 002
3-10. Total Fixed Assets (I	Ance of the state		T <sub>0</sub>	593,902

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

# G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Bristol CCH Group LLC of Bristol,	d/b/ 2285	9/30/2018		32	37
	Account			F	Amount
		Total Broug	ht Forward: \$	)	1,971,390
C. Leasehold or like property rec	orded for Equity Purpos	es.			
1. Land			\$	)	481,847
2. Land Improvements	*Historical Cost		_		
	Accum. Depreciation	n	Net \$	· •	
3. Buildings	*Historical Cost	2,320,000	_		
	Accum. Depreciation	n 1,051,927	Net \$	)	1,268,073
4. Non-Movable Equipment	*Historical Cost		_		
	Accum. Depreciation	n	Net \$		
5. Movable Equipment	*Historical Cost		_		
	Accum. Depreciation	n	Net \$	}	
6. Motor Vehicles	*Historical Cost				
	Accum. Depreciation	n	Net \$	i I	•
7. Minor Equipment-Not Dep	preciable		\$	•	
C-8 Total Leasehold or Like Prop	erties (C1 thru 7)		\$		1,749,920
D. Investment and Other Assets					
1. Deferred Deposits			\$		
2. Escrow Deposits			\$		
3. Organization Expense	*Historical Cost				
	Accum. Depreciation	n	Net \$		
4. Goodwill (Purchased Only	)		\$		325,968
5. Investments Related to Res	sident Care (itemize)		\$		
6. Loans to Owners or Relate	d Parties (itemize)		\$		
Name and Address	Amount	Loan D	ate		
					100
7. Other Assets (itemize)			\$		98,988
Project Development		52,687			
Deferred Finance fees		46,301			
D-8. Total Investments and Other A	Assets (Lines D1 thru 7)		\$		424,956
D-9. Total All Assets (Lines A9 + E	310 + C8 + D8)		\$		4,146,266

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

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

Name of Facility		License No.	Report for Year	Ended	Page	of
Bristol CCH Grou	up LLC of Bristol, d/b/a Cou	2285	9/30/2018		33	37
		Account			Ar	nount
Liabilities						
A. Cu	rrent Liabilities					
1.	Trade Accounts Payable			9	\$	1,236,175
2.	Notes Payable (itemize)			9	\$	5,310,888
	Loans		457,025	5		
	Line of Credit		4,853,863	3		
3.	Loans Payable for Equipme	,	<del></del>	1	3	
	Name of Lender	Purpose	Amount	Date Due		
4.	Accrued Payroll (Exclusive	of Owners and/or St	ockholders only)	\$		113,417
5.	Accrued Payroll (Owners as			\$		113,417
	Accrued Payroll Taxes Paya		iny j	\$		4,632
	Medicare Final Settlement I		***************************************	\$		7,032
	Medicare Current Financing			\$		
	Mortgage Payable (Current			\$		
	Interest Payable (Exclusive		ated Parties )	\$		
	Accrued Income Taxes*			\$	·····	······································
	Other Current Liabilities (ite	emize )		<u>\$</u>	<del></del>	245,192
	Provider Taxes Due		5 Acc'd Property Taxes	(7,891)		, , ,
•	Acc'd Health Insurance	(4,06:				
	Acc'd Operating Expenses	102,90	5			
	Acc'd Expense - Sales Tax	41:	3			
A-13. Tota	al Current Liabilities (Lines	A1 thru 12)		\$		6,910,304

<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		Report for Year	Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a C	2285	9/30/2018		34	37
A	Account			Am	ount
		Total Brough	nt Forward:		6,910,304
Liabilities (cont'd)					
B. Long-Term Liabilities					
Loans Payable-Equipment (	<del></del>	-	\$		
Name of Lender	Purpose	Amount	Date Due		- 111
	!	1			
	1	. !		100	
	1				
		!			
	1	!			
		!			
	1	!			
2. Mortgages Payable		<u></u> J	\$		
3. Loans from Owners or Rela	ited Parties (itemize)		\$		215,273
Name and Address of Lender	Amount	Loan Da	00000000		
		İ			
		İ			
	215,273	ł			
	<u> </u>				
		1			
4. Other Long-Term Liabilities	s (itemize )		\$		814,533
Due to Landlord	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	814,533			V1 ,,000
		***************************************			
- Committee - Comm	MWW.51				
B-5. Total Long-Term Liabilities (L	ines B1 thru 4)		\$		1,029,806
C. Total All Liabilities (Lines A-1)	\$		7,940,110		

		Attachment P	age 31-34
Schedule	of Prepaid	Expenses Page 31 Line A5	
Page Ref	Line Re	Description	
	<del> </del>		-
	-		
Total Pre	paid Expen		<u> </u>
		· · · · · · · · · · · · · · · · · · ·	
		·	
Schedule	of Other C	urrent Assets (itemized) Page 31 Line A8	
Page Ref	Line Ref	Description	
	<b></b>		
			-
E.J. (1)			100000000000000000000000000000000000000
Total Och	l or Current	Assets (Itemize)	s -
	-c		- Language and Company of the Compan
Schedule	of Other Fi	xed Assets (Itemize) Page 31 Line B9	
Page Ref	Line Ref	Description Version 1	\$ 9,987
		Moveable Equipment Carryforward  Misc Fixed Asset System Difference	\$ 3,480
			+
Total Oth	er Other Fi	t xed Assets (Itemize)	S 13,467
			***************************************
Schedule (	of Other As	sets Page 32 Line D7	
Page Ref	Line Ref	Description	
			-
			+
Taral Orb.	er Assets	I .	s -
10tai Otti	CI MOSCIS		
Schodule (	f Notes Par	yable (Itemize) Page 33 Line A2	
Page Ref	Line Ref	Description	I and a second
Total Note	s Payable		<u> </u>
Schedule o	f Other Cu	rrent Liabilities (Itemize) Page 33 Line A12	
Page Ref	Line Ref	Description	
			<b> </b>
Total Othe	r Current	Liabilities (Itemize)	\$ -
Schedule o	f Other Lo	ng-Term Liabilities (Itemize) Page 34 Line B4	
Page Ref	Line Ref	Description	
	SGS YEARS SOO		

Total Other Current Liabilities (Itemize)

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

3	ne of Facility License No		Report for Y	ear Ended		age of
Bris	tol CCH Group LLC of Bristol, d/ 228.	5 [9	9/30/2018			35   37
A.	Reserves Account					Amount
Λ,					6	401 047
ļ	Reserve for value of leased land				\$	481,847
	2. Reserve for depreciation value of leased	buildings	and appurte	nances		1.000.070
	to be amortized				\$	1,268,073
	3. Reserve for depreciation value of leased	personal p	property (Eq	uity)	\$	
	4. Reserve for leasehold real properties on v	which fair	rental value	is based	\$	
	5. Reserve for funds set aside as donor restr	ricted			\$	
	6. Total Reserves	······································			\$	1,749,920
B.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	(902,364)
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(3,635,283)
	6. Gain or Loss for Period 10	)/1/2017	thru	9/30/2018	\$	(1,006,117)
	7. Total Net Worth				\$	(5,543,764)
C.	Total Reserves and Net Worth				\$	(3,793,844)
D.	Total Liabilities, Reserves, and Net Worth				\$	4,146,266

# H. Changes in Total Net Worth

Name of Facility License No.	Report for Year	Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a 2285	9/30/2018		36	37
Account		Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2017				(4,540,118)
B. Total Revenue (From Statement of Revenue Page 30)				8,722,283
C. Total Expenditures (From Statement of Expenditures Page 27)				9,728,400
D. Net Income or Deficit				(1,006,117)
E. Balance		\$		(5,546,235)
F. Additions  1. Additional Capital Contributed (itemize)				
2. Other ( <i>itemize</i> )				
2017 Retained Earnings Adj 2,471				
g consistent the state of constraints	\$			
-3. Total Additions				2,471
G. Deductions	\$			
1. Drawings of Owners/Operators/Partners (Specify)				
Name and Address (No., City, State, Zip)	Title	Amount		la la
2. Other Withdrawings (Specify)				
Purpose	Amor	unt		
3. Total Deductions		\$ \$		
H. Balance at End of Period 09/30/18				(5,543,764)

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

Name of Facility		License No.	Report for Year Ended	Page	of			
Bristo	l CCH Group LLC of Bristol, d/b/a	2285	9/30/2018	37	37			
Check appropriate category								
Ø	Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	□ (Specify)	□ (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.								
Signat	ture of Preparer	Title CFU	Date Signed  Z/15/19					
(	d Name of Preparer		, ,					
Athena Health Care Associates, Inc		Phone Number	Phone Number					
Address		i none rumoer						
135 S	outh Road Farmington, CT 06032		(860) 751-3900					