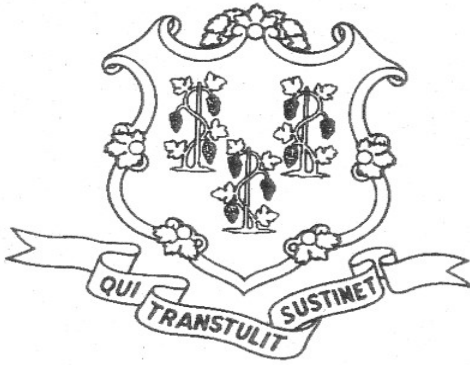


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Lord Chamberlain Nursing & Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 7003 Main Street, Stratford, CT 06614	
Type of Facility Chronic and Convalescent                      Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Other (CCNH)                      (RHNS)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 968C	RHNS	Other	Medicare Provider 07-5339
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Medicaid Provider Numbers:	CCNH 9688	RHNS	ICF-IID
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**For Department Use Only**

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

### General Information

Name of Facility (as licensed) Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2018	Page 1	of 37
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#### Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) James Bergers			Printed Name (Owner) Martin Sbriglio		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Lord Chamberlain Nursing & Rehabilitation Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 7003 Main Street, Stratford, CT 06614				
Report Prepared By Ryders Health Management		Phone Number 203-381-1327	Date 2/12/2019	
Item	Total	CCNH	RHNS	Other
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	<b>\$</b>			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$</b>			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

## General Information and Questionnaire

### Type of Facility - Organization Structure

	Phone No. of Facility 203-381-1327	Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Lord Chamberlain Nursing & Rehabilitation Center		Address (No. & Street, City, State, Zip) 7003 Main Street, Stratford, CT 06614		
License Numbers:	CCNH 968C	RHNS	Other	Medicare Provider No. 07-5339
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator James Bergers		Nursing Home Administrator's License No.:	001673	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Robert Sbriglio, MD, MPH, NHA		License No.:	578	



## General Information and Questionnaire Corporate Owners

Name of Facility Lord Chamberlain Nursing & Rehabilitation	License No. 968C	Report for Year Ended 9/30/2018	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Lord Chambelain, Inc.	7003 Main Street, Stratford, CT 06614	CT	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Robert Sbriglio, MD, MPH, NHA	7003 Main Street, Stratford, CT 06614	Secretary	25
Martin Sbriglio, RB, NHA	7003 Main Street, Stratford, CT 06614	Treasurer	25
The Dr. Robert Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25
The Martin Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25
Names of Stockholders Owning at Least 10% of Shares			
Robert Sbriglio, MD, MPH, NHA	7003 Main Street, Stratford, CT 06614	Secretary	25
Martin Sbriglio, RB, NHA	7003 Main Street, Stratford, CT 06614	Treasurer	25
The Dr. Robert Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25
The Martin Sbriglio 2009 Trust	7003 Main Street, Stratford, CT 06614		25





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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Lord Chamberlain Realty	88 Ryders Lane, Stratford, CT 06614	<input type="radio"/>	<input checked="" type="radio"/>		Rental of Real Estate	22/9	480,000	480,000
Chamberlain Healthcare	7003 Main St., Stratford, CT 06614	<input type="radio"/>	<input checked="" type="radio"/>		Subsidiary	34/B4	866,293	866,293
Ryders Health Management	88 Ryders Lane, Stratford, CT 06614	<input type="radio"/>	<input checked="" type="radio"/>		Financial and Management Oversight	16/m12	579,218	579,218
Various Facilities	Various	<input type="radio"/>	<input checked="" type="radio"/>		See detail in balance sheet		See detail in b	
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

\*\* Provide the percentage amount of revenue received from non-related parties.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation Ce	968C	9/30/2018	5	37

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

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

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

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

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

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

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

### 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 Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C	Report for Year Ended 9/30/2018			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Wells Fargo	<input type="radio"/>	<input checked="" type="radio"/>	Copiers and fax machines		60 months	25,505	25,505	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Total ***</b>
							25,505	

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Lord Chamberlain Nursing & Reha	License No. 968C	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Marcum LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
--	--

Services Provided by This Firm (*describe fully*)

1 Preparation of financial statements & tax returns	\$ 31,521
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 31,521

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

- Yes     No    Page 15, line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Murtha Cullina, LLP 2 Joe D'Agostino 3 Seiger Gfeller Laurie LLP 4 Kainen, Escalara & McHale 5 Misc	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)

- 1 PO Box 150435, Hartford, CT 06115  
 2 88 Ryders Lane, Stratford, CT 06614  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Health care regulatory matters, general matters	\$ 17,008
2 Corporate matters - disallow	\$ 9,415
3 Collections - disallow	\$ 4,687
4 Employee matters - disallow	\$ 2,052
5 misc - disallow	\$ 41
	Charge for Services Provided
	\$ 33,203

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

- Yes     No    Page 15, line 1e

**Schedule of Resident Statistics**

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C			Report for Year Ended 9/30/2018				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	190	190			190	190			190	190		
B. On last day of THIS report period	190	190			190	190			190	190		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	183	183			183	183			190	190		
B. As of midnight of THIS report period	190	190			190	190			190	190		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,473	4,473			3,660	3,660			813	813		
B. Medicaid (Conn.)	47,765	47,765			34,866	34,866			12,899	12,899		
C. Medicaid (other states)												
D. Private Pay	11,003	11,003			8,318	8,318			2,685	2,685		
E. State SSI for RCH												
F. Other (Specify) Hospice, Manage Care	4,171	4,171			3,494	3,494			677	677		
G. Total Care Days During Period (3A thru F)	67,412	67,412			50,338	50,338			17,074	17,074		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	441	441			302	302			139	139		
B. Other Bed Reserve Days	82	82			61	61			21	21		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	67,935	67,935			50,701	50,701			17,234	17,234		

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation			License No. 968C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Other			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	16		138		36								
Per Diem Rate													
a. One bed rm.	Various		229.87		522.00								
b. Two bed rms.					475 - 459								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Other		
A. Medicare - Part B								3,986	3,986				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								20,654	20,654				
D. <b>Total Physical Therapy Treatments</b>								24,640	24,640				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								388	388				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								1,152	1,152				
D. <b>Total Speech Therapy Treatments</b>								1,540	1,540				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,703	2,703				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								18,660	18,660				
D. <b>Total Occupational Therapy Treatments</b>								21,363	21,363				

### Report of Expenditures - Salaries & Wages

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center	License No. 968C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	123,489	2,076				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	130,000	2,012				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	439,147	29,777				
5. Dietary Service						
a. Head Dietitian	79,565	2,999				
b. Food Service Supervisor	60,892	2,250				
c. Dietary Workers	774,799	69,509				
6. Housekeeping Service						
a. Head Housekeeper	75,981	5,133				
b. Other Housekeeping Workers	382,897	32,812				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	47,374	2,128				
b. Other Maintenance Workers	69,392	4,254				
8. Laundry Service						
a. Supervisor	26,320	1,142				
b. Other Laundry Workers	76,218	5,928				
9. Barber and Beautician Services	26,623	2,160				
10. Protective Services	18,229	1,818				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	204,877	4,361				
b. RN						
1. Direct Care	1,624,467	53,371				
2. Administrative**	74,240	2,169				
c. LPN						
1. Direct Care	2,666,832	132,082				
2. Administrative**						
d. Aides and Attendants	3,289,392	272,356				
e. Physical Therapists	455,994	17,091				
f. Speech Therapists	96,088	1,715				
g. Occupational Therapists	347,950	9,886				
h. Recreation Workers	134,318	9,554				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists	14,660	977				
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	279,018	18,501				
n. Marketing						
o. Other (Specify) See Attached Schedule	117,532	5,632				
<i>A-13. Total Salary Expenditures</i>	11,636,294	691,691				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Rehab Program Manager	\$ 47,743	1,569				
Respiratory Therapy	\$ 45,625	2,196				
Chauffer	\$ 24,164	1,867				
<b>Total</b>	\$ 117,532	5,632	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	Hours	\$	Hours	\$	Hours
Therapy Management Consultant	\$ 22,398	448				
Pulmonary Services	\$ 25,200	252				
Wound Care	\$ 12,000	120				
Managed Care Consulting	\$ 9,080	181				
<b>Total</b>	\$ 68,678	1,001	\$ -	-	\$ -	-



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

Name of Facility			License No.	Report for Year Ended				Page	of	
Lord Chamberlain Nursing & Rehabilitation Center			968C	9/30/2018				11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section I - Operators/Owners</b>										
Martin Sbriglio								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	2,118	130,000
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Mrs. Margaret Sbriglio, NHA								Ryders Health Management, 88 Ryders Lane, Stratford, CT 06614	1,052	26,000

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Lord Chamberlain Nursing & Rehabilitation Center				968C	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Other							
<b>Section III - Administrators***</b>										
James Bergers	123,489			Non Discriminatory	Administrative	2,076				
<b>Section IV - Assistant Administrators</b>										
Dr. Robert Sbriglio, MD, MPH, NHA	130,000			Non Discriminatory	Administrative	2,012				

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2018	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Other	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	10,259	205				
3. Pharmacist	5,402	108				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	57,785	578				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Medical Staff	27,200	272				
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	68,678	1,001				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>169,324</b>	<b>2,164</b>				

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

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

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

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center		License No. 968C		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Dr. Scifo, Trumbull, CT	Medical Director/Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. F. Alcedo, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. D. Das, Fairfield, CT	Utilization Review/Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Douglas Duchen, Bridgeport, CT	Utilization Review/Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. S. Urciouli, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. J.B. Bharucha, Trumbull, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. T. Domanik, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Mithil Choksey, Stratford, CT	Utilization Review/Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Leonard Karkanista, Milford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Charles Kochan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Anthony Arslan, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Mogelof, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Robert Prewitt, Stratford, CT	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Carlos Schweitzer, Derby, CT	Medical Staff/Pulmonary Services	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Phillip Simkovitz, Trumbull, CT	Pulmonary Services	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Lionel Lim, Derby, CT	Medical Staff/Geriatric Services	<input type="radio"/>	<input checked="" type="radio"/>			
Wound Care Consultants, Trumbull, CT	Wound Care Services	<input type="radio"/>	<input checked="" type="radio"/>			
Susan Pendagast, Fairfield, CT	Dietician Services	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Brijesh Chandwani, Fairfield, CT	Dental Services	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing & Rehabilitation Cen	968C	9/30/2018		15	37
Item	Total	CCNH	RHNS	Other	
<b>1. Administrative and General</b>					
<b>a. Employee Health &amp; Welfare Benefits</b>					
1. Workmen's Compensation	\$ 455,604	455,604			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$				
4. Social Security (F.I.C.A.)	\$ 994,016	994,016			
5. Health Insurance	\$ 1,150,490	1,150,490			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 27,514	27,514			
8. Uniform Allowance	\$ 29,567	29,567			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 20,470	20,470			
<b>b. Personal Retirement Plans, Pensions, and         Profit Sharing Plans for Owners and         Operators (Discriminatory)*</b>	\$				
<b>c. Bad Debts*</b>	\$ 222,736	222,736			
<b>d. Accounting and Auditing</b>	\$ 31,521	31,521			
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 33,203	33,203			
<b>f. Insurance on Lives of Owners and         Operators (<i>Specify</i>)*</b>	\$				
<b>g. Office Supplies</b>	\$ 34,626	34,626			
<b>h. Telephone and Cellular Phones</b>					
1. Telephone & Pagers	\$ 15,329	15,329			
2. Cellular Phones	\$ 3,179	3,179			
<b>i. Appraisal (<i>Specify purpose and         attach copy</i>)*</b>	\$				
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 174	174			
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>					
1. Income*	\$				
2. Other ( <i>Specify</i> ) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 1,248,352	1,248,352			
<b>Subtotal</b>	\$ 4,266,780	4,266,780			

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
Physician Care - Employees	\$ 20,470		
<b>Total</b>	<b>\$ 20,470</b>	<b>\$ -</b>	<b>\$ -</b>

-----  
**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing & Rehabilitation Center	968C	9/30/2018		16	37
Item	Total	CCNH	RHNS	Other	
<b>Subtotals Brought Forward:</b>	4,266,780	4,266,780			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$ 2,647	2,647			
2. Holiday Parties for Staff	\$ 12,447	12,447			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 3,589	3,589			
5. Education Expenses Related to Seminars and Conventions	\$ 6,172	6,172			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 6,090	6,090			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$ 3,680	3,680			
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 13,106	13,106			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 83,799	83,799			
4. Fund-Raising***	\$				
5. Medical Records	\$ 27,360	27,360			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 726	726			
7. Postage	\$ 7,851	7,851			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 12,918	12,918			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 332	332			
10. Contributions*** See Attached Schedule	\$ 1,134	1,134			
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 169,177	169,177			
12. Administrative Management Services**	\$ 579,218	579,218			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 58,124	58,124			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 5,255,149	5,255,149			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Other
Meals & Entertainment	\$ 3,680		
<b>Total Other Travel and Entertainment</b>	<b>\$ 3,680</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Adv & Pub Rel Donations	\$ 83,799		
<b>Total Other Advertising</b>	<b>\$ 83,799</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Dues

Description	CCNH	RHNS	Other
CAHCF	\$ 12,918		
<b>Total Dues</b>	<b>\$ 12,918</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Contributions

Description	CCNH	RHNS	Other
Charitable Donations	\$ 1,134		
<b>Total Contributions</b>	<b>\$ 1,134</b>	<b>\$ -</b>	<b>\$ -</b>

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Fees & Licenses	\$ 14,249		
Bank Charges	\$ 11,812		
Bank Charges Lease	\$ 21,762		
A/R assistance	\$ 8,052		
Unemployment tax management	\$ 2,249		
<b>Total Other Administrative and General</b>	<b>\$ 58,124</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitati	968C	9/30/2018	17	37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
Ryders Health Management	579,218	Financials and Mangerial Support Services	Page 16, m12	

**\* 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 Lord Chamberlain Nursing & Rehabilitation Center		License No. 968C	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	Other
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 420,540	420,540		
2.	Non-Food Supplies	\$ 85,580	85,580		
3.	Other ( <i>Specify</i> ) _____	\$			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$			
c. Other ( <i>Specify</i> ) _____ Equipment		\$ 1,534	1,534		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 507,653	507,653		
2F. Dietary Questionnaire		Total	CCNH	RHNS	Other
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Lord Chamberlain Nursing & Rehabilitation Center		968C	9/30/2018		19	37
Item		Total	CCNH	RHNS	Other	
3.	Laundry					
	a. In-House Processing*	Lbs.				
	1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,595	1,595		
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
		Amt. \$				
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
		Amt. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$				
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	193,000	193,000		
	c. Other (Specify) laundry Supplies	\$	2,567	2,567		
3D.	<b>Total Laundry Expenditures</b> (3a + b + c)	\$	197,162	197,162		
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Lord Chamberlain Nursing & Rehabilitation Ce	968C	9/30/2018	20	37	
Item		Total	CCNH	RHNS	Other
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	67,935	67,935		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other ( <i>Specify</i> )		\$			
<b>4D. Total Housekeeping Expenditures (4a + b + c)</b>		\$ 67,935	67,935		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	339,398	339,398		
b. Medicine Cabinet Drugs	\$	73,193	73,193		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$	14,364	14,364		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	33,134	33,134		
f. X-rays and Related Radiological Procedures***	\$	25,552	25,552		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$	275	275		
h. Laboratory***	\$	25,416	25,416		
i. Recreation	\$	21,814	21,814		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	504,065	504,065		
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>		\$ 1,037,210	1,037,210		

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Other</b>
Medical Supplies	\$ 395,168		
Medical Supplements	\$ 33,011		
Medical Waste	\$ (1,563)		
Medical Equipment	\$ 5,726		
Medical Equipment Rental	\$ 26,973		
Medical Supplies - medicare	\$ 49		
Physician Care - Patients	\$ 11,911		
PT Supplies	\$ 23,430		
OT	\$ 9,360		
<b>Total Other Resident Care</b>	\$ 504,065	\$ -	\$ -

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation Center			License No. 968C		Report for Year Ended 9/30/2018			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Other	Pg	Line
See Attached		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation C	968C	9/30/2018			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 206,768	206,768				
b. Heat	\$ 87,420	87,420				
c. Light & Power	\$ 131,986	131,986				
d. Water	\$ 38,757	38,757				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 25,505	25,505				
f. Other ( <i>itemize</i> )	\$					
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 490,436	490,436				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 353,420	353,420				
c. Non-Movable Equipment	\$ 52,192	52,192				
d. Movable Equipment	\$ 75,910	75,910				
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 481,522	481,522				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 480,000	480,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 339,350	339,350				
c. Personal property taxes	\$ 43,267	43,267				
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 1,344,139	1,344,139				

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







Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/1/2017	Window treatments	\$ 4,991	10	\$ 499
10/1/2017	handrails	\$ (11,827)	10	\$ (1,183)
10/1/2017	cabinets	\$ 13,970	10	\$ 1,397
10/1/2017	sheetrocking	\$ 9,837	10	\$ 984
11/1/2017	Painting	\$ 6,168	10	\$ 617
12/1/2017	Painting	\$ 11,379	10	\$ 1,138
12/1/2017	Blinds and valances	\$ 4,771	10	\$ 477
12/1/2017	Window treatments	\$ 957	10	\$ 96
12/1/2017	Renovation supplies	\$ 395	10	\$ 39
12/1/2017	Renovation supplies	\$ 517	10	\$ 52
12/1/2017	Renovation supplies	\$ 50	10	\$ 5
12/1/2017	sheetrocking	\$ 9,837	10	\$ 984
11/1/2017	Renovation supplies	\$ 8,968	10	\$ 897
1/18/2018	Renovation supplies	\$ 1,666	10	\$ 167
2/1/2018	Duct work	\$ 2,433	10	\$ 243
3/1/2018	Cove base	\$ 1,542	10	\$ 154
4/1/2018	Carpeting	\$ 20,000	10	\$ 2,000
7/1/2018	Renovation supplies	\$ 1,095	10	\$ 110
8/1/2018	Fire System	\$ 2,200	10	\$ 220
7/12/2018	Paving	\$ 18,000	20	\$ 900
<b>Total additions for Building Improvements</b>		\$ 106,951		\$ 9,795 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
------------------	---------------------	------	-------------	--------------

<b>Additions:</b>				
12/1/2017	AC unit	\$ 3,903	10	\$ 390
5/1/2018	Hot Water tank	\$ 1,577	10	\$ 158
8/1/2018	New cell system	1718.55	10	\$ 172
<b>Total additions for Non-Movable Equipment</b>		\$ 7,198		\$ 720 *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
	See Attached	\$ 111,973	10	\$ 11,197
6/1/2018	Website development	\$ 516	5	\$ 103
6/1/2018	Finger scan & time clock	\$ 4,279	5	\$ 856
8/1/2018	Website development	\$ 516	5	\$ 103
8/1/2018	Finger scan & time clock	\$ 1,721	5	\$ 344
9/1/2018	Website development	\$ 551	5	\$ 110
9/1/2018	Website development	516.48	5	\$ 103
9/1/2018	Finger scan & time clock	533.34	5	\$ 107
<b>Total additions for Movable Equipment</b>		\$ 120,607		\$ 12,924 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitation Center			968C		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* Straight-line method must be used.

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

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

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

Name of Facility Lord Chamberlain Nursing & Rehabil	License No. 968C	Report for Year Ended 9/30/2018	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		05/21/05		
2. Date Structure Completed		1968/1976/1994		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity				
6. Square Footage		190		
7. Acquisition Cost				
a. Land		71,118		
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable	Variable	
b. Date Mortgage Obtained		02/01/15	11/20/11	
c. Interest Rate for the Cost Year		356.00%	364.00%	
d. Term of Mortgage (number of years)		7		
e. Amount of Principal Borrowed			2,000,000	
f. Principal balance outstanding as of _____				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabil		968C	9/30/2018			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

*(Carry Subtotals forward to next page)*

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Lord Chamberlain Nursing & Reha	968C	9/30/2018	27	37		
Item			Total	CCNH	RHNS	Other
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment \$						
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other ( <i>Specify</i> ) \$						
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$						
12. D. Other Interest Expense ( <i>Specify</i> ) Interest Expense \$ 128,791 128,791						
<b>13. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 128,791 128,791</b>						
14. Insurance						
a. Insurance on Property (buildings only) \$ 24,274 24,274						
b. Insurance on Automobiles \$ 6,787 6,787						
c. Insurance other than Property (as specified above)						
1. Umbrella ( <i>Blanket Coverage</i> ) \$ 102,143 102,143						
2. Fire and Extended Coverage \$						
3. Other ( <i>Specify</i> ) \$						
<b>14d. Total Insurance Expenditures (14a + b + c) \$ 133,204 133,204</b>						
<b>15. Total All Expenditures (A-13 thru C-14) \$ 20,967,297 20,967,297</b>						



### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Lord Chamberlain Nursing & Rehabilitation Center			968C	9/30/2018	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$			
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$			

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

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

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Lord Chamberlain Nursing & Rehabilitation Center			968C	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$			
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$			

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

**Schedule of Other Ancillary Costs**

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

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

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

Schedule of Unallowable Building Interest

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

### F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Lord Chamberlain Nursing & Rehabilitati	968C	9/30/2018			30	37
Item	Total	CCNH	RHNS	Other		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 21,063,083	21,063,083				
b. Medicaid Room and Board Contractual Allowance **	\$ (10,522,540)	(10,522,540)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,959,507	1,959,507				
b. Medicare Room and Board Contractual Allowance **	\$ 811,282	811,282				
4. a. Private-Pay Residents and Other	\$ 7,225,648	7,225,648				
b. Private-Pay Room and Board Contractual Allowance **	\$ (335,762)	(335,762)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 330,806	330,806				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (330,806)	(330,806)				
c. Prescription Drugs - Non-Medicare	\$ 54,258	54,258				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 1,813	1,813				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,813)	(1,813)				
c. Medical Supplies - Non-Medicare	\$ 36,912	36,912				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 559,976	559,976				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (559,976)	(559,976)				
c. Physical Therapy - Non-Medicare	\$ 69,778	69,778				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 77,843	77,843				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (77,843)	(77,843)				
c. Speech Therapy - Non-Medicare	\$ 43,651	43,651				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 572,750	572,750				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (572,750)	(572,750)				
c. Occupational Therapy - Non-Medicare	\$ 131,102	131,102				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 101,757	101,757				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 159,973	159,973				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 20,798,648	20,798,648				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 356	356				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 26,927	26,927				
8. Other ( <i>Specify</i> )	\$ 13,993	13,993				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 41,277	41,277				
<b>VI. Total All Revenue</b> (III +V)	\$ 20,839,925	20,839,925				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Oxygen - Med A	\$ 8,801		
	Respiratory Therapy - Med A	\$ 37,149		
	X-Ray - Med A	\$ 20,754		
	Lab - Med A	\$ 35,052		
	<b>Total Other Resident Revenue - Medicare</b>	\$ 101,757	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	Optum Care Stipend	\$ 109,682		
	Remedy Shared Savings	\$ 15,412		
	X-Ray - Managed Care	\$ 267		
	Respiratory Therapy - Private	\$ 9,405		
	Respiratory Therapy - Managed Care	\$ 4,276		
	Lab - Private	\$ 1,030		
	Lab - Private Ins	\$ (78)		
	Lab - Managed Care	\$ 361		
	Oxygen - Private	\$ 5,871		
	Oxygen - Managed Care	\$ 324		
	Lab - Med B	\$ 13,424		
	<b>Total Other Resident Revenue</b>	\$ 159,973	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	Interest Income		\$ 356		
	<b>Total Interest Income</b>		\$ 356	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	Handivan	\$ 12,438		
	Misc Income	\$ 1,555		
	<b>Total Other Revenue</b>	\$ 13,993	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation	968C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	(269,904)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,820,562
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	11,000
5. Prepaid Expenses			\$	561,167
a. _____				
b. _____				
c. _____				
d. See Schedule		561,167		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	25,426
Loans & Exchanges		(5,017)		
Refunds		30,443		
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	4,148,250
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	27,950	\$	25,770
	Accum. Depreciation	2,180		Net
3. Buildings	*Historical Cost	5,644,289	\$	2,482,142
	Accum. Depreciation	3,162,147		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	1,388,497	\$	142,293
	Accum. Depreciation	1,246,204		Net
6. Movable Equipment	*Historical Cost	2,404,713	\$	237,795
	Accum. Depreciation	2,166,918		Net
7. Motor Vehicles	*Historical Cost	258,882	\$	66,198
	Accum. Depreciation	192,684		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	2,954,198

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

(Carry Total forward to next page)



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

Name of Facility Lord Chamberlain Nursing & Rehabilitt	License No. 968C	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 7,102,448	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
3. Buildings			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Non-Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
5. Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
6. Motor Vehicles			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____				
Accum. Depreciation _____			Net	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
_____		_____	_____	
_____		_____	_____	
7. Other Assets ( <i>itemize</i> )			\$ 843,270	
_____				
See Schedule			843,270	
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 843,270	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 7,945,718	

\* 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
Lord Chamberlain Nursing & Rehabilitation C	968C	9/30/2018	33	37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	1,110,861
2. Notes Payable ( <i>itemize</i> )			\$	2,044,641
Peoples United Bank - 1 M LOC			1,995,000	
Note Payable - Auto			43,426	
Dish Machine Lease			6,215	
See Schedule				
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	356,895
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable ( <i>Current Portion</i> )			\$	1,008,558
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities ( <i>itemize</i> )			\$	1,406,478
_____				
_____				
_____				
See Schedule			1,406,478	
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>5,927,434</b>

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

*(Carry Total forward to next page)*

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

Name of Facility Lord Chamberlain Nursing & Rehabilitation	License No. 968C	Report for Year Ended 9/30/2018		Page 34	of 37
Account				Amount	
Total Brought Forward:				5,927,434	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
Name of Lender	Purpose	Amount	Date Due	\$	
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date		\$	
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
Due to LC Realty		2,087,425		2,085,167	
See Schedule		(2,258)			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 2,085,167	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 8,012,601	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabil	968C	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	10,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	50,489
6. Gain or Loss for Period			\$	(127,372)
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(66,883)
<b>C. Total Reserves and Net Worth</b>			\$	(66,883)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	7,945,718

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Lord Chamberlain Nursing & Rehabilitation	968C	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	
D. Net Income or Deficit			\$	
E. Balance			\$	
F. Additions				
1. Additional Capital Contributed ( <i>itemize</i> )				
2. Other ( <i>itemize</i> )				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				
Name and Address ( <i>No., City, State, Zip</i> )		Title	Amount	
2. Other Withdrawings ( <i>Specify</i> )			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	
			09/30/18	

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

Name of Facility Lord Chamberlain Nursing &	License No. 968C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Other		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Address Address			Phone Number	