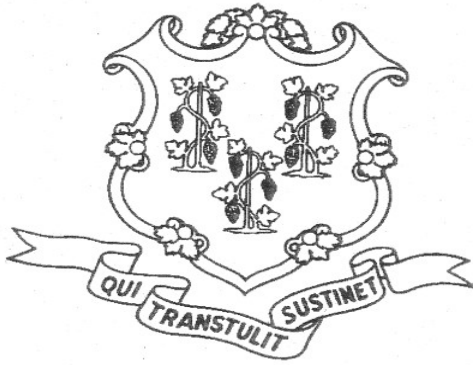


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Notre Dame Convalescent Homes, Inc.	
Address (No. & Street, City, State, Zip Code) 76 West Rocks Road, Norwalk, CT 06851	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 286-C	RHNS	(Specify)	Medicare Provider 07-5356
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Medicaid Provider Numbers:	CCNH 000002865	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) Notre Dame Convalescent Homes, Inc.	License No. 286-C	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 Notre Dame Convalescent Homes, Inc. [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. {a}

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.

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Dana J. Paul			Printed Name (Owner)		
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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Notre Dame Convalescent Homes, Inc.	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 76 West Rocks Road, Norwalk, CT 06851				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/10/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-847-5893	Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Notre Dame Convalescent Homes, Inc.		Address (No. & Street, City, State, Zip) 76 West Rocks Road, Norwalk, CT 06851		
License Numbers:	CCNH 286-C	RHNS	(Specify)	Medicare Provider No. 07-5356
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 type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" 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.				
Administrator				
Name of Administrator Dana J. Paul		Nursing Home Administrator's License No.:	001576	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Corporate Owners

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	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	
Notre Dame Convalescent Homes, Inc.	76 West Rocks Road, Norwalk, CT 06851	CT	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Sister Francois Golder	76 West Rocks Road, Norwalk, CT 06851	President	
Sister Marie Lucie Monast	76 West Rocks Road, Norwalk, CT 06851	Vice President	
John B. Devine	65 East Avenue, Norwalk, CT 06851	Secretary	
Mark Simon	191 East Avenue, Norwalk, CT 06855	Treasurer	
Georgette Anne Yvonne Pierrette Michel	92200 Neuilly-Sur-Seine, France	Member	
Names of Stockholders Owning at Least 10% of Shares			
N/A			

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2018	Page 5	of 37
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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.

N/A

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 Notre Dame Convalescent Homes, Inc.			License No. 286-C	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							
U.S. Bank Equipment Finance, Inc., P O. Box 790448, St. Louis, MO 61379	<input type="radio"/>	<input checked="" type="radio"/>	Copiers/Fax (See attached amendment to include additional equipment)	02/03/16	Monthly	34,821	34,821		
Pitnery Bowes Global Financial, P.O. Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	06/01/12	Monthly	340	340		
Marlin Business	<input type="radio"/>	<input checked="" type="radio"/>	Telephone Messaging Service	12/01/11	Quarterly	691	691		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***	35,852

* 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 Notre Dame Convalescent Homes,	License No. 286-C	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 Cost Reporting, Accounting and Audit	\$ 46,242
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 46,242

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 Wiggan & Dana LLP 2 Goldman Gruder & Woods LLC 3 4 5	Telephone Number 203-498-4400 203-899-8900
--	--

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

1 P.O. Box 1832, New Haven, CT 06508
 2 Connecticut Ave., Norwalk, CT 06851
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 General representation and employee matters (Disallowed \$264 on page 28)	\$ 3,996
2 General resident matters	\$ 5,876
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 9,872

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 Notre Dame Convalescent Homes, Inc.			License No. 286-C		Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	60	60			60	60			60	60			
B. On last day of THIS report period	60	60			60	60			60	60			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	58	58			58	58			57	57			
B. As of midnight of THIS report period	55	55			57	57			55	55			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,058	3,058			2,399	2,399			659	659			
B. Medicaid (Conn.)	13,836	13,836			10,339	10,339			3,497	3,497			
C. Medicaid (other states)													
D. Private Pay	3,465	3,465			2,569	2,569			896	896			
E. State SSI for RCH													
F. Other (Specify)	250	250			143	143			107	107			
G. Total Care Days During Period (3A thru F)	20,609	20,609			15,450	15,450			5,159	5,159			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days	24	24			4	4			20	20			
5. Total Resident Days (3G + 4A + 4B)	20,633	20,633			15,454	15,454			5,179	5,179			

Schedule of Resident Statistics (Cont'd)

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-C			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	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(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	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	3		40		12								
Per Diem Rate													
a. One bed rm.	Various		229.99		415.00								
b. Two bed rms.	Various		229.99		385.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								2,365	2,365				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								9,449	9,449				
D. Total Physical Therapy Treatments								11,814	11,814				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								190	190				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								421	421				
D. Total Speech Therapy Treatments								611	611				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,833	1,833				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								9,900	9,900				
D. Total Occupational Therapy Treatments								11,733	11,733				

Report of Expenditures - Salaries & Wages

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	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	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	99,200	2,181				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	204,673	9,809				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	75,897	2,411				
c. Dietary Workers	324,752	19,396				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	139,067	10,480				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	67,905	2,113				
b. Other Maintenance Workers	82,773	3,352				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	54,961	4,996				
9. 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	94,361	2,110				
b. RN						
1. Direct Care	528,994	13,614				
2. Administrative**	285,059	7,171				
c. LPN						
1. Direct Care	404,989	12,640				
2. Administrative**						
d. Aides and Attendants	1,004,874	58,491				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	97,846	4,860				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	131,075	3,823				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	155,224	6,485				
<i>A-13. Total Salary Expenditures</i>	3,751,650	163,932				

* 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		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Medical Records	\$ 34,186	1,587				
Human Resources	16,175	490				
Religious - Nuns Pastoral	104,863	4,408				
Total	\$ 155,224	6,485	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Psychiatrist	\$ 11,063	32				
Religious - Visiting Priests	10,680	356				
Optometrist	436	6				
Total	\$ 22,179	394	\$ -	-	\$ -	-

**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
Notre Dame Convalescent Homes, Inc.				286-C	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	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
See Attached Page 11a										

* 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	
Notre Dame Convalescent Homes, Inc.				286-C	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	(Specify)							
Section III - Administrators***										
Dana J. Paul	99,200			Life Insurance	Administrator	2,181	A2			
Section IV - Assistant Administrators										

*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		
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	26,230	656				
2. Dentist	11,374	Monthly Fee				
3. Pharmacist	9,162	Fee Based				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	212,199	2,973				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	28,250	70				
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	4,200	36				
9. Speech Therapist						
a. Resident Care	30,136	399				
b. Other						
10. Occupational Therapist						
a. Resident Care	209,700	2,975				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	27,090	422				
2. Administrative***	8,280	165				
b. LPN						
1. Direct Care	160,876	3,985				
2. Administrative***						
c. Aides	22,525	945				
d. Other						
12. Other (Specify) See Attached Schedule	22,179	394				
B-13 Total Fees Paid in Lieu of Salaries	772,201	13,020				

* 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 Notre Dame Convalescent Homes, Inc.		License No. 286-C		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			
Lynn Holmberg, 6 Ellin Drive, Greenwich, CT 06831	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Joan Danford 251 Hoyt Farm Rd New Canaan, CT 06492	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Health Drive Dental Group, 888 Worcester St, Suite 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555-9689	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Preferred Therapy, Wethersfield, CT	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Select Rehabilitation, 2600 Compass Rd. Glenview Il. 60026	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Richard Huntley, 40 Cross Street #400, Norwalk, CT 06851	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
J. James Lewis, 40 Cross Street, Norwalk, CT 06861	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
SDX Dysphagia, 21 Waterville Rd., Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Access Capital, 405 Park Ave. New York,NY. 10022	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Ready Nurse Staffing, 360 Bloomfield Ave., Windsor, CT 06095	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
E. Ticsay, 215 Alba Ave., Bridgeport, CT 06606	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Emily Quade, 55 Myrtle St. Ext., Norwalk, CT 06855	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
J. Lamb, 197 Deerfield Ridge Dr., Mystic, CT 06355	MDS Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Kuhlcare Staffing, 13752 Scard Rd., Wallingford, CT 06492	Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Rehabilitation Consult, PO Box 3150, Westport, CT 06880	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Neurology Associates of Norwalk, P.C., 637 West Ave #200, Norwalk, CT 06850	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Various	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Health Drive Eye Care, 888 Worcester St, Wellesley, MA 02482	Eye Care	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<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
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 89,870	89,870			
2. Disability Insurance	\$ 17,459	17,459			
3. Unemployment Insurance	\$ 12,678	12,678			
4. Social Security (F.I.C.A.)	\$ 265,276	265,276			
5. Health Insurance	\$ 340,209	340,209			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 12,319	12,319			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 2,502	2,502			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 190,884	190,884			
d. Accounting and Auditing	\$ 46,242	46,242			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 9,872	9,872			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 10,658	10,658			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 19,711	19,711			
2. Cellular Phones	\$ 345	345			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 363,645	363,645			
Subtotal	\$ 1,381,920	1,381,920			

* 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**

Notre Dame Convalescent Homes, Inc.
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
403b Administrator Charges	\$ 2,502		
Total	\$ 2,502	\$ -	\$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	1,381,920	1,381,920			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 3,000	3,000			
3. Gifts to Staff and Residents	\$ 10,261	10,261			
4. Employee Travel	\$ 2,577	2,577			
5. Education Expenses Related to Seminars and Conventions	\$ 7,001	7,001			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,190	6,190			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 125	125			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 1,368	1,368			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 33,817	33,817			
4. Fund-Raising***	\$				
5. Medical Records	\$ 1,978	1,978			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 5,496	5,496			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 11,341	11,341			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 825	825			
9. Subscriptions	\$ 5,931	5,931			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 82,019	82,019			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 58,645	58,645			
C-14 Total Administrative & General Expenditures	\$ 1,612,494	1,612,494			

* Do not include Subscriptions, which should go in item 9.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Facility should self-disallow the expense on Page 28 of the Cost Report.

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	-		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Public Relations	\$ 33,817		
Total Other Advertising	\$ 33,817	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CAHCF Dues	\$ 4,994		
CHA Dues	140		
ACHCA Dues	120		
NCCDP Dues	125		
ICNC Dues	120		
Leading Age Dues	5,711		
Chaple Dues	61		
National Fire Protect Dues	70		
Total Dues	\$ 11,341	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Bank Service Charges	\$ 125		
Pre Employment Screening	12,578		
Civil Penalties	14,000		
Paychecks / ADP	28,625		
Religious Supplies	1,538		
Licenses & Fees	1,520		
Amex / Amazon Prime Dues	224		
Late Charges	35		
Total Other Administrative and General	\$ 58,645	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page		of
Notre Dame Convalescent Homes, Inc.	286-C	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 #		
N/A					

*** 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 Notre Dame Convalescent Homes, Inc.		License No. 286-C	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 144,853	144,853		
2.	Non-Food Supplies	\$ 19,020	19,020		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 4,579	4,579		
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 168,452	168,452		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No					
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No				If yes, specify amt.	\$1,827
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					Pg. 30 / Line IV1
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
Notre Dame Convalescent Homes, Inc.		286-C	9/30/2018	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify) Laundry Supplies	\$	21,160	21,160		
3D. Total Laundry Expenditures (3a + b + c)	\$	21,160	21,160		
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
Notre Dame Convalescent Homes, Inc.		286-C	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	32,093	32,093		
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>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	32,093	32,093		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Partners Pharmacy	\$	109,891	109,891		
b.	Medicine Cabinet Drugs	\$	11,966	11,966		
c.	Medical and Therapeutic Supplies	\$	118,842	118,842		
d.	Ambulance/Limousine***	\$	2,785	2,785		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	7,905	7,905		
f.	X-rays and Related Radiological Procedures***	\$	10,709	10,709		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	13,745	13,745		
i.	Recreation	\$	24,656	24,656		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	4,764	4,764		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	305,263	305,263		

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

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

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

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

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

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-C		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	(Specify)	Pg	Line
Finocchio Brothers	49 Liberty Place, Stamford CT 06902	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Refuse Removal	12,545			22	6f
Pylon Tecnology	P.O. Box 85, Greenwich, CT 06386	<input type="radio"/>	<input checked="" type="radio"/>	N/A	IT Support Consulting	28,866			16	m11
Point Click Care/Wescom Solutions	Box 8500, Philidelphia, PA 19178	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Software	25,334			16	m11
Ratick Combustion	P.O. Box 6406, Bridgeport, CT 06606	<input type="radio"/>	<input checked="" type="radio"/>	N/A	System Cleaning & Repair	23,311			22	6f
Honeywell	12490 Collection Center, Chicago Il. 60693	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Heating & A/C	20,744			22	6f
US Laboratories	PO Box 845127, Boston MA 02284-5127	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Lab Work and Radiation	14,311			20	5h
		<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
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2018	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 39,735	39,735		
b. Heat	\$ 108,762	108,762		
c. Light & Power	\$ 71,147	71,147		
d. Water	\$ 20,641	20,641		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 35,852	35,852		
f. Other (<i>itemize</i>)	\$ 116,879	116,879		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 393,016	393,016		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$			
b. Building & Building Improvements	\$ 37,936	37,936		
c. Non-Movable Equipment	\$ 22,668	22,668		
d. Movable Equipment	\$ 26,489	26,489		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 87,093	87,093		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$			
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$			
10. Property Taxes				
a. Real estate taxes paid by owner	\$ 19,674	19,674		
b. Real estate taxes paid by lessor	\$			
c. Personal property taxes	\$			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 106,767	106,767		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	-		
Plant Operations - Purchased Services	\$ 109,189		
Plant Operations - Grounds Maintenance	7,370		
Boiler Certification Fee	320		
Total Other Repairs and Maintenance	\$ 116,879	\$ -	\$ -

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility			License No.		Report for Year Ended			Page	of			
Notre Dame Convalescent Homes, Inc.			286-C		9/30/2018			23	37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements												
1. Acquired prior to this report period			94,852		94,852	94,852	S/L	Various				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period			2,857,294		2,857,294	2,432,803	S/L	Various	33,666			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)			66,936		66,936		S/L	Various	4,270			
B-4. Subtotal										37,936		
C. Non-Movable Equipment												
1. Acquired prior to this report period			433,873		433,873	331,786	S/L	Various	22,668			
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal										22,668		
		Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year							
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 1997 Ford Truck		X		8	2002	9,538		9,538	9,538	S/L	8 Yrs	
b. 1999 Toyota Forerunner		X		1	2004	17,025		17,025	17,025	S/L	5 Yrs	
c. 2005 Chrysler Van		X		12	2008	6,500		6,500	6,500	S/L	5 Yrs	
d. 2012 GMC Sierra Truck		X		2	2016	23,710		23,710	9,484	S/L	5 Yrs	4,742
2. Movable Equipment												
a. Acquired prior to this report period				Var	Var	869,196		869,196	774,096	S/L	Various	19,897
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)				Var	Var	11,930		11,930		S/L	Various	1,850
D-3. Subtotal												26,489
E. Total Depreciation											87,093	

Notre Dame Convalescent Homes, Inc.
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
3/2/2018	Fire Doors	\$ 21,752	20	\$ 1,088
4/3/2018	Satelite Antenna System	9,800	20	490
6/20/2018	Courtyard Paving	16,425	10	1,643
7/12/2018	Camera System	6,044	15	403
9/11/2018	Hallway Flooring	12,915	20	646
Total additions for Building Improvements		\$ 66,936		\$ 4,270 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/16/2017	Sure Temp Thermometer	\$ 2,208		\$ 442
12/4/2017	Sure Temp Thermometer	2,208		442
1/3/2018	Hospital bed	1,601		160
2/6/2018	Hospital Beds	3,766		377
5/19/2018	John Deere Lawn Mower	2,147		429
Total additions for Movable Equipment		\$ 11,930		\$ 1,850 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-C		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* 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 Notre Dame Convalescent Homes, Inc	License No. 286-C	Report for Year Ended 9/30/2018	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	1952-Convent				
2. Date Structure Completed	1967, 1972				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	05/20/05				
5. Total Licensed Bed Capacity	60				
6. Square Footage	32,319				
7. Acquisition Cost					
a. Land	1966-\$15,000				
b. Building	1966- \$286,852				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Notre Dame Convalescent Homes, Inc		286-C	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Notre Dame Convalescent Homes,		286-C		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
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>)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 20,068	20,068		
b. Insurance on Automobiles				\$ 9,399	9,399		
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)				\$ 14,768	14,768		
2. Fire and Extended Coverage				\$			
3. Other (<i>Specify</i>) Prof. Casualty, Liability, D&O, Surety Bond, Cyber				\$ 44,686	44,686		
14d. Total Insurance Expenditures (14a + b + c)				\$ 88,921	88,921		
15. Total All Expenditures (A-13 thru C-14)				\$ 7,252,017	7,252,017		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.				286-C	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 209,700	209,700		
7.			Other - See attached Schedule	\$ 11,116	11,116		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 190,884	190,884		
10.			Accounting	\$			
10a.	15	1e	Legal	\$ 264	264		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$ 2,920	2,920		
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.	16	m2/3	Unallowable Advertising *	\$ 35,185	35,185		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 16,432	16,432		
Page 18 - Dietary Expenditures							
24.	30	IV 1	Meals to employees, guests and others who are not residents	\$ 1,827	1,827		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 468,328	468,328		

* 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	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	12o	Religious - Visiting Priests	\$ 10,680		
13	12o	Optometrist	436		
Total Other Fees Adjustments			\$ 11,116	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	\$ 825		
16	m13	Non-Routine Bank Charges	34		
16	m13	Civil Penalties	14,000		
16	m13	Religious Supplies	1,538		
16	m13	Late Charges	35		
Total Other A&G Adjustments			\$ 16,432	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.				286-C	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 468,328	468,328		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 109,891	109,891		
28.	20	5d	Ambulance/Limousine	\$ 2,785	2,785		
29.	20	5f	X-rays, etc	\$ 10,709	10,709		
30.	20	5h	Laboratory	\$ 13,745	13,745		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 7,905	7,905		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 10,669	10,669		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 27,929	27,929		
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 61,628	61,628		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	Total Amount of Decrease (Items 1 - 48)			\$ 713,589	713,589		

*** 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.

Notre Dame Convalescent Homes, Inc.
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV Disallowance (See attached)	\$ 8,355		
20	5l	Occupational Therapy Expense Disallowance (See attached)	2,314		
Total Other Ancillary Costs			\$ 10,669	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Var	Var	Non-allowable Costs Related to Convent & Priests (See attached)	\$ 27,929		
Total Other Property Adjustments			\$ 27,929	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Refunds	\$ 54,842		
30	IV 8	Contributions - Temporarily Restricted	2,191		
30	IV 8	Staff Recognition Fund	4,595		
Total Other Adjustments			\$ 61,628	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility		License No.	Report for Year Ended		Page	of
Notre Dame Convalescent Homes, Inc.		286-C	9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,167,933	3,167,933				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,148,199	1,148,199				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 1,497,650	1,497,650				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 92,027	92,027				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 1,237	1,237				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 414,317	414,317				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 233	233				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 57,334	57,334				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 433,170	433,170				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 85	85				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 17,297	17,297				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 410	410				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,829,892	6,829,892				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,827	1,827				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 242	242				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 116,517	116,517				
V. Total Other Revenue (1 thru 8)	\$ 118,586	118,586				
VI. Total All Revenue (III +V)	\$ 6,948,478	6,948,478				

* 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	(Specify)
		-		
30 II 6a	X-Ray Medicare A	\$ 5,916		
30 II 6a	Lab Medicare A	11,381		
Total Other Resident Revenue - Medicare		\$ 17,297	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Lab Revenue Private Pay	\$ 64		
30 II 6b	X-Ray Medicaid	286		
30 II 6b	Lab Medicaid	60		
Total Other Resident Revenue		\$ 410	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Money Market	533,010	\$ 219		
30 IV 5	Late Payment Interest	N/A	23		
Total Interest Income			\$ 242	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Refunds	\$ 54,842		
30 IV 8	Special Services - Stock Dividend	45,854		
30 IV 8	Special Services - Gain/Loss on MS	2,147		
30 IV 8	Unrealized Gains	(50,247)		
30 IV 8	Special Services - Other	475		
30 IV 8	Special Services - Unrestricted Contributions	57,010		
30 IV 8	Staff Recognition Fund	4,595		
30 IV 8	Contributions - Temporarily Restricted	2,191		
30 IV 8	Contributions	(350)		
Total Other Revenue		\$ 116,517	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	674,819
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	945,451
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	549
4. Inventories			\$	36,571
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	12
8. Other Current Assets (<i>itemize</i>)			\$	20,181
Account AR - AMEX Charges	6,616			
Medicaid Settlement	13,565			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,677,583
B. Fixed Assets				
1. Land			\$	36,800
2. Land Improvements	*Historical Cost	94,852	\$	
	Accum. Depreciation	94,852		Net
3. Buildings	*Historical Cost	2,924,230	\$	453,491
	Accum. Depreciation	2,470,739		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	433,873	\$	79,419
	Accum. Depreciation	354,454		Net
6. Movable Equipment	*Historical Cost	881,126	\$	85,283
	Accum. Depreciation	795,843		Net
7. Motor Vehicles	*Historical Cost	56,773	\$	9,484
	Accum. Depreciation	47,289		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	611,576
F/S vs C/R NBV	611,578			
See Schedule	(2)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,276,053

* 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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 2,953,636	
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 Total Leasehold or Like Properties (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>)			\$ 1,759,464	
Infinex Investments		1,646,541		
Ratchford Trust		112,923		
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 1,759,464	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 4,713,100	

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
31	B9	Rounding Variance	\$ (2)
Total Other Other Fixed Assets (Itemize)			\$ (2)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
33	A12	Due to others	\$ 95,304
Total Other Current Liabilities (Itemize)			\$ 95,304

Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.		286-C	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	153,634
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	48,259
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	3,675
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	161,434
Client Fund Liability		19,255	Employee Tax Shelter Pl	(8,953)	
Sunshine Club		1,647	Payroll Savings (Deducti	44,148	
Wage Garnishments		183	Roth - PPI/Ameriprise	4,647	
403-B Loan Repayment		5,203	See Schedule	95,304	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	367,002

* 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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2018		Page 34	of 37
Account				Amount	
Total Brought Forward:				367,002	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					
C. Total All Liabilities (Lines A-13 + B-5)					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc	286-C	9/30/2018	35	37
Account			Amount	
A. Reserves				
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. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,705,219
6. Gain or Loss for Period			\$	(359,121)
				10/1/2017 thru 9/30/2018
7. Total Net Worth			\$	4,346,098
C. Total Reserves and Net Worth			\$	4,346,098
D. Total Liabilities, Reserves, and Net Worth			\$	4,713,100

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2018	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	4,705,219		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	6,948,478		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	7,307,599		
D. Net Income or Deficit			\$	(359,121)		
E. Balance			\$	4,346,098		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Expenses Per Pg. 27	\$7,252,017					
F/S vs C/R Depreciation	55,582					
Expenses Per F/S	\$7,307,599					
2. Other (<i>itemize</i>)						
F-3. Total Additions					\$	
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)					\$	
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount				
2. Other Withdrawings (<i>Specify</i>)			\$			
Purpose	Amount					
3. Total Deductions			\$			
H. Balance at End of Period			\$	4,346,098		

I. Preparer's/Reviewer's Certification

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	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 type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Matthew S. Bovolack				
Address Address			Phone Number	
555 Long Wharf Drive, New Haven, CT 06511			203-781-9600	
Annual Report Contact			Phone Number	
Dana Paul			203-847-5893	
Annual Report Contact Email Address				
dpaul@ndch-sstv.com				

Subject to attached accountants' consulting report