

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Rose Haven	
Address (No. & Street, City, State, Zip Code) 31 North Street, Litchfield, CT 06759	
Type of Facility <div style="display: flex; justify-content: space-between; padding: 5px;"> <div style="width: 30%;"> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) </div> <div style="width: 30%;"> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Residential Care Home </div> </div>	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 1036-C	RHNS	Residential Care Home 1774-HFA	Medicare Provider 07-5346
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Medicaid Provider Numbers:	CCNH	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

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General Information

Name of Facility (as licensed) Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	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 Rose Haven [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) Mary Jo Gyuricsko			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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 Rose Haven		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 31 North Street, Litchfield, CT 06759				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-567-9475		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Rose Haven			Address (No. & Street, City, State, Zip) 31 North Street, Litchfield, CT 06759		
License Numbers:	CCNH 1036-C	RHNS	Residential Care Home 1774-HFA	Medicare Provider No. 07-5346	
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"/> Residential Care Home	
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.					
Administrator					
Name of Administrator Mary Jo Gyuricsko			Nursing Home Administrator's License No.:	001749	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Rose Haven	31 North Street, Litchfield, CT 06759	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

**General Information and Questionnaire
 Related Parties***

Name of Facility Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	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	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	384,000	384,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	205,811	205,811
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg.10/13 Schedule	30,940	30,940
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	426,637	391,226
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	6,244	6,244
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	68,917	68,917
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	7,834	7,834
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	190,630	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	11,454	

* Use additional sheets if necessary.

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

Annual Report of Long-Term Care Facility

**General Information and Questionnaire
Related Parties***

Name of Facility Rose Haven		License No. 1036-C	Report for Year Ended 9/30/2015			Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?					Yes x 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?					x 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	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	3,696	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	21,920	
Medstat	41 Northwest Dr. Plainville, CT	X		77%	Pharmacy	Pg. 13B3/Pg. 20 5a1	159,396	122,735
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	69,961	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		85%	Diagnostic Services	Pg. 20 5f	1,080	918
Bendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

* Use additional sheets if necessary.

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

Related expense has been disallowed on Pg. 28 Line 23

Apple Rehab Avon-Rose Haven
Shared Employees
Cost Year 2 0 1 5

October 2014 - September 2015

41001- Salaries Administrator

Source	Facility	Employee
AHC Allocation	AHC	John Horstman Mary Gyuricko

41004 SOCIAL SERVICES

Source	Facility	Employee
42064	Wolcott Hall	Hazzard

45001 - Salaries RN

Source	Facility	Employee
Jan 2015 Shared	Waterbury	Appletree
Mar 2015 Shared	Waterbury	Appletree

45002 - Salaries LPN

Source	Facility	Employee
April 2015 Shared	Healthport	Barlet
May 2015 Shared	Healthport	Barlet
June 2015 Shared	Healthport	Barlet

45003 - Salaries AIDES

Source	Facility	Employee
Nov 2014 Shared	Brightview	Downey

45017 - Salaries MDS COORDINATOR

Source	Facility	Employee
Oct 2014 Shared	Kent	Duggan-Yoelson
Nov 2014 Shared	Kent	Duggan-Yoelson
Dec 2014 Shared	Kent	Duggan-Yoelson
Jan 2015 Shared	Kent	Duggan-Yoelson
Jan 2015 Shared	Shelton	Duggan-Yoelson
Feb 2015 Shared	Elm Hill	Duggan-Yoelson
Mar 2015 Shared	Elm Hill	Duggan-Yoelson
Mar 2015 Shared	Waterbury	Leonetti
Mar 2015 Shared	Kent	Leonetti

50001 - Salaries - Dieticians

Source	Facility	Employee
Oct 2014 Shared	Gardner	Leonetti
Oct 2014 Shared	Kent	Leonetti
Oct 2014 Shared	Wolcott Hall	Leonetti
Nov 2014 Shared	Plainville	Leonetti
Nov 2014 Shared	Waterbury	Leonetti
Nov 2014 Shared	Gardner	Leonetti
Nov 2014 Shared	Kent	Leonetti
Nov 2014 Shared	Wolcott Hall	Leonetti
Dec 2014 Shared	Plainville	Leonetti
Dec 2014 Shared	Waterbury	Leonetti
Dec 2014 Shared	Plainville	Leonetti
Dec 2014 Shared	Kent	Leonetti
Jan 2015 Shared	Waterbury	Leonetti
Jan 2015 Shared	Kent	Leonetti
Jan 2015 Shared	Wolcott Hall	Leonetti
Jan 2015 Shared	Waterbury	Leonetti
Jan 2015 Shared	Plainville	Leonetti
Feb 2015 Shared	Kent	Leonetti
Feb 2015 Shared	Waterbury	Leonetti
Mar 2015 Shared	Kent	Leonetti

50002 - Salaries - Chefs

Source	Facility	Employee
Oct 2014 Shared	Brightview	Downey

Dec 2014 Shared

Brightview

Downey

50003 - Salaries - Dietary Aids

Source	Facility	Employee
Oct 2014 Shared	Brightview	Downey
Nov 2014 Shared	Brightview	Downey
Dec 2014 Shared	Brightview	Downey
Jan 2015 Shared	Brightview	Downey
Feb 2015 Shared	Brightview	Downey
Mar 2015 Shared	Brightview	Downey

60001 - Salaries - Housekeeping

Source	Facility	Employee
Oct 2014 Shared	Wolcott Hall	Washington
Nov 2014 Shared	Wolcott Hall	Washington
Nov 2014 Shared	Wolcott Hall	Teti
Dec 2014 Shared	Wolcott Hall	Washington
Dec 2014 Shared	Wolcott Hall	Teti
Jan 2015 Shared	Wolcott Hall	Washington
Jan 2015 Shared	Wolcott Hall	Brzozowski
Jan 2015 Shared	Wolcott Hall	Teti
Feb 2015 Shared	Wolcott Hall	Teti
Feb 2015 Shared	Wolcott Hall	Washington

65001 - Salaries - RECREATION

Source	Facility	Employee
Oct 2014 Shared	Wolcott Hall	Tousey
Nov 2014 Shared	Wolcott Hall	Tousey

Total Shared Employee

Healthport Services		
45022- Purch Service RN - HEALTHPORT		
Source	Facility	Employee
Oct 2014 Shared	Healthport	Poole
Oct 2014 Shared	Healthport Indirect	
Nov 2014 Shared	Healthport	Poole
Nov 2014 Shared	Healthport Indirect	

Total HEALTHPORT

Corporate Allocation		
41003- Salaries		
Source	Facility	Employee
	AHC	BILLING UNIT
	AHC	PAYROLL
		Total

Total Corporate

	<u>Apple</u>	<u>Corporte</u>
Total Shared	100,026.47	6,244.00
		<u>111,029.30</u>

Amount	Hours
44,746.71	988.31
52,363.66	1,360.00
<u>97,110.37</u>	<u>2,348.31</u>

Amount	Hours
37.50	1.50
<u>37.50</u>	<u>1.50</u>

Amount	Hours
(871.00)	(26.00)
(1,866.89)	(34.75)
<u>(2,737.89)</u>	<u>(60.75)</u>

Amount	Hours
8,800.00	104.00
6,000.00	120.00
7,200.00	144.00
<u>22,000.00</u>	<u>368.00</u>

Amount	Hours
38.25	3.00
<u>38.25</u>	<u>3.00</u>

<u>Amount</u>	<u>Hours</u>
(663.00)	(19.50)
(867.00)	(25.50)
(816.00)	(24.00)
(493.00)	(14.50)
(255.00)	(7.50)
(680.00)	(20.00)
(204.00)	(6.00)
(259.00)	(9.25)
(224.00)	(8.00)
<hr/>	
<u>(4,461.00)</u>	<u>(134.25)</u>

<u>Amount</u>	<u>Hours</u>
(1,547.00)	(55.25)
(784.00)	(28.00)
(511.00)	(18.25)
(112.00)	(4.00)
(931.00)	(33.25)
(770.00)	(27.50)
(966.00)	(34.50)
(294.00)	(10.50)
(112.00)	(4.00)
(1,736.00)	(62.00)
(112.00)	(4.00)
(462.00)	(16.50)
(861.00)	(43.25)
(896.00)	(32.00)
(140.00)	(5.00)
(119.00)	(4.25)
(196.00)	(7.00)
(910.00)	(32.50)
(1,596.00)	(60.50)
(546.00)	(8.00)
<hr/>	
<u>(13,601.00)</u>	<u>(490.25)</u>

<u>Amount</u>	<u>Hours</u>
140.25	11.00

242.25 19.00

382.50 30.00

Amount	Hours
640.69	50.25
765.01	60.00
557.82	42.25
803.25	72.50
694.88	54.50
143.44	11.25

3,605.09 290.75

Amount	Hours
(891.56)	(78.75)
(862.63)	(76.50)
380.00	40.00
(767.00)	(64.00)
156.00	16.00
(270.00)	(26.75)
35.78	2.25
156.00	16.00
38.00	4.00
(30.94)	(2.75)

(2,056.35) (170.50)

Amount	Hours
(165.00)	(13.75)
(126.00)	(10.50)

(291.00) (24.25)

100,026.47 2,161.56

Amount	Hours
2,388.75	50.00
803.28	
983.25	23.75
583.55	
<u>4,758.83</u>	<u>73.75</u>

<u>4,758.83</u>	<u>73.75</u>
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Amount	Hours
4,877.00	253.00
1,367.00	44.00
<u>6,244.00</u>	<u>297.00</u>
<u>6,244.00</u>	<u>297.00</u>

<u>Healthport</u>
4,758.83

Apple Shared Employee Reprc
 Reporting Period: From
 Rose Haven

3/8/2015 to

9/19/2015

LastName	FirstName	HomeFclty(Home Facility	WorkedFclty Worked Facility
WILCZYNSKI	STANISLAW	1 Avon	2 Rose Haven
WILCZYNSKI	STANISLAW	1 Avon	2 Rose Haven
APPLETREE	SARAH	2 Rose Haven	1 Avon
APPLETREE	SARAH	2 Rose Haven	1 Avon
APPLETREE	SARAH	2 Rose Haven	1 Avon
APPLETREE	SARAH	2 Rose Haven	1 Avon
APPLETREE	SARAH	2 Rose Haven	7 Watertown
APPLETREE	SARAH	2 Rose Haven	7 Watertown
APPLETREE	SARAH	2 Rose Haven	7 Watertown
APPLETREE	SARAH	2 Rose Haven	7 Watertown
APPLETREE	SARAH	2 Rose Haven	7 Watertown
APPLETREE	SARAH	2 Rose Haven	7 Watertown
APPLETREE	SARAH	2 Rose Haven	7 Watertown
APPLETREE	SARAH	2 Rose Haven	7 Watertown
Feola	Christen	29 Healthport Srvc	2 Rose Haven
Feola	Christen	29 Healthport Srvc	2 Rose Haven
Feola	Christen	29 Healthport Srvc	2 Rose Haven
Feola	Christen	29 Healthport Srvc	2 Rose Haven
Feola	Christen	29 Healthport Srvc	2 Rose Haven
Feola	Christen	29 Healthport Srvc	2 Rose Haven
Gunther	Samantha	29 Healthport Srvc	2 Rose Haven
DUGGAN-YOELSON	MARY	2 Rose Haven	14 Rocky Hill
DUGGAN-YOELSON	MARY	2 Rose Haven	20 Farmington
DUGGAN-YOELSON	MARY	2 Rose Haven	20 Farmington
DUGGAN-YOELSON	MARY	2 Rose Haven	23 Kent
DUGGAN-YOELSON	MARY	2 Rose Haven	23 Kent

WASHINGTON
WASHINGTON

KIMBERLY
KIMBERLY

2 Rose Haven
11 Wolcott Hall

11 Wolcott Hall
2 Rose Haven

GL Code	GL Description	PayDate	Hours
902-41006	Salaries - Maintenance - JobTitle = MAINTENANCE SUPERVISOR	3/19/2015	33.00
902-41006	Salaries - Maintenance - JobTitle = MAINTENANCE SUPERVISOR	3/26/2015	9.00
Total			42.00
901-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	(52.00)
901-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/27/2015	(48.50)
901-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/3/2015	(37.00)
901-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	9/10/2015	(145.25)
907-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015	(74.00)
907-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/26/2015	(59.25)
907-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/2/2015	(128.50)
907-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/9/2015	(34.50)
907-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/16/2015	(74.50)
907-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/23/2015	(24.25)
907-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015	(26.00)
907-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/28/2015	(17.50)
907-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/11/2015	(42.50)
902-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015	16.50
902-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/23/2015	51.00
902-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/30/2015	51.50
902-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/6/2015	34.00
902-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/13/2015	69.00
902-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	8/20/2015	36.50
Total			(505.25)
902-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015	3.25
Total			3.25
914-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/7/2015	(5.50)
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/9/2015	(7.50)
920-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/7/2015	(1.00)
923-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	3/19/2015	(7.75)
923-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	4/23/2015	(1.00)

923-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/7/2015	(15.00)
923-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/14/2015	(1.00)
923-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	5/21/2015	(1.00)
923-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	6/25/2015	(1.00)
923-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/9/2015	(1.00)
923-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	7/16/2015	(1.00)
902-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/24/2015	7.00
902-45017	Salaries - MDS Coordinator - JobTitle = MDS COORDINATOR	9/17/2015	6.25
Total			(29.50)

923-50001	Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	3/19/2015	(8.00)
923-50001	Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	3/26/2015	(8.00)
907-50001	Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	3/19/2015	(13.00)
907-50001	Salaries - Dietitians - JobTitle = REGIONAL DIETICIAN	3/26/2015	(15.00)
Total			(44.00)

902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	3/19/2015	11.00
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	3/26/2015	11.00
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/2/2015	11.50
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/9/2015	8.00
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/23/2015	11.25
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	4/30/2015	8.25
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	5/14/2015	11.75
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	5/21/2015	2.75
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	5/28/2015	18.50
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	6/4/2015	19.00
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	6/11/2015	17.25
902-50003	Salaries - Helpers Dishwashers - JobTitle = DIETARY AIDES	6/18/2015	13.75
Total			144.00

902-55001	Salaries - Laundry - JobTitle = LAUNDRY	5/21/2015	8.00
902-55001	Salaries - Laundry - JobTitle = LAUNDRY	5/28/2015	16.00
902-55001	Salaries - Laundry - JobTitle = LAUNDRY	6/4/2015	8.00
902-55001	Salaries - Laundry - JobTitle = LAUNDRY	6/11/2015	16.00
902-55001	Salaries - Laundry - JobTitle = LAUNDRY	7/2/2015	8.00
902-55001	Salaries - Laundry - JobTitle = LAUNDRY	7/23/2015	8.00
902-55001	Salaries - Laundry - JobTitle = LAUNDRY	7/30/2015	8.00
902-55001	Salaries - Laundry - JobTitle = LAUNDRY	8/13/2015	8.00
Total			80.00

911-60001 Salaries - Housekeeping - JobTitle = HOUSEKEEPING
902-60001 Salaries - Housekeeping - JobTitle = HOUSEKEEPING

4/30/2015 (24.00)
6/4/2015 8.00

Total (16.00)

Total Shared (325.50)

Dollars

519.82

182.34

702.16

(663.00)

(700.50)

(853.50)

(1,777.07)

(939.48)

(638.75)

(1,537.98)

(532.88)

(907.50)

(286.75)

(309.00)

(247.50)

(548.25)

247.50

765.00

772.50

510.00

1,035.00

547.50

(6,064.66)

91.00

91.00

(187.00)

(255.00)

(34.00)

(263.50)

(34.00)

(510.00)
(34.00)
(34.00)
(34.00)
(34.00)
(34.00)
210.84
212.50

(1,030.16)

(224.00)
(224.00)
(364.00)
(420.00)

(1,232.00)

140.25
140.25
146.63
102.00
143.44
106.31
149.81
35.06
235.88
290.07
219.94
175.31

1,884.95

90.00
180.00
90.00
180.00
90.00
90.00
90.00
90.00

900.00

(270.00)

90.00

(180.00)

(4928.71)

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	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.
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

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.

N/A

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 Rose Haven			License No. 1036-C			Report for Year Ended 9/30/2015		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							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***	

* 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 Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	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	Address (No. & Street, City, State, Zip Code)
1 Saslow, Lufkin, & Buggy, LLP	10 Tower Lane Avon, CT 06001
2 Huban & Brazee	35 Wendell Avenue Pittsfield, MA 10202
3	
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 1,937
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
	Charge for Services Provided
	\$ 3,962

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1	
2	
3	
4	
5	

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

1

2

3

4

5

Services Provided by This Firm (*describe fully*)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Rose Haven		License No. 1036-C			Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	40	25		15	40	25		15	40	25		15	
B. On last day of THIS report period	40	25		15	40	25		15	40	25		15	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	32	21		11	32	21		11	32	21		11	
B. As of midnight of THIS report period	37	25		12	37	25		12	37	25		12	
3. Total Number of Days Care Provided During Period													
A. Medicare	3,452	3,452			2,669	2,669			783	783			
B. Medicaid (Conn.)	3,317	3,317			2,571	2,571			746	746			
C. Medicaid (other states)													
D. Private Pay	1,251	1,251			768	768			483	483			
E. State SSI for RCH	4,253			4,253	3,184			3,184	1,069				1,069
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	12,273	8,020		4,253	9,192	6,008		3,184	3,081	2,012			1,069
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													
5. Total Resident Days (3G + 4A + 4B)	12,273	8,020		4,253	9,192	6,008		3,184	3,081	2,012			1,069

Schedule of Resident Statistics (Cont'd)

Name of Facility Rose Haven			License No. 1036-C			Report for Year Ended 9/30/2015			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	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(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	Residential Care Home		
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	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	13		8		4				12				
Per Diem Rate													
a. One bed rm.					441.00				124.03				
b. Two bed rms.	RUGS III		227.72		428.00				3,782.92				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									1,117	1,117			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									10,695	10,695			
D. Total Physical Therapy Treatments									11,812	11,812			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									193	193			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									444	444			
D. Total Speech Therapy Treatments									637	637			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,203	1,203			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									10,791	10,791			
D. Total Occupational Therapy Treatments									11,994	11,994			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Rose Haven	1036-C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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)	61,381	1,483			33,052	799
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	15,838	929			8,528	500
5. Dietary Service						
a. Head Dietitian	19,392	709			11,389	382
b. Food Service Supervisor	18,562	941			10,902	553
c. Dietary Workers	85,439	6,908			50,178	4,057
6. Housekeeping Service						
a. Head Housekeeper	19,434	1,316			10,011	678
b. Other Housekeeping Workers	27,705	2,480			14,272	1,277
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	31,939	1,640			16,453	845
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	32,775	2,635			6,243	502
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	27,746	1,651			14,940	889
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	80,579	1,494				
b. RN						
1. Direct Care	438,493	11,974				
2. Administrative**	87,025	2,638				
c. LPN						
1. Direct Care	91	371				
2. Administrative**						
d. Aides and Attendants	399,342	27,327			156,920	9,839
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	27,514	1,353			14,815	728
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	22,355	1,413			12,037	761
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	1,395,609	67,262			359,740	21,810

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Rose Haven				1036-C	9/30/2015			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	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Rose Haven				1036-C	9/30/2015			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	Residential Care Home							
Section III - Administrators***										
	#REF!					#REF!				
Mary Jo Gyuricski	36,586		19,700		Administrator 2/5/2015 - 9/30/2015	1,360	A2			
John Horstman	24,795		13,351		Administrator 10/1/2014- 2/4/2015	988	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		
Rose Haven	1036-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	3,088	91				
3. Pharmacist	2,808	17				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	194,609	2,953				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	8				
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) E Studinski 390	390	4				
9. Speech Therapist						
a. Resident Care	33,292	159				
b. Other						
10. Occupational Therapist						
a. Resident Care	198,736	2,999				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,759	74				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	461,681	6,305				

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Rose Haven	1036-C	9/30/2015		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 79,501	69,961			9,540
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 40,923	36,012			4,911
4. Social Security (F.I.C.A.)	\$ 120,428	105,977			14,451
5. Health Insurance	\$ 202,084	177,834			24,250
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,696	3,252			444
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 7,834	6,894			940
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 73,059	73,059			
d. Accounting and Auditing	\$ 3,962	2,575			1,387
e. Legal (<i>Services should be fully described on Page 7</i>)	\$				
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 14,626	9,507			5,119
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 19,017	12,361			6,656
2. Cellular Phones	\$				
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
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	\$ 96,861	96,861			
Subtotal	\$ 661,991	594,293			67,698

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Rose Haven	1036-C	9/30/2015		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<i>Subtotals Brought Forward:</i>	661,991	594,293		67,698	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 7,376	4,794		2,582	
2. Holiday Parties for Staff	\$ 600	600			
3. Gifts to Staff and Residents	\$ 3,031	1,970		1,061	
4. Employee Travel	\$ 3,607	2,345		1,262	
5. Education Expenses Related to Seminars and Conventions	\$ 1,242	807		435	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 2,057	1,337		720	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 11,858	7,708		4,150	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 1,832	1,191		641	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 3,135	1,888		1,247	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 886	576		310	
9. Subscriptions	\$ 2,983	1,939		1,044	
10. Contributions*** See Attached Schedule	\$ 50	33		17	
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 205,811	133,777		72,034	
13. Other (<i>Specify</i>) See Attached Schedule	\$ 30,732	19,975		10,756	
<i>C-14 Total Administrative & General Expenditures</i>	\$ 937,191	773,234		163,957	

* 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	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Advertising - Public Relations	\$ 7,708		\$ 4,150
Total Other Advertising	\$ 7,708	\$ -	\$ 4,150

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
ALTCFM	\$ 52		\$ 28
C.A.R.C.H.	\$ 825		\$ 675
CAHCF	\$ 783		\$ 422
RUSSELL PHILLIPS & ASSOC. LLC	\$ 228		\$ 123
Total Dues	\$ 1,888	\$ -	\$ 1,247

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Narcotic Enforcement	\$ 33.0		\$ 17.0
Total Contributions	\$ 33	\$ -	\$ 17

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Corporate Fees - Non Reimbursable	\$ 10,430		\$ 5,616
Licenses & Fees	\$ 2,974		\$ 1,602
Pre Employment Screening	\$ 1,599		\$ 861
Point Click Care Fees	\$ 2,733		\$ 1,471
Bank Charges	\$ -		
Resident Expenses	\$ -		\$ -
User Fee Audit	\$ 987		\$ 532
Point right	\$ 1,251		\$ 674
Total Other Administrative and General	\$ 19,975	\$ -	\$ 10,756

Schedule C-1 - Management Services*

Name of Facility Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	Page of 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 #
Apple Health Care, Inc.	205,811	Accounting & Managerial Services	Pg. 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 Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 92,866	58,505		34,360
2. Non-Food Supplies	\$ 17,078	10,759		6,319
3. Other (<i>Specify</i>) _____	\$			
b. Purchased Services (<i>by contract other than through Management Services (Complete Schedule C-2 att. Page 21)</i>)	\$ 863	544		319
c. Management Services**	\$			
d. Other (<i>Specify</i>) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 110,808	69,809		40,999
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*	101	64		37
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.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Rose Haven		License No. 1036-C	Report for Year Ended 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.	134,185	112,715		21,470
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	2,219	1,864		355
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. \$	2,158	1,812		345
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	4,377	3,676		700
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.

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

*** 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	
Rose Haven	1036-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel	13,943	9,202		4,741
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	14,411	9,511		4,900
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. \$	3,020	1,993		1,027
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	17,431	11,505		5,927
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat	\$	156,588	156,588		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	66,815	43,430		23,385
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other****	\$	15,518	15,518		
f. X-rays and Related Radiological Procedures***	\$	18,632	18,632		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory****	\$	8,244	8,244		
i. Recreation	\$	14,484	9,414		5,069
j. Other (Specify)***** See Attached Schedule	\$	11,741	9,941		1,800
5K. Total Resident Care Expenditures (5a - 5j)	\$	292,022	261,767		30,255

* 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

Description	CCNH	RHNS	Residential Care Home
Nursing Station Supplies	\$ 3,200		\$ 1,800
Rehab Service Supplies	\$ 5,730		
IV Therapt Supplies	\$ 1,011		
Social Service Supplies			
Total Other Resident Care	\$ 9,941	\$ -	\$ 1,800

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

Name of Facility Rose Haven			License No. 1036-C		Report for Year Ended 9/30/2015			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	Residential Care Home	Pg	Line
		<input type="radio"/>	<input checked="" type="radio"/>					#REF!		
Castelli Brothers	84 Wilson Rd. Litchfield, CT	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	10,134		5,384	22	6a
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input 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 Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015			Page 22	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	76,425	50,441			25,985
b. Heat	\$	50,744	33,491			17,253
c. Light & Power	\$	29,464	19,446			10,018
d. Water	\$	20,962	13,835			7,127
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$	12,218	8,064			4,154
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	189,812	125,276			64,536
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$	2,725	1,799			927
d. Movable Equipment	\$	9,855	6,504			3,351
*7e. Total Depreciation Costs (7a + b + c + d)	\$	12,580	8,303			4,277
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	34,496	22,768			11,729
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	34,496	22,768			11,729
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	384,000	253,440			130,560
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	34,578	22,821			11,757
c. Personal property taxes	\$	2,805	1,851			954
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	468,459	309,183			159,276

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

Rose Haven
9/30/2015

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:				
Total additions for Building Improvements		\$ -		\$ - *
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:				
	See Attached	\$ (2,488)		
Total deletions for Non-Movable Equipment		\$ (2,488)		\$ - **

*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:				
3/19/2015	Payroll System Upgrade - Time Clocks	\$ 1,233	10	\$ 42
3/19/2015	Payroll System Upgrade - Time Clocks	\$ 1,196	10	\$ 41
4/30/2015	Install Wireless Network Controllers	353.5	5	22.15
Total additions for Movable Equipment		\$ 2,783		\$ 105 *
Deletions:				
	See Attached	\$ (40,173)		
Total deletions for Movable Equipment		\$ (40,173)		\$ - **

*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:				
11/3/2014	Oil Tank Installmt (Superior Plus)	\$126.00	10	15.75
12/4/2014	Oil Tank Installmt (Superior Plus)	\$126.00	10	15.75
1/5/2015	Oil Tank Installmt (Superior Plus)	\$126.43	10	4.70
2/2/2015	Oil Tank Installmt (Superior Plus)	\$126.00	10	4.54
3/2/2015	Oil Tank Installmt (Superior Plus)	\$126.00	10	4.39
4/1/2015	Oil Tank Installmt (Superior Plus)	\$126.00	10	4.20
5/1/2015	Oil Tank Installmt (Superior Plus)	\$126.00	10	3.95
6/1/2015	Oil Tank Installmt (Superior Plus)	\$126.00	10	3.60
7/1/2015	Oil Tank Installmt (Superior Plus)	\$126.00	10	3.15
8/3/2015	Oil Tank Installmt (Superior Plus)	\$114.00	10	2.23
Total additions for Leasehold Improvement		\$ 1,248		62.26 *
Deletions:				
	See Attached	\$ (73,430)		
Total deletions for Leasehold Improvement		\$ (73,430)		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Rose Haven

Asset Class	Asset ID	Asset Description	Place in Service Date	Cost Basis
NME-10	0209002	DRYER(INSTALLATION)	6/1/1984	\$105.94
NME-10	0209003	DRYER(PATTERSON PROPANE)	7/1/1984	\$70.80
NME-10	0209007	UNITED (DISHWASHER)	4/1/1991	\$2,311.20
		Total		\$2,487.94
ME-10	0209032	HOSPITAL BED(SPURGAS)	4/1/1983	\$284.87
ME-10	0209031	CURTAINS(SPURGAS)	4/1/1983	\$332.18
ME-10	0209034	SIDE RAILS(SPRUGAS)	5/1/1983	\$427.85
ME-10	0209033	LITCHFIELD CARPET	5/1/1983	\$1,173.80
ME-10	0209035	DRESSER 3 DRAW(SPRUGAS)	6/1/1983	\$171.46
ME-10	0209036	MONITOR(SPRUGAS)	6/1/1983	\$252.94
ME-10	0209038	CRUTCH & MCDONALD	2/1/1984	\$275.00
ME-10	0209039	CHART BOOK,DIVIDERS	4/1/1984	\$812.85
ME-10	0209040	CHAIR 3 POSITIONS	7/1/1984	\$450.00
ME-10	0209043	CHAIRS(SPURGAS)	9/1/1984	\$1,714.63
ME-10	0209044	ICE MAKER(CHRIS)	10/1/1984	\$854.63
ME-10	0209045	DRAPES(BESSIE WALLPAPER)	10/1/1984	\$1,834.30
ME-10	0209047	CARPET(LITCHFIELD CARPET)	1/1/1985	\$278.97
ME-10	0209046	TV(NATIONAL TV)	1/1/1985	\$363.35
ME-10	0209052	TV STAND(NATIONAL TV)	2/1/1985	\$26.88
ME-10	0209049	DRAPES(BESSE PAINT)	2/1/1985	\$110.00
ME-10	0209050	STRETCHER(SPURGAS)	2/1/1985	\$209.61
ME-10	0209051	HOSPITAL BED(CRUTCH)	2/1/1985	\$225.00
ME-10	0209054	CARPET(LITCHFIELD CARPET)	3/1/1985	\$358.23
ME-10	0209055	WASHERS 2(NATIONAL TV)	3/1/1985	\$967.50
ME-10	0209058	FURNITURE(KENTCO)	5/1/1985	\$150.00
ME-10	0209057	FURNITURE(KENTCO)	5/1/1985	\$1,455.00
ME-10	0209059	TV(NATIONAL TV)	6/1/1985	\$537.45
ME-10	0209060	FLOOR MAC & ACC(RO-VIC)	6/1/1985	\$1,270.10
ME-10	0209061	STEREO & TABLE	8/1/1985	\$166.29
ME-10	0209004	DISHWASHER	8/1/1985	\$3,005.05
ME-10	0209063	RO-VIC(VACUUM CLEANER)	9/1/1985	\$196.76
ME-10	0209065	J GROSSMAN	10/1/1985	\$150.00
ME-10	0209066	GLASS TOPS	12/1/1985	\$236.00
ME-10	0209067	MICROWAVE (2)	12/1/1985	\$384.82
ME-10	0209068	COFFEE MAKER(LATOURAINE)	4/1/1986	\$203.18
ME-10	0209069	DISHES(S.E. RYKOFF)	5/1/1986	\$602.86
ME-15	0209106	DOYLE MEDICAL	12/1/1986	\$510.00
ME-15	0209108	DOYLE(RECLINING CHAIR)	3/1/1987	\$543.20
ME-10	0209073	CALDORS(UMBRELLA)	6/1/1987	\$144.02
ME-10	0209074	CALDORS(2ROUND TABLES)	7/1/1987	\$247.23
LHI-5	0209137	LITCHFIELD CARP(CARPET)	8/1/1987	\$1,099.62
ME-5	0209012	OFFICE SYSTEMS(TYPEWRITER)	9/1/1987	\$795.00
ME-5	0209013	TAYLOR (COPIER)	2/1/1988	\$2,687.50

ME-10	0209077	SIMPLEX TIME (TIME CLOCK)	7/1/1988	\$599.13
ME-15	0209109	OMNI (FURNITURE)	8/1/1988	\$1,678.43
ME-15	0209110	OMNI (ADDTNL. FURNITURE)	9/1/1988	\$469.65
ME-10	0209078	NATIONAL TV (FREEZER)	10/1/1988	\$591.25
ME-10	0209082	COOPER (REFRIGERATOR)	6/1/1990	\$604.80
ME-10	0209085	DISCOUNT (CHAIR & FILES)	7/1/1992	\$252.28
ME-10	0209084	DISCOUNT (CHAIRS)	7/1/1992	\$399.68
ME-10	0209086	United(Refrigerator)	12/1/1992	\$4,229.40
ME-5	0209016	SNOWBLOWER (TRUE-VALUE)	10/1/1994	\$1,430.89
ME-5	0209017	AIR CONDITIONER (COOPER)	8/1/1995	\$689.00
ME-5	0209018	AIR CONDITIONER (COOPER)	8/1/1995	\$752.60
ME-5	0209019	MITA COPIER (NORTHEAST COPY)	3/1/1996	\$2,968.00
		Total		\$40,173.24
LHI-20	0209269	ROOF(R&S CONSTRUCTION)	3/1/1983	\$6,700.00
LHI-20	0209270	SHEETROCK(SWITZER,GEORGE)	4/1/1983	\$298.81
LHI-20	0209272	LUCAS PAVING	8/1/1983	\$1,748.19
LHI-20	0209274	SWIFT ALUMINUM	2/1/1984	\$189.00
LHI-20	0209282	LITCHFIELD CARPET	10/1/1984	\$145.13
LHI-20	0209276	GEORGE SWITZER	10/1/1984	\$510.97
LHI-20	0209279	GEORGE SWITZER	10/1/1984	\$606.46
LHI-20	0209278	LITCHFIELD CARPET	10/1/1984	\$1,224.40
LHI-20	0209286	GEO SWITZER	1/1/1985	\$221.60
LHI-20	0209285	ROOF(R&S CONST)	1/1/1985	\$1,950.00
LHI-20	0209289	LITCHFIELD PAINT	2/1/1985	\$38.64
LHI-20	0209290	GEO SWITZER	2/1/1985	\$363.28
LHI-20	0209297	LITCHFIELD PAINT	3/1/1985	\$192.01
LHI-20	0209296	LITCHFIELD CARPET	3/1/1985	\$792.28
LHI-20	0209300	MINER LUMBER	4/1/1985	\$68.38
LHI-20	0209298	BUILDERS HARDWARE	4/1/1985	\$153.99
LHI-20	0209299	L.J.DAIGLE	4/1/1985	\$306.00
LHI-20	0209303	HARMON BROS	4/1/1985	\$345.36
LHI-20	0209307	LITCHFIELD PAINT	4/1/1985	\$361.52
LHI-20	0209312	BANTAM LUMBER CO.	5/1/1985	\$41.04
LHI-20	0209315	LITCHFIELD ALARM CO.	5/1/1985	\$57.35
LHI-20	0209311	CENTRAL LUMBER	5/1/1985	\$71.70
LHI-20	0209321	RS CONSTRUCTION SER	5/1/1985	\$137.00
LHI-20	0209309	MINER LUMBER	5/1/1985	\$144.81
LHI-20	0209314	LITCHFIELD PAINT	5/1/1985	\$229.80
LHI-20	0209310	WALLPAPER(BREWSTER)	5/1/1985	\$236.18
LHI-20	0209316	LITCHFIELD ALARM COMPANY	5/1/1985	\$309.50
LHI-20	0209322	BUILDERS HARDWARE	5/1/1985	\$406.40
LHI-20	0209313	BOON COMMUNICATIONS	5/1/1985	\$452.00
LHI-20	0209319	LITCHFIELD CARPET SHOP	5/1/1985	\$506.33
LHI-10	0209184	CARPET(KENTCO)	5/1/1985	\$11,745.33
LHI-20	0209329	CENTRAL LUMBER	6/1/1985	\$64.00

LHI-20	0209328	LITCHFIELD PAINT & WALL	6/1/1985	\$83.53
LHI-20	0209324	MINER LUMBER	6/1/1985	\$260.23
LHI-20	0209332	GEO SWITZER	7/1/1985	\$21.12
LHI-20	0209336	LITCHFIELD PAINT & WALL	8/1/1985	\$5.05
LHI-20	0209335	LITCHFIELD ELECTRIC	8/1/1985	\$68.80
LHI-20	0209333	RICK ARCHER(WALLPAPER)	8/1/1985	\$350.00
LHI-20	0209334	LITCHFIELD CARPET	8/1/1985	\$370.34
LHI-10	0209187	INDUSTRIAL TIME SYSTEMS	9/1/1986	\$1,584.55
LHI-10	0209193	HENEGHAN (PHONE SYS)	9/1/1992	\$3,763.00
LHI-5	0209146	Benson(Carpet)	2/1/1993	\$356.16
LHI-10	0209201	Crestwood(Pave Parking Lot)	8/1/1994	\$3,725.00
LHI-10	0209202	Crestwood(Pave Parking Lot)	8/1/1994	\$1,045.00
LHI-10	0209189	LUCAS PAVING (PAVE DRIVEWAY)	1/1/1992	\$14,840.00
LHI-10	0209190	LUCAS PAVING (PAVE DRIVEWAY)	1/1/1992	\$14,840.00
LHI-10	0209191	COLONIAL L(PAVING)	4/1/1992	\$1,500.00
			Total	\$73,430.24

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Rose Haven			1036-C		9/30/2015			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,010,148	726,746	A		34,434	
2. Disposals (attach schedule)				(73,430)	(73,430)				
3. Acquired during this report period (attach schedule)				1,248				62	
C-4. Subtotal									34,496
D. Total Amortization									34,496

* 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 Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" 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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		40		
6. Square Footage		13,943		
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed	See Attached			
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.

CT Medicaid Cost Report Attachment Page 25

		Original Mortgage
A.	Type of Financing (e.g	Fixed
B.	Date of Mortgage Obt	4/11/2008
C.	Interest Rate For the C	6.44%
D.	Term of Mortgage (nu	7 Yrs.
E.	Amount of Principal B	119,500,000
F.	Principal Balance Outs	100,562,320

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.
Rose Haven, Ltd.
Mary Elizabeth Nursing Center, Inc.
Fowler Nursing Center, Inc.
Waterbury Extended Care Facility, Inc.
Harbor View Nursing Center, Inc.
Liberty Hall Nursing Center
Orchard Grove Specialty Care
Wolcott Hall Nursing Center, Inc.
Hewitt Health and Rehabilitation Center, Inc.
Watrous Nursing Center
Elm Hill Nursing Center, Inc.
Gardner Heights Health Care Center, Inc.
Shelton lakes Health Care Center, Inc.
Highview Health Care Center, Inc.
Westfield Manor Health Care Center, Inc.
TA Coccomo Memorial
Plainville Health Care Center, Inc.
Ledgercrest Health Care Center, Inc.
Ridgeview Health Care Center, Inc.
The Kent, Ltd.
Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.
The Clipper Home, Inc.

6 Month extension

extension to 10/13/15

2.08%

6 month

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

Name of Facility Rose Haven		License No. 1036-C	Report for Year Ended 9/30/2015			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home		
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 Rose Haven		License No. 1036-C		Report for Year Ended 9/30/2015		Page 27 37	
Item				Total	CCNH	RHNS	Residential Care Home
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 on Term Note/Tax Collector				\$	2,968	2,968	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	2,968	2,968	
14. Insurance							
a. Insurance on Property (buildings only)				\$	33,212	21,920	11,292
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (<i>Blanket Coverage</i>)				\$			
2. Fire and Extended Coverage				\$			
3. Other (<i>Specify</i>)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	33,212	21,920	11,292
15. Total All Expenditures (A-13 thru C-14)				\$	4,273,309	3,436,627	836,681

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Rose Haven				1036-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
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	\$ 198,736	198,736		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 73,059	73,059		
10.	15	1d/e	Accounting & Legal	\$ 1,937	1,240		697
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.	16	m2/3	Unallowable Advertising *	\$ 11,858	7,708		4,150
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 50	33		17
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,335	9,968		5,367
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 150	150		
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)				\$ 301,125	290,893		10,232

* 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	Residential Care Home
10	12m	Social Service/Marketing			
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8	Medical Director (if no hours to support expense)			
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Corporate Fee - Non Reimburable	\$ 6,780		\$ 3,651
16	1.3	Employee Recognition/Gifts/Parties	\$ 1,970		\$ 1,061
16	8a	Chamber of Commerce	\$ 576		\$ 310
16	m13	Bank Charges	\$ -		\$ -
16	m13	Resident Expenses	\$ -		\$ -
16	m13	Account Write Off	\$ 642		\$ 346
Total Other A&G Adjustments			\$ 9,968	\$ -	\$ 5,367

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

Name of Facility				License No.	Report for Year Ended	Page	of
Rose Haven				1036-C	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 301,125	290,893		10,232
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 156,589	156,589		
28.	16	L1	Ambulance/Limousine	\$ 7,376	7,376		
29.	20	h	X-rays, etc	\$ 18,632	18,632		
30.	20	f	Laboratory	\$ 8,244	8,244		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 13,266	13,266		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,011	1,011		
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	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 2,967	2,967		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 509,211	498,979		10,232

*** 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.

Rose Haven
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	IV Therapy Supplies	\$ 1,011		
20	5j	Rehab Service Supplies	\$ -		
Total Other Ancillary Costs			\$ 1,011	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	12D	Interest on Term Note	\$ 1,826		
27	12D	Interest on Property Tax	\$ 1,141		
Total Other Adjustments			\$ 2,967	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Rose Haven	1036-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 1,289,289	742,797		546,492		
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>)	\$ 1,414,297	1,414,297				
b. Medicare Room and Board Contractual Allowance **	\$ 502,469	502,469				
4. a. Private-Pay Residents and Other	\$ 535,923	535,923				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 131,298	131,298				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (131,298)	(131,298)				
c. Prescription Drugs - Non-Medicare	\$ 17,568	17,568				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (17,568)	(17,568)				
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	\$ 378,771	378,771				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (345,549)	(345,549)				
c. Physical Therapy - Non-Medicare	\$ 34,650	34,650				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (34,650)	(34,650)				
4. a. Speech Therapy - Medicare	\$ 27,091	27,091				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (19,710)	(19,710)				
c. Speech Therapy - Non-Medicare	\$ 1,575	1,575				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (1,575)	(1,575)				
5. a. Occupational Therapy - Medicare	\$ 498,331	498,331				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (452,329)	(452,329)				
c. Occupational Therapy - Non-Medicare	\$ 41,400	41,400				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (41,400)	(41,400)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 3,828,583	3,282,091		546,492		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 150	150				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 31	31				
V. Total Other Revenue (1 thru 8)	\$ 181	181				
VI. Total All Revenue (III +V)	\$ 3,828,764	3,282,272		546,492		

* 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	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
30 IV5	Interest Income	650,814	\$ -		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Pg. 30	Rebates	\$ 30		
Pg. 30	User Fee Adjustment	\$ 1		
Total Other Revenue		\$ 31	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Rose Haven	1036-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	200
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	650,814
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	14,225
5. Prepaid Expenses			\$	22,884
a. Prepaid Insurance	2,993			
b. Prepaid Property Tax	10,595			
c. Prepaid Other	9,296			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	84,763
Due Affiliate (Debit Balance)	84,763			
A-9. Total Current Assets (Lines A1 thru 8)			\$	772,886
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>937,966</u>		\$	250,154
	Accum. Depreciation <u>687,812</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>52,707</u>		\$	35,436
	Accum. Depreciation <u>17,271</u>	Net		
6. Movable Equipment	*Historical Cost <u>212,694</u>		\$	29,073
	Accum. Depreciation <u>183,621</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	15,985
Construction in Progress	8,131			
Fixed Asset Clearing Account	7,854			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	330,648

* 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 Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	1,103,535
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>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	

7. Other Assets (<i>itemize</i>)			\$	1,400
Capitalized Refinance Expense		1,400		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,400
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,104,935

* 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 Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 153,401
2. Notes Payable (<i>itemize</i>)				\$

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>)				\$ 53,535
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 13,821
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>)				\$ 219,352
Accrued PTO	71,347	Accrued Worker's Comp	76,045	
Accrued Pension	2,082	Accrued Professional Fee	2,678	
Accrued Expense Other	47,178	Exchange	15,412	
Payroll W/H	3,084	Exchange - Arlene Sheeh	1,525	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 440,109

* 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 Rose Haven		License No. 1036-C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				440,109	
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>)				\$ 1,119,962	
Name and Address of Lender	Amount	Loan Date			
Brian J. Foley	1,119,962	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
Security Deposit					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 1,119,962	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,560,071	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Rose Haven	1036-C	9/30/2015	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			\$	2,972,245
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,983,837)
6. Gain or Loss for Period			\$	(444,544)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(455,136)
C. Total Reserves and Net Worth			\$	(455,136)
D. Total Liabilities, Reserves, and Net Worth			\$	1,104,935

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of		
Rose Haven		1036-C	9/30/2015	36	37		
Account			Amount				
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			\$	(458,504)		
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	3,828,764		
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	4,273,309		
D.	Net Income or Deficit			\$	(444,544)		
E.	Balance			\$	(903,048)		
F.	Additions						
	1. Additional Capital Contributed (<i>itemize</i>)						
	Brian Foley	450,000					
	2. Other (<i>itemize</i>)						
F-3.	Total Additions					\$	450,000
G.	Deductions						
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	2,088		
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount				
	Brian Foley	President	2,088				
	2. Other Withdrawings (<i>Specify</i>)			\$			
	Purpose	Amount					
	3. Total Deductions			\$	2,088		
H.	Balance at End of Period		09/30/15	\$	(455,136)		

I. Preparer's/Reviewer's Certification

Name of Facility Rose Haven	License No. 1036-C	Report for Year Ended 9/30/2015	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"/> Residential Care Home		
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				
Robert Gwizdak				
Address Address			Phone Number	
21 Waterville Road Avon, CT 06001			(860) 470-7535	

Error Check

Level	Item	Reported as	
	Page 24 - Historical Cost of Leasehold Imp.	937,966	is inconsistent with Page 31 937,966
	Page 24 - Accumulated Amort. of Leasehold Imp.	687,812	is inconsistent with Page 31 687,812
-	Page 35 - Total Liabilities, Reserves and Net Worth	1,104,935	Total Assets 1,104,935