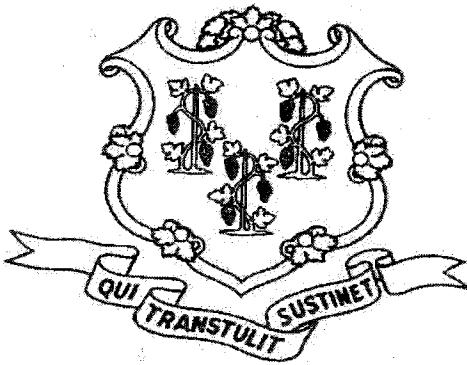


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed)

Middlebury Convalescent Home, Inc.

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

778 Middlebury Road, Middlebury, CT 06762

Type of Facility

Chronic and Convalescent

Rest Home with Nursing

Nursing Home only  
(CCNH)

Supervision only  
(RHNS)

(Specify)

Report for Year Beginning

10/1/2018

Report for Year Ending

9/30/2019

License Numbers:	CCNH 207047	RHNS	(Specify)	Medicare Provider 07-5146
------------------	----------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 7047	RHNS	ICF-IID
----------------------------	--------------	------	---------

### For Department Use Only

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

# Table of Contents

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

### General Information

Name of Facility (as licensed) Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 1	of 37
--	-----------------------	------------------------------------	-----------	----------

### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Middlebury Convalescent Home, Inc. [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, 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.

*Subject to Audit Review*

Signed (Administrator)	Date	Signed (Owner)	Date	
Printed Name (Administrator) Jeanine Hammitt		Printed Name (Owner) Various, see page 3A		
Subscribed and Sworn to before me:	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**

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Middlebury Convalescent Home, Inc.	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 778 Middlebury Road, Middlebury, CT 06762				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/2/2019		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (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) 758-2471		Report for Year Ended 9/30/2019		Page 2	of 37
Name of Facility (as shown on license) Middlebury Convalescent Home, Inc.		Address (No. & Street, City, State, Zip) 778 Middlebury Road, Middlebury, CT 06762			
License Numbers:	CCNH 207047	RHNS	(Specify)	Medicare Provider No. 07-5146	
Type of Facility (Check appropriate box(es))					
<input checked="" 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)	
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.	
N/A					
<b>Administrator</b>					
Name of Administrator Jeanine Hammitt			Nursing Home Administrator's License No.:		001761
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name N/A			License No.:		

# **General Information and Questionnaire**

## **Partners/Members**

**General Information and Questionnaire**  
**Corporate Owners**

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page of 3A   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	
Middlebury Convalescent Home, Inc.	778 Middlebury Road, Middlebury, CT 06762	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
See attached page 3A1			
Names of Stockholders Owning at Least 10% of Shares			
See attached page 3A1			

**Middlebury Convalescent Home, Inc.**

Schedule 3A1

<b>Total Retained Earnings ShareHolders</b>	<b>Owned Shares</b>	<b>Equity Ratio of</b>
Grace Nardiello	160	11.64%
Carol Horan	84	6.11%
Harold Horan III	83	6.04%
The Estate of Jean White	84	6.11%
Bryna Potsdam	285	20.73%
Linda Kaplan	164	11.93%
Elaine Dabbo	69	5.02%
Estate of Helaine Doherty	114	8.29%
Helen Fassett	171	12.44%
Jeanine Hammitt	35	2.55%
Carin Peterson	126	9.16%
	<b><u>1375</u></b>	<b><u>100.00%</u></b>

**General Information and Questionnaire**  
**Individual Proprietorship**

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page of 3B   37
--	-----------------------	------------------------------------	--------------------

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

# General Information and Questionnaire Related Parties\*

- \* Use additional sheets if necessary.
- \*\* Provide the ~~noncontiguous~~ amount of

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 5	of 37
--	-----------------------	------------------------------------	-----------	----------

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

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

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

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

N/A

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.

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.

Is a Mileage Log Book Maintained for All Leased Vehicles?

\* 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 Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 7	of 37
--	-----------------------	------------------------------------	-----------	----------

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

⊕ Accrual      ○ Cash      ○ Modified Cash

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

N/A

### **Independent Accounting Firm**

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

**Services Provided by This Firm (*describe fully*)**

1	Compilation, tax preparations, cost report preparation, reimbursement consulting, month end review	\$ 23,646
2		\$
3		\$
4		\$
		Charge for Services Provided
		\$ 23,646

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

Yes  No

## **Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina LLP	860-240-6000
2 LeClairRyan	203-672-3200
3	
4	
5	

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

1 185 Asylum Street, Hartford, CT 06103  
2 545 Long Wharf Dr, New Haven, CT 06511  
3  
4  
5

**Services Provided by This Firm (*describe fully*)**

1	Review facility nursing issues, PRN orders, nursing/employment/handbook, survey, IDR issues, Unemployment issues	\$	9,470
2	Informal Dispute Resolution Process	\$	2,458
3		\$	
4		\$	
5		\$	
		Charge for Services Provided	
		\$	11,928

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

Yes       No

**Schedule of Resident Statistics**

Name of Facility	License No. 207047	Report for Year Ended 9/30/2019						Report for Year Ended 9/30/2019		
		Period 10/1 Thru 6/30			Period 7/1 Thru 9/30			Total	CCNH (Specify)	RHNS
		Total	CCNH (Specify)	RHNS	Total	CCNH	RHNS			
1. Certified Bed Capacity		Total All Levels	Total CCNH Level	Total RHNS Level	Total	CCNH	RHNS	Total	CCNH (Specify)	RHNS (Specify)
A. On last day of PREVIOUS report period	58	58			58	58				58
B. On last day of THIS report period	58	58			58	58				58
2. Number of Residents										
A. As of midnight of PREVIOUS report period	54	54			54	54				57
B. As of midnight of THIS report period	55	55			57	57				55
3. Total Number of Days Care Provided During Period										
A. Medicare	2,061	2,061			1,720	1,720				341
B. Medicaid (Conn.)	11,934	11,934			8,828	8,828				3,106
C. Medicaid (other states)										
D. Private Pay	5,869	5,869			4,147	4,147				1,722
E. State SSI for RCH										
F. Other (Specify) Managed Care / Commercial	26	26			26	26				
G. Total Care Days During Period (3A thru F)	19,890	19,890			14,721	14,721				5,169
Total Number of Days Not Included in Figures in 3G										
4. for Which Revenue Was Received for Reserved Beds										
A. Medicaid Bed Reserve Days										
B. Other Bed Reserve Days										
<b>5. Total Resident Days (3G + 4A + 4B)</b>	<b>19,890</b>	<b>19,890</b>			<b>14,721</b>	<b>14,721</b>				<b>5,169</b>

## Schedule of Resident Statistics (Cont'd)

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 9	of 37
--	-----------------------	------------------------------------	-----------	----------

4. Were there any changes in the certified bed capacity during the report year?

 Yes 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)					

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.

1st change	Change in Resident Days			CCNH	RHNS	(Specify)
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	3	32		20				
Per Diem Rate								
a. One bed rm.	Various	228.14		385.00				
b. Two bed rms.	Various	228.14		360.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B

TOTAL CCNH RHNS (Specify)

3,596 3,596

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

3,036 3,036

D. Total Physical Therapy Treatments

6,632 6,632

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B

522 522

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

278 278

D. Total Speech Therapy Treatments

800 800

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B

5,055 5,055

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

3,120 3,120

D. Total Occupational Therapy Treatments

8,175 8,175

## Report of Expenditures - Salaries &amp; Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
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)	86,957	2,041			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	154,163	5,984			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor	68,701	2,143			
c. Dietary Workers	200,849	14,694			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	217,049	14,313			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	153,739	6,551			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers					
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	91,353	2,114			
b. RN					
1. Direct Care	355,530	9,422			
2. Administrative**	240,490	6,564			
c. LPN					
1. Direct Care	419,670	15,747			
2. Administrative**					
d. Aides and Attendants	954,210	57,618			
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	124,757	6,658			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	117,374	3,772			
n. Marketing					
o. Other (Specify)					
See Attached Schedule					
A-13. Total Salary Expenditures	3,184,842	147,621			

\* 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)**

**Schedule of Other Fees (Page 13)**

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

\* 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	
Middlebury Convalescent Home, Inc.		207047		9/30/2019		12 37	
Name	CCNH	Salary Paid	Fringe Benefits and/or Other Payments (describe fully)	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked
<b>Section III - Administrators**</b>							
Jeanine Hammitt	86,957	Non Discrim	Administrator	2,041	A2		
<b>Section IV - Assistant Administrators</b>							

\*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 Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019		Page 13	of 37
Item	Total Cost and Hours				
	CCNH	Hours	RHNS	Hours	(Specify)
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>					
1. Dietitian	17,547	351			
2. Dentist	300	3			
3. Pharmacist	7,200	72			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	171,540	2,346			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	70,700	510			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	45,058	611			
b. Other					
10. Occupational Therapist					
a. Resident Care	224,864	2,785			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	47,474	740			
2. Administrative***					
b. LPN					
1. Direct Care	45,073	1,099			
2. Administrative***					
c. Aides	57,426	2,735			
d. Other					
12. Other (Specify)					
See Attached Schedule	2,393	28			
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>689,575</b>	<b>11,280</b>			

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

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

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

## Report of Expenditures

\* 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
		9/30/2019		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	101,641	101,641		
2. Disability Insurance	\$				
3. Unemployment Insurance	\$	40,761	40,761		
4. Social Security (F.I.C.A.)	\$	239,161	239,161		
5. Health Insurance	\$	88,809	88,809		
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$				
9. Other (Specify) See Attached Schedule	\$	61	61		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$	846	846		
d. Accounting and Auditing	\$	23,646	23,646		
e. Legal (Services should be fully described on Page 7)	\$	11,928	11,928		
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$	27,664	27,664		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	11,512	11,512		
2. Cellular Phones	\$				
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$	17,830	17,830		
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$	374,883	374,883		
<b>Subtotal</b>	\$	<b>938,742</b>	<b>938,742</b>		

\* 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**

Attachment Page 15

## **Schedule of Other Employee Benefits**

## Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
<b>Total</b>	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -

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

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
<b><i>Subtotals Brought Forward:</i></b>		<b>938,742</b>	<b>938,742</b>		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	21,380	21,380		
4. Employee Travel	\$	688	688		
5. Education Expenses Related to Seminars and Conventions	\$	3,467	3,467		
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> )	\$	6,006	6,006		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	18,951	18,951		
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	\$				
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	5,575	5,575		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
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> )	\$	47,282	47,282		
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	30,733	30,733		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	<b>1,072,824</b>	<b>1,072,824</b>		

\* 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)
	0		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
	0		
Promotional Advertising	\$ 18,951		
<b>Total Other Advertising</b>	<b>\$ 18,951</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
	0		
Connecticut Association of Health Care Facilities	\$ 5,575		
<b>Total Dues</b>	<b>\$ 5,575</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
	0		
Licenses and Fees	\$ 13,253		
Professional Consulting Fees	\$ 1,827		
Celebration Team Expense	\$ 3,218		
Directors Fees	\$ 12,435		
<b>Total Other Administrative and General</b>	<b>\$ 30,733</b>	<b>\$ -</b>	<b>\$ -</b>

State of Connecticut

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

CSP-17 Rev. 10/97

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

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 17   37 of
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 Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019		Page 18   37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 111,943	111,943		
2. Non-Food Supplies	\$ 12,981	12,981		
3. Other (Specify) _____	\$ _____			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 4,339	4,339		
c. Other (Specify) _____	\$ _____			
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	<b>\$ 129,263</b>	<b>129,263</b>		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected 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)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. 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 Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019		Page 19	of 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. \$	1,915	1,915		
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 ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$	37,527	37,527		
c. Other (Specify)	\$				
<b>3D. Total Laundry Expenditures (3a + b + c )</b>	<b>\$</b>	<b>39,442</b>	<b>39,442</b>		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. 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 3D.

\*\*\* 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 Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt. \$	41,749	41,749		
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )					
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other (Specify)	\$				
<b>4D. Total Housekeeping Expenditures (4a + b + c )</b>	\$	<b>41,749</b>	<b>41,749</b>		
5. Resident Care (Supplies)**					
a. Prescription Drugs***	\$				
1. Own Pharmacy	\$				
2. Purchased from	\$	62,551	62,551		
b. Medicine Cabinet Drugs	\$	163,470	163,470		
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$				
e. Oxygen	\$				
1. For Emergency Use	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$	4,923	4,923		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	7,905	7,905		
i. Recreation	\$	27,349	27,349		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)****	\$	17,537	17,537		
See Attached Schedule					
<b>5M. Total Resident Care Expenditures (5a - 5j)</b>	\$	<b>283,735</b>	<b>283,735</b>		

\* 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**

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

\* 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 Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	16,722	16,722			
b. Heat	\$	34,235	34,235			
c. Light & Power	\$	45,404	45,404			
d. Water	\$	43,236	43,236			
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$	5,589	5,589			
f. Other ( <i>itemize</i> )	\$	41,020	41,020			
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$	186,206	186,206			
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$	10,144	10,144			
b. Building & Building Improvements	\$	59,655	59,655			
c. Non-Movable Equipment	\$	5,134	5,134			
d. Movable Equipment	\$	34,906	34,906			
*7e. <b>Total Depreciation Costs (7a + b + c + d)</b>	\$	109,839	109,839			
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs (8a + b + c + d)</b>	\$					
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	\$	69,172	69,172			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. <b>Total Property Expenses (7e + 8e + 9 + 10)</b>	\$	179,011	179,011			

\* 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)
	0		
Daly MJ	\$ 2,875		
Master Security	\$ 865		
Action Scale	\$ 104		
Pro Care	\$ 926		
Heritage System	\$ 1,133		
USA Hauling	\$ 15,631		
Family Pest	\$ 1,000		
Arbor Energy	\$ 1,219		
Stericycle	\$ 3,892		
Croker Fire Drill Co.	\$ 1,452		
Comcast	\$ 45		
Goodhill Contactors	\$ 7,274		
Schmidt Electric	\$ 1,900		
BT Lindsay	\$ 199		
Huntington	\$ 1,737		
Naug Window	\$ 546		
Sysco Conn	\$ 156		
Ramadan Dauti Weise Tree	\$ 66		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 41,020</b>	<b>\$ -</b>	<b>\$ -</b>

**Depreciation Schedule**

Name of Facility Middlebury Convalescent Home, Inc.		License No. 207047		Report for Year Ended 9/30/2019				Page 23		of 37	
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>											
1. Acquired prior to this report period		254,301		254,301	141,115	S/L	Various	10,144			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
<b>A-4. Subtotal</b>									10,144		
<b>B. Building and Building Improvements</b>											
1. Acquired prior to this report period		2,461,705		2,461,705	1,587,326	S/L	Various	59,655			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
<b>B-4. Subtotal</b>									59,655		
<b>C. Non-Movable Equipment</b>											
1. Acquired prior to this report period		213,837		213,837	184,758	S/L	Various	4,824			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)		7,265		7,265		S/L	Various	310			
<b>C-4. Subtotal</b>									5,134		
		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			
		Yes	No	Month	Year						
<b>D. Movable Equipment</b>											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a.											
b.											
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period		Var	Var	382,751	382,751	(8,137)	(8,137)	254,273	S/L	Various	32,543
b. Disposals (attach schedule)		Var	Var						S/L	Various	
c. Acquired during this report period (attach schedule)		Var	Var	11,957	11,957				S/L	Various	2,363
<b>D-3. Subtotal</b>											
<b>E. Total Depreciation</b>									34,906		
									109,839		

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

**\*Ties to Page 23, Line A3**

**\*\*Ties to Page 23, Line A2**

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

**\*Ties to Page 23, Line B3**

**\*\*Ties to Page 23, Line B2**

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

**\*Ties to Page 23, Line C3**

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
10/22/2018	Floor Washer	6,441		\$ 1,181
7/31/2019	Chair Scale	700		\$ 35
8/31/2019	New Reclining Bed Chair	1,076		36
11/1/2018	Optiplex 7050	1,120		342
11/1/2018	Optiplex 7050 dell 24" monitor	1,490		455
12/31/2018	OptiPlex 7050 Mini Tower	1,130		314
<b>Total additions for Movable Equipment</b>		<b>\$ 11,957</b>		<b>\$ 2,363</b> *
<b>Deletions:</b>				
10/31/2018	Auto Scrub STD	\$ (4,005)		
5/31/2019	4 Geri Chairs Position 3574	\$ (1,946)		
11/1/2018	Computers, DNS and SS	(2,186)		
<b>Total deletions for Movable Equipment</b>		<b>\$ (8,137)</b>		<b>\$ -</b> **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

## Amortization Schedule\*

Name of Facility Middlebury Convalescent Home, Inc.		License No. 207047		Report for Year Ended 9/30/2019		Report for Year Ended 9/30/2019		Page 24		Page of 37	
		Date of Acquisition		Length of Amortization		Cost to Be Amortized		Accumulated Amort. to Beginning of Year's Operations		Basis for Computing Amortization**	
Item	Month	Year	Month	Year	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate % for This Year	Amortization for This Year	Totals
<b>A. Organization Expense</b>											
1.											
2.											
3.											
<b>A-4. Subtotal</b>											
<b>B. Mortgage Expense</b>											
1.											
2.											
3.											
<b>B-4. Subtotal</b>											
<b>C. Leasehold Improvements and Other</b>											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
<b>C-4. Subtotal</b>											
<b>D. Total Amortization</b>											

\* Straight-line method must be used.

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

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

1 chest of Draw	9/30/2010	(318)	(318)	SL		(318)	-	(318)	-
5 Chest of Draw	11/15/2010	(2,172)	(2,172)	SL		(2,172)	-	(2,172)	-
5 plm chairs	2/11/2009	(667)	(667)	SL		(667)	-	(667)	-
<b>2010 Additions</b>									
Floor Washer	10/22/2010	6,442	6,442	SL		1,181	1,181	5,261	
Chair Scale	7/31/2010	700	700	SL		35	35	605	
New Reclining Bed Chair	8/31/2010	1,076	1,076	SL		36	36	1,040	
<b>2010 Disposals</b>									
Auto Scrub STD	10/31/2010	(4,004)	(4,004)	SL				(4,004)	
4 Cen Chairs 3 position 3574	5/31/2010	(1,946)	(1,946)	SL				(1,946)	
		<b>Total</b>	<b>372,468</b>	<b>346,387</b>		<b>30,163</b>	<b>220,406</b>	<b>30,871</b>	<b>261,371</b>
									<b>95,516</b>
<b>Comments</b>									
Adjusted prior		30,491	30,491	SL	Vari	30,491		30,491	-
2010 Acquisitions									
2 Offices Computers	1/1/2008	3,350							
Stainless - Gary's Cell	8/31/2008	530							
<b>Adjustment for Prior Period</b>									
<b>2010 Acquisitions</b>									
Computer for Athes	7/17/2010	529							
<b>2010 Disposals</b>									
200 mhz Pentium Service	3/12/1998	(1,897)	(1,897)			(1,897)		(1,897)	-
200 mhz Main Board MDS Project	3/17/1998	(4,881)	(4,881)			(4,881)		(4,881)	-
<b>2011 Acquisitions</b>									
DNS Computer	10/21/2010	1,138	1,138	SL	5	1,138	-	1,138	-
Acct Computer	11/17/2010	1,138	1,138	SL	5	1,138	-	1,138	-
<b>2011 Disposals</b>									
A D N Office Computer	12/20/2001	(1,006)	(1,006)			(1,006)		(1,006)	-
<b>2012 Additions</b>									
Joanne PC	9/29/2012	1,143	1,143	SL	5	1,143		1,143	
<b>2013 Additions</b>									
Server Upgrade	4/20/2013	9,837	9,837	SL	5	985	9,837	9,837	
Printserver Computer	6/20/2013	1,262	1,262	SL	5	168	1,262	1,262	
Social Services Laptop	9/1/2013	1,062	1,062	SL	5	1,062	1,062	1,062	
Katherine Laptop	9/30/2013	917	917	SL	3	917	917	917	
<b>2013 Disposals</b>									
Net Computer - Joe's Office	2/7/2003	(1,070)	(1,070)			(1,070)		(1,070)	-
HP Laserjet Printer - Joe's Office	8/5/2002	(1,180)	(1,180)			(1,180)		(1,180)	-
1 RCH Computer System, Lorene's	1/21/2003	(1,087)	(1,087)			(1,087)		(1,087)	-
File Server and Network Upgrades	10/29/2004	(9,371)	(9,371)			(9,371)		(9,371)	-
<b>2014 Additions</b>									
2 Computers Dietary	10/5/2011	1,808	1,808	SL	5	361	1,808	1,808	
<b>2014 Disposals</b>									
Unidentified Variance with assets prior to 2009		(1,504)	-	SL	N/A	-	-	-	-
<b>2015 Additions</b>									
2 HP Pavilion 15" Refurb Laptops	10/28/2014	645	645	SL	3	645		645	
Cisco Wireless / Sonicwall Secure Router	3/31/2015	1,227	1,227	SL	5	245	980	245	1,225
1 HP Pavilion 23"t Laptop	6/23/2015	645	645	SL	3	645		645	
2 HP Pavilion 15" Refreshed Laptops	8/20/2015	540	540	SL	3	540		540	
<b>2015 Disposals</b>									
1 Del Computer 3200 Computer w/ printer	12/15/2015	910	910	SL	3	303	909	1	910
Wash Scale - Wall Mount Kiosk	4/16/2015	890	890	SL	3	206	890	890	
HP File Server	5/1/2016	5,736	5,736	SL	5	1,147	3,441	1,147	4,595
Computer - RTG	8/1/2016	1,105	1,105	SL	3	369	1,104	1	1,105
Computer - Julia	9/1/2015	1,045	1,045	SL	3	348	1,044	1	1,045
<b>2016 Additions</b>									
1 Del Computer 3200 Computer w/ printer									
Wash Scale - Wall Mount Kiosk									
HP File Server									
Computer - RTG									
Computer - Julia									
<b>2016 Disposals</b>									
Office Computer - Chris	5/5/2001	(1,186)	(1,186)	SL	3	-	(1,186)	-	(1,186)
2 Office Computers	1/9/2001	(2,358)	(2,358)	SL	5	-	(2,358)	-	(2,358)
Compaq Computer for Athes-Mary B	7/11/2010	(529)	-	SL	3	-	-	-	-
DNS Computer	10/21/2010	(1,138)	(1,138)	SL	5	-	(1,138)	-	(1,138)
C/R Adjustment									
<b>2017 Additions</b>									
Chris Computer - ( Asantho)	11/30/2016	1,938	1,938	SL	3	646	1,292	646	1,938
<b>2017 Disposals</b>									
Acct Computer	5/31/2017	(1,136)	(1,136)	SL	5	-	(1,136)	-	(1,136)
<b>2018 Additions</b>									
Admissions	4/18/2018	1,200	1,200	SL	3	420	420	420	420
MDS	9/30/2018	1,930	1,930	SL	3	563	363	720	364
<b>2018 Disposals</b>									
Computer - Amade	10/5/2011	(904)	(904)	SL	5	-	(904)	-	(904)
<b>2019 Additions</b>									
Optiplex 7050	11/1/2018	1,120	1,120	SL	3	-	342	342	778
Optiplex 7050 dell 24" monitor	11/1/2018	1,490	1,490	SL	3	-	455	455	1,035
OptiPlex 7050 Mini Tower	12/31/2018	1,130	1,130	SL	3	-	314	314	816
<b>2019 Disposals</b>									
Computer, DNS and SS	11/1/2018	(2,186)	(2,186)	SL	5	-	(2,186)	-	(2,186)
		<b>Total</b>	<b>41,569</b>	<b>40,188</b>			<b>5,650</b>	<b>33,874</b>	<b>3,335</b>
									<b>37,809</b>
									<b>2,377</b>
									<b>35,803</b>
									<b>254,274</b>
									<b>34,806</b>
									<b>288,180</b>
									<b>87,392</b>
		<b>Grand Total</b>	<b>3,354,882</b>	<b>3,323,579</b>			<b>116,247</b>	<b>2,167,474</b>	<b>109,839</b>
									<b>2,277,312</b>
									<b>1,046,367</b>
		<b>Assets per Trial balance</b>	<b>3,354,882</b>	<b>3,354,882</b>			<b>121,540</b>	<b>2,053,833</b>	<b>1,301,049</b>
		<b>Variance</b>	<b>0</b>	<b>(31,203)</b>	<b>(b)</b>		<b>116,247</b>	<b>2,167,474</b>	<b>(11,701)</b>
									<b>223,473</b>
									<b>(254,682)</b>
									<b>(c)</b>

Page 31,Line B9 254,682 /c/  
Page 31, Line B9 19 Rounding variance from C/R schedule due to rounding

Page 38, Line F1 11,701 /d/

(a) Amounts tie to page 23 of the cost report without exception.

(b) Variance is due to assets below the \$2,500 threshold for depreciation

(c) F/S vs C/R NBV

(d) F/S vs C/R Depreciation Expense

(e) Disposals are not part of cost to be depreciated column and will not be listed on the cost report as a disposal in order to tie to the schedule

(f) Amounts tie to prior year cost report.

Middlebury Conv, Home  
Depreciation Schedule  
September 30, 2019  
Property

	Date Acquired	Hist. Costs	Cost to Be Deprc.	Method	Life**	2018 Deprc.	Py 2018	[a] 2019	[a] 2019	Accum.	Accum.	NBV
<b>Land Improvements</b>												
Acquired prior		212,251	212,251	SL	Var	3,654	206,491	3,654	210,345	1,906		
2009 Acquisitions												
Landscape Design & New Plants	6/30/2009	3,256	3,256	SL	8		3,256		3,256			
2010 Acquisition												
Chain Link Fence w/ Gates	9/20/2010	656										
Pavers	9/24/2010	6,927	6,927	SL	8		6,927		6,927			
2012 Acquisition												
Driveway Improvements	11/19/2011	4,788	4,788	SL	15	319	2,207	319	2,526	2,260		
2014 Acquisitions												
Parking Improvements	7/8/2014	15,332	15,332	SL	20	767	3,634	767	4,601	10,731		
Drainage Improvements	7/8/2014	6,383	6,383	SL	15	559	2,795	559	3,354	5,034		
2017 Acquisitions												
Front Sidewalks - American Heritage	4/30/2017	9,697	9,697	SL	20	500	1,000	500	1,500	8,497		
2018 Acquisitions												
S&S Asphalt - New Driveway	10/31/2017	82,904	82,904	SL	20	4,145	4,145	4,145	8,290	74,614		
2018 Disposals												
1997 Driveway	1/1/1997	(69,540)	(69,540)				(69,540)		(69,540)			
		<b>Total</b>	<b>254,988</b>	<b>254,988</b>			<b>10,144</b>	<b>141,115</b>	<b>10,144</b>	<b>181,259</b>	<b>103,042</b>	
<b>Building and Building Improvements</b>												
Acquired prior (Building Impr.)		452,993	452,993	SL	Var		452,993		452,993			
Door replacement	9/30/2006	16,556	16,556	SL	10	1,104	13,687	1,104	14,791	1,795		
Sprinkler Installation	9/30/2006	349,235	349,235	SL	5		349,235					
2007 Acquisition												
Pipe replacement	1/23/2007	4,788	4,788	SL	25	162	2,303	162	2,405	2,303		
Fire alarm	4/22/2007	3,425	3,425	SL	10		3,425		3,425			
Driveway	6/31/2007	50,043	50,043	SL	15	4,463	50,043	4,463	50,017	6,925		
Walls/Doors & Handrails	9/31/2007	84,867	84,867	SL	5		84,867		84,867			
Electrical Upgrades	9/31/2007	58,484	58,484	SL	15	3,898	48,772	3,898	50,670	7,794		
Computer Electrical	6/31/2007	65,065	65,065	SL	20	3,303	39,636	1,703	42,941	23,124		
Ceiling Electrical	9/31/2007	17,772	17,772	SL	10		17,772		17,772			
Competing Front Lobby	8/31/2007	8,957	8,957	SL	5		8,957		8,957			
Wallcovering & Painting	9/31/2007	41,030	41,030	SL	5		41,030		41,030			
3 Sprinklers & Extension of lines	9/31/2007	10,246	10,246	SL	25	426	5,111	426	5,537	5,110		
Asbestos Removal (During Sprinkler Install)	9/31/2007	142,781	142,781	SL	5		142,781					
2007 Current Year Disposal												
Depose of Assets		(1,491)	(1,491)				(1,491)		(1,491)			
2008 Acquisition												
Glass sliding front door	11/13/2007	11,287	11,287	SL	10		11,287		11,287			
Credit for paving street for sprinkler	1/11/2008	(11,206)	(11,206)	SL	5	2,241	(11,206)		(11,206)			
Portion of recreation room placed into service	9/30/2008	206,758	206,758	SL	25	8,250	91,853	8,250	100,263	108,559		
2008 Disposal												
Carpeting Office & Storage	8/10/1995	(507)	(507)				(507)		(507)			
2009 Acquisition												
Recreation Room	9/30/2008	26,614	26,614	SL	25	1,046	10,647	1,046	11,714	14,002		
PT Room Renovations	10/31/2008	10,478	10,478	SL	25	410	1,191	410	4,610	5,989		
DNS Office Renovations	12/31/2008	15,747	15,747	SL	25	6,104	4,946	6,104	6,040	7,935		
Electrical Upgrades	1/31/2009	1,203	1,203	SL	20	624	1,183	1,183	1,183	2,443		
Door Hardware - Meeting Room	5/25/2009	3,076	3,076	SL	15	206	4,050	206	2,256	821		
Mobile Room Phone	7/31/2009	13,755	13,755	SL	10	1,375	13,753	1	13,754	0		
Accounting Office Flooring	7/31/2009	1,125	1,125	NA	NA							
Accumulated Depreciation Adjustment from Prior Year												
2010 Acquisition												
2011 Acquisition												
Awnings	6/2/2011	9,910	9,910	SL	15	654	5,232	654	5,686	3,924		
Sprinkler Heads Boiler Room	6/30/2011	1,775	1,775	SL	25	71	568	71	630	1,377		
WiFi	9/30/2011	3,768	3,768	SL	10	377	3,015	377	3,392	378		
2011 Disposals												
Front Entrance Canopy		(3,266)	(3,266)				(3,266)		(3,266)			
Patch Awnings Addition		(4,839)	(4,839)				(4,839)		(4,839)			
2012 Additions												
Shed	9/30/2012	4,401	4,016	SL	20	201	1,279	201	1,490	2,595		
Kitchen Hood Sprinklers	1/31/2012	2,105	2,105	SL	25	84	568	84	652	1,454		
Electrical Upgrades	2/1/2012	3,490	3,490	SL	20	174	1,162	174	1,335	2,154		
New Soffit	9/30/2012	2,435	2,435	SL	15	162	1,027	162	1,169	1,246		
Unidentified Variance												
2013 Additions												
Front Railing Improvement	5/31/2013	1,659	2,659	SL	15	177	959	177	1,196	1,522		
Unidentified Variance												
2014 Additions												
Electrical for Resident Lights & Cu.	12/29/2014	4,496	4,496	SL	20	226	1,125	226	1,350	5,145		
Shading Additions	7/31/2014	516,455	516,455	SL	40	12,911	64,956	12,911	77,457	429,969		
Ceil mat entrance	3/31/2014	2,978	2,978	SL	5	598	2,978	598	2,978			
Intercom System	7/31/2014	1,955	1,955	SL	10		195	195	1,171	784		
Nurse's Station	7/31/2014	201,861	201,861	SL	15	13,444	67,220	13,444	80,964	120,967		
Therapy Room Conversion	7/31/2014	81,075	81,075	SL	15	5,405	27,025	5,405	32,430	43,045		
2015 Additions												
Move A/C Nurse's station Project	7/31/2014	2,500	2,500	SL	15	167	868	167	835	1,665		
2016 Additions												
Direct Supply Kitchen Counters	12/22/2017	10,426	10,426	SL	25	417	417	417	834	9,592		
Total		<b>2,463,218</b>	<b>2,461,708</b>				<b>63,965</b>	<b>1,567,326</b>	<b>69,555</b>	<b>1,446,381</b>	<b>814,723</b>	
<b>Non-Movable Equipment</b>												
Acquired prior		170,839	170,839	SL	Var		170,839		170,839			
Current Year Acquisitions												
Hot water Heater	6/3/2007	2,550	2,550	SL	10		2,550		2,550			
Nurses Station Counter	8/31/2007	2,660	2,660	SL	15	179	2,145	179	2,324	356		
Lighting Fixtures	4/9/2007	4,414	4,414	SL	10		4,414		4,414			
40LB Speed Queen Washer	7/25/2007	6,355	6,355	SL	10		6,355		6,355			
2009 Current Year Disposal												
(8,284)		(8,284)		SL	Var		(8,284)		(8,284)			
2010 Acquisition												
E Panel for Generator	10/19/2009	1,541										
Endurance 6 Burner 2 Oven Stove	12/17/2009	4,144	4,144	SL	10	414	3,728	414	4,142	2		
2011 Acquisition												
Telephones Wiring to Resident Rooms	12/22/2010	7,200	7,200	SL	20	360	2,680	360	3,240	3,960		
57 Over the Bed Light Fixtures	3/1/2011	12,131	12,131	SL	10	1,213	9,705	1,213	10,918	1,214		
Ductless AC in Emp Breakroom	4/14/2011	3,650	3,650	SL	5		3,650		3,650			
2014 Acquisition												
Fire System Improvements	4/30/2014	3,367	3,367	SL	10	337	1,684	337	2,021	1,346		
2014 Disposals												
Lighting Fixtures	4/9/2007	(4,414)	(4,414)	SL	10		(4,414)		(4,414)			
40LB Speed Queen Washer	7/25/2007	(6,355)	(6,355)	SL	10		(6,355)		(6,355)			
2015 Additions												
Rooftop A/C Unit Nurses Closet	6/15/2015	1,702	1,702	SL	5	340	1,390	340	1,700	1		
PT 1-3 72" Wall Mirrors Install	8/6/2015	1,515	1,515	SL	15	101	1,404	101	505	1,010		
2015 Additions												
Schlitz Schlitz Electric	2/21/2018	6,113	6,113	SL	20	306	918	306	1,224	4,889		
Inch. M/C Centrifuge/Cert. Room	8/18/2018	4,590	4,590	SL	10	456	1,377	456	1,036	2,754		
2015 Disposals												
Gelid Jacuzzi Bath	8/6/1981	(5,176)	(5,176)				(5,176)		(5,176)			
New Telephone Partner ACS System	8/26/2001	(10,059)	(10,059)				(10,059)		(10,059)			

Chlorination & Monitoring Well Water	9/1/2008	(11,554)	(11,554)		(11,554)		(11,554)
Hot Water Boiler - Hato	9/22/2002	(1,060)	(1,060)		(1,060)		(1,060)
Water Cooler 5 Gal floor mount #42	2/14/2013	(605)	(605)		(605)		(605)
<b>2010 Additions:</b>							
Ferrari's Appliance - Steve Dining Room	12/31/2010	1,016	1,016		127	127	869
Raintech, Door Alarm Recreation	8/27/2010	2,499	2,499		53	53	2,416
New Wing Compressor	7/31/10-8/31/10	3,750	3,750		125	125	3,625
<b>Total</b>	<b>222,642</b>	<b>221,102</b>		<b>6,438</b>	<b>184,788</b>	<b>5,134</b>	<b>189,892</b>
<b>31,210</b>							
<b>Movable Equipment:</b>							
Acquired prior to 2007	176,454	176,454	SL	Var	176,454	176,454	
Later Date of value							
<b>2007 Acquisitions:</b>							
Hemline Bebe's Blender HAM 990	4/9/2007	600		SL	10		
Patient Lift	12/14/2008	4,272	4,272	SL	0	4,272	4,272
Pelot / Plate Heater with cart	4/23/2007	12,794	12,794	SL	10	12,794	12,794
<b>2007 Current Disposal:</b>							
Dispose		(1,145)	(1,145)		(1,145)	(1,145)	
<b>2008 Acquisitions:</b>							
40 stacking w/ arm chairs	11/23/2007	10,762	10,762	SL	15	717	7,891
6 electrical beds	12/17/2007	8,601	8,601	SL	12	550	6,051
Low electrical beds	1/19/2008	1,187					
Resident furniture	1/19/2008	1,494					
2 flat screen tv's	3/1/2008	611					
Oxygen concentrator	4/3/2008	728					
2 flat screen tv's	4/11/2008	765					
Whirlpool dryer	4/24/2008	649					
Slicer 121 knife	4/28/2008	1,038					
Manual flower bed w/ gate	6/12/2008	1,020					
11 tank flower boxes	9/12/2008	3,066	3,066	SL	10	(1)	3,066
2 tv's	10/1/2008	750					
6 overbed tables	7/10/2008	750					
6 overbed tables w/ mirror	8/25/2008	1,141					
5 overbed tables w/ vanity	8/26/2008	1,141					
Chair, dresser, sofa	9/1/2008	3,906	3,906	SL	15	250	2,920
<b>2008 Disposals:</b>							
6 chair beds	8/19/1995	(2,800)	(2,800)		(2,800)	(2,800)	
Pictures	6/2/1992	(1,465)	(1,465)		(1,465)	(1,465)	
Pictures	6/2/1992	(1,026)	(1,026)		(1,026)	(1,026)	
Pictures	6/2/1993	(778)	(778)		(778)	(778)	
Chandelier	6/17/1995	(524)	(524)		(524)	(524)	
Pictures	7/15/1995	(770)	(770)		(770)	(770)	
Pictures	2/7/1995	(321)	(321)		(321)	(321)	
Pictures	2/1/1995	(449)	(449)		(449)	(449)	
Pictures	2/20/1998	(997)	(997)		(997)	(997)	
11 black chairs	4/19/1998	(1,838)	(1,838)		(1,838)	(1,838)	
Telephone equipment	4/26/1998	(410)	(410)		(410)	(410)	
2 chairs, gray, office	2/5/1990	(202)	(202)		(202)	(202)	
Three pedestal/writing	12/4/1990	(589)	(589)		(589)	(589)	
Two workstation/running	12/4/1990	(592)	(592)		(592)	(592)	
One PM-3103 shredder	12/31/1991	(635)	(635)		(635)	(635)	
Network equipment	9/6/1992	(646)	(646)		(646)	(646)	
One Epson DL-600 printer	9/5/1992	(1,050)	(1,050)		(1,050)	(1,050)	
One A18500 band moden	9/6/1992	(369)	(369)		(369)	(369)	
System pumpkins	2/21/1994	(1,000)	(1,000)		(1,000)	(1,000)	
6 electronic scale	2/11/1994	(649)	(649)		(649)	(649)	
Rocking chair	2/11/1994	(566)	(566)		(566)	(566)	
Gray fabric chair w/ wing	3/12/1995	(1,054)	(1,054)		(1,054)	(1,054)	
4 black leather chairs	12/1/2000	(515)	(515)		(515)	(515)	
One Metal 1800# 110-decibel	5/17/2001	(279)	(279)		(279)	(279)	
17" VGA monitor	3/2/1998	(498)	(498)		(498)	(498)	
17" VGA monitor	3/8/1998	(613)	(613)		(613)	(613)	
3.21 gig internal tape drive	3/24/1999	(392)	(392)		(392)	(392)	
<b>2009 Acquisitions:</b>							
18" LCD TV	10/1/2008	403					
Vizio Big Flat Screen TV w/VCR Comb	10/1/2008	574					
5 Overbed Table/Vanity	10/8/2008	868					
Living Room Furniture	11/17/2008	508					
16 Electric Beds w/rolls	11/30/2008	24,413	24,413	SL	12	2,034	20,343
Ice Machine Sodman's Prodigy	12/18/2008	2,152					
Ultrasonic	1/20/2009	1,651					
Concentrator	1/29/2009	1,008					
Office Furniture	2/11/2009	1,773					
5 Overbed Tables	8/4/2009	1,000					
Bolier Pass Control Unit	3/17/2009	5,900	5,900	SL	15	367	3,668
Concentrator	5/5/2009	755					
5 HD TVs	7/5/2009	1,753					
10 Overbed Tables	7/31/2009	1,029					
4 electric beds w/rolls	8/21/2009	4,936	4,936	SL	12	403	4,000
<b>2009 Disposals:</b>							
5 Overbed Tables	1/29/2000	(498)	(498)		(498)	(498)	
1 Sodman's SCE ice machine	4/14/2000	(2,014)	(2,014)		(2,014)	(2,014)	
4 Beds, Manual Crank	3/4/1996	(2,065)	(2,065)		(2,065)	(2,065)	
6 New Beds and siderails	10/25/1995	(3,048)	(3,048)		(3,048)	(3,048)	
6 New Beds and siderails	11/20/1995	(3,048)	(3,048)		(3,048)	(3,048)	
6 New Beds and siderails	8/6/1995	(3,048)	(3,048)		(3,048)	(3,048)	
<b>2010 Acquisitions:</b>							
Lawn Mower	4/30/2010	3,211	3,211	SL	3		
TV's	5/31/2010	721					
Lif Chair	9/30/2010	1,222					
10 Electric Beds	7/22/2010	13,018	13,018	SL	12	1,085	9,764
Bedroom Furniture	9/30/2010	678					
<b>2010 Disposals:</b>							
Sea's Lawmchair	5/9/2005	(1,346)	(1,346)		(1,346)	(1,346)	
<b>2011 Acquisitions:</b>							
2 Recliners	10/19/2010	2,445	2,445	SL	10	246	1,988
10 Electric Beds	10/26/2010	17,289	17,289	SL	12	1,441	11,527
Wing Chair	11/1/2010	688		SL	15	46	567
Resident furniture	11/19/2010	(707)	(707)	SL	15	46	46
Lounge Chair	12/2/2010	6,110	6,110	SL	15	407	3,748
10 Scale	12/8/2010	1,200	1,200	SL	10	120	960
2 Metal carts	5/20/2011	4,470	4,470	SL	10	447	3,578
3 TVs	6/20/2011	1,170	1,170	SL	5	1,470	447
Outside tent	7/11/2011	1,168	1,168	SL	10	415	3,319
11 Electric Beds	7/15/2011	15,224	15,224	SL	12	1,299	10,150
TV	7/22/2011	510	510	SL	5		510
3 TVs and brackets	8/5/2011	1,338	1,338	SL	5		1,338
Insulated Mugs/Bowls	8/30/2011	1,608	1,608	SL	5		1,608
Resident room furniture	9/3/2011	2,614	2,614	SL	10	261	2,000
<b>2011 Disposals:</b>							
Arrowick International	6/24/1995	(1,180)	(1,180)		(1,180)	(1,180)	
Arrowick Inc Med Cabinet	9/9/1995	(3,555)	(3,555)		(3,555)	(3,555)	
6 New Beds	7/25/1995	(2,800)	(2,800)		(2,800)	(2,800)	
6 New Beds	8/19/1995	(2,800)	(2,800)		(2,800)	(2,800)	
8 New Beds and siderails	9/19/1995	(3,045)	(3,045)		(3,045)	(3,045)	
6 Beds Manual crank	1/26/1995	(3,048)	(3,048)		(3,048)	(3,048)	
Outside tent	8/15/1995	(1,729)	(1,729)		(1,729)	(1,729)	
Two shopping carts	5/20/1999	(5,617)	(5,617)		(5,617)	(5,617)	
3 Summa Medical Beds	4/13/2000	(1,300)	(1,300)		(1,300)	(1,300)	
One Electric Bed	10/1/2001	(900)	(900)		(900)	(900)	
Manual bed with Gate	6/12/2009	(1,520)	(1,520)		(1,520)	(1,520)	
<b>2012 Additions:</b>							
Snow Blower	11/16/2011	988	988	SL	5		988
Gas Dryer	12/15/2011	823	823	SL	5	623	823
5 Air Conditioners	2/28/2012	1,165	1,165	SL	5	1,165	1,165
Resident Room Furniture	10/1/2011	1,669	1,669	SL	15	924	1,035
<b>2012 Disposals:</b>							
Snow Blower	(530)	(530)			(530)	(530)	
Whirlpool Dryer	(649)	(649)			(649)	(649)	

Air Conditioner - Friedrich	(450)	(450)	(450)	(450)	-		
Air Conditioner 7500 BTU	(495)	(495)	(495)	(495)	-		
Air Conditioner Two 7500 BTU	(636)	(636)	(636)	(636)	-		
Air Conditioner 800 BTU	(391)	(391)	(391)	(391)	-		
Air Conditioner Paper	(257)	(297)	(257)	(257)	-		
<b>2013 Additions</b>							
Patient Wheelchair Scale	3/28/2013	1,185	1,185	SL	10	119	663
5 Air Conditioners - Lowe's	6/28/2013	1,697	1,697	SL	5	221	1,697
5 Air Conditioners - Sears	6/31/2013	936	936	SL	5	110	936
All Conditioning and Washer	6/30/2013	1,422	1,422	SL	5	190	1,422
<b>2013 Disposals</b>							
File Server Continental 486/24	9/9/1992	(4,999)	(4,999)			(4,999)	(4,999)
2 Workstations 380/252 Printers	9/8/1992	(3,996)	(3,996)			(3,996)	(3,996)
Portant Computer, Two Workstations	3/22/1995	(5,400)	(5,400)			(5,400)	(5,400)
HP Laserjet 6P MOS Printer	8/8/1996	(643)	(643)			(643)	(643)
Air Conditioning Dining Room	6/23/1998	(443)	(443)			(443)	(443)
Whirlpool Air Conditioning Dining Room	5/1/1999	(699)	(699)			(699)	(699)
Lawjet EP/E Office	6/1/1999	(666)	(666)			(666)	(666)
6 Air Conditioners Whirlpool	5/15/2000	(1,909)	(1,909)			(1,909)	(1,909)
3 Air Conditioning Units	7/29/2004	(636)	(636)			(636)	(636)
<b>2014 Additions</b>							
Adjustment prior to 2007 assets							
Lighting Fixtures	4/6/2007	4,414	4,414	SL	10	441	2,150
401b Speed Queen Washer	4/24/2007	6,015	6,015	SL	10	606	3,175
Water Boiler	6/6/2014	1,131	1,131	SL	5	204	1,130
Nurse Call Pans	6/12/2014	3,489	3,489	SL	5	567	3,489
Deals	7/21/2014	5,984	5,984	SL	20	299	1,493
Mark Chairs	7/21/2014	5,759	5,759	SL	15	984	2,934
Printers System	8/30/2014	11,125	11,125	SL	10	1,113	5,564
Tables	8/30/2014	2,723	2,723	SL	10	272	1,361
Vanity Table	9/30/2014	1,481	1,481	SL	10	148	740
<b>2014 Disposals</b>							
Whirlpool dryer	4/24/2008	(646)	-				
<b>2015 Additions</b>							
TV's for Red and Dining Areas	1/1/2015	1,519	1,519	SL	5	304	1,216
5 Ovalized Tables	3/5/2015	1,058	1,058	SL	15	71	284
Recliner Chairs	4/30/2015	5,432	5,432	SL	10	543	2,172
Refrigerator/Frezer	4/30/2015	859	859	SL	10	86	344
SAFE LITE Patient Lifter (5/2/14 Asset)	6/2/2014	3,047	3,047	SL	10	309	1,220
Mitsubishi 1.5 ton Ductless A/C for Med Room	6/30/2015	4,840	4,840	SL	5	968	3,872
6 Deluxe Hammocks	9/30/2015	1,673	1,673	SL	10	167	655
Matress Kitchen Shelves	9/30/2015	1,765	1,765	SL	20	68	352
<b>2015 Disposals</b>							
2 Flat Screen TVs - (a)	9/31/2008	(611)	-	SL	-	-	-
2 Flat Screen TVs - (a)	4/11/2008	(765)	-	SL	-	-	-
19" LCD TV - (a)	8/1/2010	(403)	-	SL	-	-	-
<b>2016 Additions</b>							
2 Zenith Electric Beds	2/11/2016	2,098	2,098	SL	12	246	735
10 Overhead Tables	5/16/2016	1,784	1,784	SL	15	110	357
Patient Wheelchair Scale	7/6/2016	3,016	3,016	SL	5	623	1,809
<b>2016 Disposals</b>							
Patient Wheelchair Scale	1/5/2005	(1,185)	(1,185)	SL	10		(1,185)
<b>2017 Additions</b>							
SAFE LITE Frontstep Metal Asay - ARJO	11/30/2016	1,331	1,331	SL	5	266	532
Mary Walker Corp.	11/30/2016	1,012	1,012	SL	5	202	404
Mary Walker Corp.	12/31/2016	1,012	1,012	SL	5	202	404
Optimum Chair #F-1610011637 - LPA	12/31/2016	2,131	2,131	SL	5	426	853
DYN-Ergo Scoot Chair #S-1610003867 - LPA	12/31/2016	1,579	1,579	SL	5	316	948
Evolution Chairs #E-1610002252 - LPA	12/31/2016	1,677	1,677	SL	5	375	1,125
Ther-Glide Chair #W-1607010213 - LPA	12/31/2016	973	973	SL	5	195	390
Ice Machine Prodigy - Office Supply	12/31/2016	2,180	2,180	SL	10	218	436
Neuromag sit to stand OT Equip Direct Sup	12/31/2016	5,785	5,785	SL	10	577	1,154
Neuromag mobility bumper (ot Equip) Dir Sup	12/31/2016	6,253	6,253	SL	10	625	1,250
Trainer, Active Passive, Knevia Duo (Medline)	4/30/2017	7,668	7,668	SL	5	1,333	3,068
Stepper, Recumbent (Medline)	4/30/2017	5,158	5,158	SL	5	1,932	2,064
E-Stim, Geniway (Medline)	4/30/2017	2,695	2,695	SL	5	535	1,078
Cart, Vectra Geniway - (Medline)	4/30/2017	422	422	SL	5	84	168
Diathermy Showwave - (Medline)	4/30/2017	7,725	7,725	SL	5	1,940	3,090
Vitamin Plus Electrotherapy - (Medline)	4/30/2017	3,054	3,054	SL	5	611	1,221
<b>2017 Disposals</b>							
Ice Machine Scotsman Prodigy	12/31/2016	(2,150)	-				
<b>2018 Additions</b>							
2 Side Power Electric Reclining Chairs	6/30/2018	1,316	1,316	SL	5	283	283
7 Dressers, 24 Nightstands w/ Hutch, 5 Night Stands no Hutch	7/24/2018	12,624	12,624	SL	10	1,262	1,262
<b>2018 Disposals</b>							
HUDSON MED - 2 PILL ARM	6/17/1983	(155)	(155)	SL	-	(155)	(155)
SOLOMON 1 DESK #46426	6/19/1985	(338)	(338)	SL	-	(338)	(338)
THE KNOTHOLE REC CABINET	2/8/1985	(275)	(275)	SL	-	(275)	(275)
KNOTHOLE HUTCH	5/17/1985	(625)	(625)	SL	-	(625)	(625)
EASTERN FIRE DOOR	3/4/1985	(300)	(300)	SL	-	(300)	(300)
OFFICE DESKCK	2/29/1989	(213)	(213)	SL	-	(213)	(213)
2 HICKORY DESKS#127120	2/29/1989	(365)	(365)	SL	-	(365)	(365)
2 OVERBED TABLES CHROME	4/19/1989	(201)	(201)	SL	-	(201)	(201)
TWO DESKS WITH 3 DRAWERS	4/18/1989	(495)	(495)	SL	-	(495)	(495)
SEVEN SETS CUBICLE CURTAINS	2/29/1990	(627)	(627)	SL	-	(627)	(627)
SIX SETS CUBICLE CURTAINS	6/3/1990	(593)	(593)	SL	-	(593)	(593)
ONE FILING CABINET	6/19/1990	(610)	(610)	SL	-	(610)	(610)
ONE COMPACT REFRIGERATOR	10/16/1990	(119)	(119)	SL	-	(119)	(119)
26 SAMSONITE CHAIRS #88750EACH	7/29/1992	(1,950)	(1,950)	SL	-	(1,950)	(1,950)
ONE DESK #6242 BLACK HOUSEKEEPER	7/29/1992	(421)	(421)	SL	-	(421)	(421)
ONE CHAIR BLACK HOUSEKEEPER	7/29/1992	(161)	(161)	SL	-	(161)	(161)
ONE OFFICE CHAIR	11/16/1994	(369)	(369)	SL	-	(369)	(369)
One TV-VCR Stand	11/16/1994	(424)	(424)	SL	-	(424)	(424)
Wheelchair Apron - 27"	1/22/1995	(322)	(322)	SL	-	(322)	(322)
15 CLOTHES HAMMERS HAMMEL #29/1937	5/2/1996	(436)	(436)	SL	-	(436)	(436)
56 New Bed Sheets Attachments	9/6/1996	(2,285)	(2,285)	SL	-	(2,285)	(2,285)
New Charts & Case	12/17/1996	(3,161)	(3,161)	SL	-	(3,161)	(3,161)
Two Maxx Gait Chairs	9/1/1997	(644)	(644)	SL	-	(644)	(644)
54 Bedside Cabinets	2/31/1997	(15,206)	(15,206)	SL	-	(15,206)	(15,206)
Marion's TV	4/23/1997	(1,060)	(1,060)	SL	-	(1,060)	(1,060)
Xerox 4000 Patient Lift Cap. 400F	7/6/1997	(3,455)	(3,455)	SL	-	(3,455)	(3,455)
Wheelchairs, Excel ROL ARM/Elev Blc	6/6/1998	(246)	(246)	SL	-	(246)	(246)
5 MDR104215M TABLES, OVERBED	8/19/1998	(399)	(399)	SL	-	(399)	(399)
New Furniture Patient's Entrance Ro	10/12/1998	(2,948)	(2,948)	SL	-	(2,948)	(2,948)
Wheel Chair #85190722	3/2/1999	(555)	(555)	SL	-	(555)	(555)
Ape 650 Patient Lift	1/10/2000	(2,650)	(2,650)	SL	-	(2,650)	(2,650)
Cuisinart Food Processor	3/2/2000	(932)	(932)	SL	-	(932)	(932)
2 Orthobed Position Recliner CAT	3/15/2000	(706)	(706)	SL	-	(706)	(706)
4 Double Jumbo Hammars	1/23/2000	(1,170)	(1,170)	SL	-	(1,170)	(1,170)
1 Finger Pulse Oximeter item #2407	9/1/2000	(384)	(384)	SL	-	(384)	(384)
Dining Room Chairs	9/4/2000	(677)	(677)	SL	-	(677)	(677)
1 Lumen Gait Chair #RC2	9/4/2000	(180)	(180)	SL	-	(180)	(180)
One Electric Hospital Bed	3/23/2001	(590)	(590)	SL	-	(590)	(590)
Stack Chairs Dining Room 4 Chairs	2/1/2004	(1,303)	(1,303)	SL	-	(1,303)	(1,303)
1 MG Wheelchair item 02093-3	1/16/2004	(180)	(180)	SL	-	(180)	(180)
1 Tracer EX Wheelchair #01345-6	7/17/2004	(238)	(238)	SL	-	(238)	(238)
5 Overbed Tables item #1952	7/23/2004	(320)	(320)	SL	-	(320)	(320)
Blindfolds	8/14/2003	(226)	(226)	SL	-	(226)	(226)
3 Hospital Pillows	8/16/2002	(328)	(328)	SL	-	(328)	(328)
4 Overbed Tables 4' Tray for recline	1/3/2001	(559)	(559)	SL	-	(559)	(559)
2 Three Position Recliners	9/2/2001	(656)	(656)	SL	-	(656)	(656)
1 Recliner 54574-6 recline	2/14/2003	(426)	(426)	SL	-	(426)	(426)
6 Overbed Tables Walnut Finish	5/2/2003	(472)	(472)	SL	-	(472)	(472)
1 refrigerator Medical storeroom ea	6/13/2003	(498)	(498)	SL	-	(498)	(498)
item 85317 6 overbed tables walnut	5/4/2006	(477)	(477)	SL	-	(477)	(477)
Low Electric Bed	1/15/2008	(1,187)	(1,187)	SL	-	(1,187)	(1,187)
Oxygen Concentrator SLPM	3/8/2004	(728)	(728)	SL	-	(728)	(728)
1/28/2006	(1,006)	(1,006)	SL	-	(1,006)	(1,006)	
1 chest of Draw	1/15/2008	(299)	(299)	SL	-	(299)	(299)

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

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 25	of 37																		
11. Property Questionnaire																						
<b>Part A</b>																						
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.																		
<small>*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.</small>																						
<table border="1"> <thead> <tr> <th>Description</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>1. Date Land Purchased</td> <td>06/01/61</td> </tr> <tr> <td>2. Date Structure Completed</td> <td>06/01/61</td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td></td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td>06/01/61</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>58</td> </tr> <tr> <td>6. Square Footage</td> <td>6,240</td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td>    a. Land</td> <td>22,950</td> </tr> <tr> <td>    b. Building</td> <td>223,758</td> </tr> </tbody> </table>		Description	Total	1. Date Land Purchased	06/01/61	2. Date Structure Completed	06/01/61	3. If NOT Original Owner, Date of Purchase		4. Date of Initial Licensure	06/01/61	5. Total Licensed Bed Capacity	58	6. Square Footage	6,240	7. Acquisition Cost		a. Land	22,950	b. Building	223,758	
Description	Total																					
1. Date Land Purchased	06/01/61																					
2. Date Structure Completed	06/01/61																					
3. If NOT Original Owner, Date of Purchase																						
4. Date of Initial Licensure	06/01/61																					
5. Total Licensed Bed Capacity	58																					
6. Square Footage	6,240																					
7. Acquisition Cost																						
a. Land	22,950																					
b. Building	223,758																					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd 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																						
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>																						
g. Type of Financing (e.g., fixed, variable)																						
h. Date of Refinancing																						
i. New Interest Rate																						
j. Term of Mortgage (number of years)																						
k. Amount of Principal Borrowed																						
l. Principal Outstanding on Note Paid-Off																						
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>																						
Name and Address of Lessor		Property Leased	Date of Lease	Term of Lease																		

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 9/30/2019			Page 26	of 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						
<b>12 B7. Total Building Interest Expense (A1 - A4 + B5)</b>	<b>\$</b>					

(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
		9/30/2019			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 (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify)			\$			
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>			\$			
14. Insurance						
a. Insurance on Property (buildings only)			\$ 60,249	60,249		
b. Insurance on Automobiles			\$			
c. Insurance other than Property (as specified above)			\$			
1. Umbrella (Blanket Coverage)			\$			
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>			\$ 60,249	60,249		
15. <b>Total All Expenditures (A-13 thru C-14)</b>			\$ 5,866,896	5,866,896		

## **D. Adjustments to Statement of Expenditures**

Name of Facility Middlebury Convalescent Home, Inc.				License No. 207047	Report for Year Ended 9/30/2019		Page 28   37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 224,864	224,864		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 846	846		
10.	15	1e	Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 15,524	15,524		
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 *	\$ 18,951	18,951		
19.			Income Tax / Corporate Business Tax	\$ 17,830	17,830		
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 17,480	17,480		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 295,495	295,495		

\* 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**

### **Schedule of Fees Adjustments**

### **Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Professional Consulting Fees	\$ 1,827		
16	m13	Celebration Team Expense	\$ 3,218		
16	m13	Director Fees	\$ 12,435		
<b>Total Other A&amp;G Adjustments</b>			\$ 17,480	\$ -	\$ -

State of Connecticut

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

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of	
Middlebury Convalescent Home, Inc.			207047	9/30/2019		29   37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 295,495	295,495		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 62,551	62,551		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 4,923	4,923		
30.	20	5h	Laboratory	\$ 7,905	7,905		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 17,537	17,537		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation				
			See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation				
			Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 388,411	388,411		

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

**Schedule of Other Ancillary Costs**

**Schedule of Excess Movable Equipment Depreciation**

### **Schedule of Other Property Adjustments**

**Schedule of Other - Indirect Adjustments**

<b>Total Other Adjustments</b>		\$ -	\$ -	\$ -		

age 29

**Schedule of Other - Miscellaneous Administrative Adjustments**

**Schedule of Other - Direct Adjustments**

Attachment Page 29

### **Schedule of Unallowable Building Interest**

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )		\$ 4,324,431	4,324,431			
b. Medicaid Room and Board Contractual Allowance **		\$ (1,626,372)	(1,626,372)			
2. a. Medicaid ( <i>All other states</i> )		\$				
b. Other States Room and Board Contractual Allowance **		\$				
3. a. Medicare Residents ( <i>all inclusive</i> )		\$ 676,440	676,440			
b. Medicare Room and Board Contractual Allowance **		\$ 373,683	373,683			
4. a. Private-Pay Residents and Other		\$ 2,164,072	2,164,072			
b. Private-Pay Room and Board Contractual Allowance **		\$ (10,405)	(10,405)			
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare		\$ 43,354	43,354			
b. Prescription Drugs - Medicare Contractual Allowance **		\$				
c. Prescription Drugs - Non-Medicare		\$				
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		\$ 877,550	877,550			
b. Physical Therapy - Medicare Contractual Allowance **		\$				
c. Physical Therapy - Non-Medicare		\$ 5,550	5,550			
d. Physical Therapy - Non-Medicare Contractual Allowance **		\$				
4. a. Speech Therapy - Medicare		\$ 172,350	172,350			
b. Speech Therapy - Medicare Contractual Allowance **		\$				
c. Speech Therapy - Non-Medicare		\$ 200	200			
d. Speech Therapy - Non-Medicare Contractual Allowance **		\$				
5. a. Occupational Therapy - Medicare		\$ 1,059,000	1,059,000			
b. Occupational Therapy - Medicare Contractual Allowance **		\$				
c. Occupational Therapy - Non-Medicare		\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **		\$				
6. a. Other ( <i>Specify</i> ) - Medicare		\$ (1,755,690)	(1,755,690)			
b. Other ( <i>Specify</i> ) - Non-Medicare		\$ (91,953)	(91,953)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)		\$ 6,212,210	6,212,210			
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others		\$				
2. Rental of rooms to non-residents		\$				
3. Telephone		\$				
4. Rental of Television and Cable Services		\$				
5. Interest Income ( <i>Specify</i> )		\$				
6. Private Duty Nurses' Fees		\$				
7. Barber, Coffee, Beauty and Gift shops		\$				
8. Other ( <i>Specify</i> )		\$				
<b>V. Total Other Revenue</b> (1 thru 8)		\$				
<b>VI. Total All Revenue</b> (III +V)		\$ 6,212,210	6,212,210			

\* 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)
		0		
	Allowance Ancillary Med B	\$ (709,015)		
	Allowance Ancillary Med A	\$ (1,042,726)		
	Lab Charges Medicare A	\$ 4,728		
	IV Medicare	\$ (8,677)		
<b>Total Other Resident Revenue - Medicare</b>		<b>\$ (1,755,690)</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Non-Medicare Resident Revenue****Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
	Flu Vaccine	\$ 2,138		
	Allowance Ancillary Man. Medi	\$ (92,713)		
	Allowance Ancillary Ins. Other	\$ (1,418)		
	Allowance Ancillary Medicaid	\$ (235)		
	Lab Medicaid	\$ 35		
	Lab Managed Medicare	\$ 240		
<b>Total Other Resident Revenue</b>		<b>\$ (91,953)</b>	<b>\$ -</b>	<b>\$ -</b>

**Interest Income****Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
		0			
<b>Total Interest Income</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
<b>Total Other Revenue</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## **G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	912,322
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	725,670
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	127,027
a. Prepaid Insurance		75,286		
b. Prepaid Expenses		36,578		
c. Corporate Income Taxes Payable		15,163		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
See Schedule				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	1,765,019
B. Fixed Assets				
1. Land			\$	20,950
2. Land Improvements	*Historical Cost	254,301	\$	103,042
	Accum. Depreciation	151,259	Net	
3. Buildings	*Historical Cost	2,461,705	\$	814,724
	Accum. Depreciation	1,646,981	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	221,102	\$	31,210
	Accum. Depreciation	189,892	Net	
6. Movable Equipment	*Historical Cost	386,571	\$	97,392
	Accum. Depreciation	289,179	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	254,681
	F/S vs C/R	254,681		
See Schedule				
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	1,321,999

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

(Carry Total forward to next page)

**Schedule of Prepaid Expenses Page 31 Line A5**

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

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

Page Ref	Line Ref	Description	
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$</b>

**Schedule of Other Assets Page 32 Line D7**

**Schedule of Notes Payable (Itemize) Page 33 Line A2**

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

Page Ref	Line Ref	Description	
		Due to Resident Trust	\$ 30,320
		Accrued User Fee	\$ 101,474
		Sewer Assessment Payable	\$ 21,355
		Accrued Expense - Insurance	\$ 40,166
		Accrued Expense - Other	\$ 423
		Current Liabilities Temporary	\$ (2,007)
		AR Exchange	\$ 13,804
		Group Life Insurance withheld	\$ (31)
<b>Total Other Current Liabilities (Itemize)</b>			\$ 205,167

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

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

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 32	of 37
<b>Account</b>				<b>Amount</b>
<b>Total Brought Forward:</b>				<b>\$ 3,087,018</b>
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				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>				\$
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> )				\$
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>				\$
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>				<b>\$ 3,087,018</b>

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

State of Connecticut  
**Annual Report of Long-Term Care Facility**  
CSP-33 Rev. 6/95

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

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 33	of 37
Account			Amount	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	138,009
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> )			\$	192,306
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable ( <i>Current Portion</i> )			\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities ( <i>itemize</i> )			\$	205,107
See Schedule			205,107	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			\$	535,422

\* 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 Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 34	of 37
Account			Amount	
Liabilities (cont'd)			Total Brought Forward:	
B. Long-Term Liabilities			\$ 535,422	
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. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)			\$	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)			\$	535,422

## G. Balance Sheet (cont'd)

### Reserves and Net Worth

Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page 35	of 37
Account				Amount
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	137,000
3. Paid-in Surplus			\$	11,250
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,069,733
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$
7. Total Net Worth			\$	333,613
<b>C. Total Reserves and Net Worth</b>			\$	2,551,596
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,087,018

## H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Middlebury Convalescent Home, Inc.	207047	9/30/2019	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 2,437,983		
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$ 6,212,210		
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$ 5,878,597		
D. Net Income or Deficit				\$ 333,613		
E. Balance				\$ 2,771,596		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
Expenses Per Page 27				\$ 5,866,871		
Add: C/R vs F/S Depreciation				\$ 11,726		
Expenses Per F/S				\$ 5,878,597		
2. Other ( <i>itemize</i> )						
Prior Period Ending Balance				\$ 2,460,071		
(Loss) AJE for 12/31/18				\$ (22,088)		
Revised 9/30/18 CR Period				\$ 2,437,983		
F-3. Total Additions				\$		
G. Deductions				\$		
1. Drawings of Owners/Operators/Partners ( <i>Specify</i> )				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings ( <i>Specify</i> )				\$ 220,000		
Purpose		Amount				
Dividends Distributed		\$ 220,000				
3. Total Deductions				\$ 220,000		
H. Balance at End of Period				\$ 2,551,596		

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

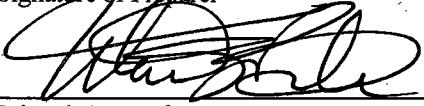
Name of Facility Middlebury Convalescent Home, Inc.	License No. 207047	Report for Year Ended 9/30/2019	Page of 37   37
--	-----------------------	------------------------------------	--------------------

*Check appropriate category*

<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

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.

Signature of Preparer 	Title PrINC. PAC	Date Signed 1/6/20
---	---------------------	-----------------------

Printed Name of Preparer

Matthew S. Bavolack

Address: Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600
Contacted Person Regarding Additional Information Needed Regarding This Report Jeanine Hammitt	Phone Number 203-758-2471
Contact Email Address jeaninehammitt@yahoo.com	