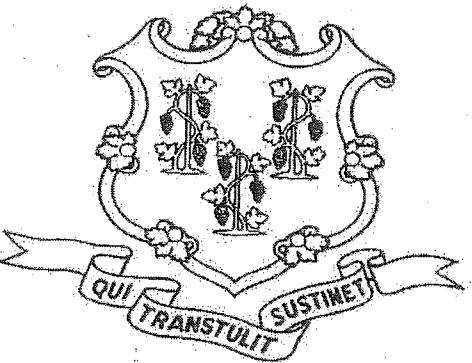


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed)

Notre Dame Convalescent Homes, Inc.

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

76 West Rocks Road, Norwalk, CT 06851

Type of Facility

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 286-C	RHNS	(Specify)	Medicare Provider 07-5356
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Medicaid Provider Numbers:	CCNH 000002865	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Notre Dame Convalescent Homes, Inc. [facility name], for the cost report period beginning October 1, 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.

Signed (Administrator)	Date	Signed (Owner)	Date
Printed Name (Administrator) Dana J. Paul		Printed Name (Owner)	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

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Annual Report of Long-Term Care Facility
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State of Connecticut
Department of Social Services
55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Notre Dame Convalescent Homes, Inc.	Period Covered:		From 10/1/2018	To 9/30/2019
Address of Facility 76 West Rocks Road, Norwalk, CT 06851				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 1/13/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

General Information and Questionnaire Partners/Members

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3A Rev. 10/2005

General Information and Questionnaire
Corporate Owners

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	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	
Notre Dame Convalescent Homes, Inc.	76 West Rocks Road, Norwalk, CT 06851	CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Sister Francois Golder	76 West Rocks Road, Norwalk, CT 06851	President	
Sister Marie Lucie Monast	76 West Rocks Road, Norwalk, CT 06851	Vice President	
John B. Devine	65 East Avenue, Norwalk, CT 06851	Secretary	
Mark Simon	191 East Avenue, Norwalk, CT 06855	Treasurer	
Marie Therese Lebert	52 Bd. D'Argenson, 92200 Neuilly- Sur-Seine, France	Member/Directo	
Names of Stockholders Owning at Least 10% of Shares			
N/A			

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2019	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*

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019	Page 4	of 37				
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No			If "Yes," provide the Name/Address and complete the information on Page 11 of the report.					
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?			<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> %**			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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.

Name of Facility		License No.		Report for Year Ended			Page	of
Notre Dame Convalescent Homes, Inc.		286-C		9/30/2019			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
U.S. Bank Equipment Finance, Inc., P 0. Box 790448, St. Louis, MO 61379	<input type="radio"/>	<input checked="" type="radio"/>	Copiers/Fax (See attached amendment to include additional equipment)	02/03/16	Monthly	32,820	32,820	
Marlin Business	<input type="radio"/>	<input checked="" type="radio"/>	Telephone Messaging Service	12/01/11	Quarterly	893	893	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?				<input type="radio"/>	Yes	<input type="radio"/>	No	Total ***
								33,713

* 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	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes,	286-C	9/30/2019	7	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 Drive, New Haven, CT 06511
---	---

Services Provided by This Firm (*describe fully*)

1	Cost Reporting, Accounting and Audit	\$ 48,224
2		\$
3		\$
4		\$
		Charge for Services Provided
		\$ 48,224

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

Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Wiggin & Dana LLP	203-498-4400
2 Goldman Gruder	203-899-8900
3	
4	
5	

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

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

Services Provided by This Firm (*describe fully*)

1	General Resident Matters	\$ 21,726
2	General Representation and Employee Matters	\$ 574
3		\$
4		\$
5		\$

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

Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-C				Report for Year Ended 9/30/2019				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					60	60			60	60		
A. On last day of PREVIOUS report period	60	60										
B. On last day of THIS report period	60	60			60	60			60	60		
2. Number of Residents					55	55			60	60		
A. As of midnight of PREVIOUS report period	55	55										
B. As of midnight of THIS report period	56	56			60	60			56	56		
3. Total Number of Days Care Provided During Period					1,436	1,436			370	370		
A. Medicare	1,806	1,806										
B. Medicaid (Conn.)	14,697	14,697			11,058	11,058			3,639	3,639		
C. Medicaid (other states)												
D. Private Pay	4,577	4,577			3,399	3,399			1,178	1,178		
E. State SSI for RCH												
F. Other (Specify)	272	272			186	186			86	86		
G. Total Care Days During Period (3A thru F)	21,352	21,352			16,079	16,079			5,273	5,273		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds					43	43			20	20		
A. Medicaid Bed Reserve Days	63	63										
B. Other Bed Reserve Days	38	38			31	31			7	7		
5. Total Resident Days (3G + 4A + 4B)	21,453	21,453			16,153	16,153			5,300	5,300		

Schedule of Resident Statistics (Cont'd)

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019	Page 9	of 37
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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	4	39		13				
Per Diem Rate								
a. One bed rm.	Various	240.00		420.00				
b. Two bed rms.	Various	240.00		390.00				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B	1,976	1,976	(Specify)
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	7,105	7,105	
D. Total Physical Therapy Treatments	9,081	9,081	

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	425	425	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	348	348	
D. Total Speech Therapy Treatments	773	773	

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	1,356	1,356	
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments			
2. Restorative Treatments			
C. Other	6,504	6,504	
D. Total Occupational Therapy Treatments	7,860	7,860	

Report of Expenditures - Salaries & Wages

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019	Page 10	of 37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No
Total Cost and Hours				
Item	CCNH	Hours	RHNS	Hours
A. Salaries and Wages*				(Specify) Hours
1. Operators/Owners (Complete also Sec. I of Schedule A1)				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	117,787	2,596		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	205,104	9,768		
5. Dietary Service				
a. Head Dietitian				
b. Food Service Supervisor	69,995	2,496		
c. Dietary Workers	336,925	19,816		
6. Housekeeping Service				
a. Head Housekeeper				
b. Other Housekeeping Workers	153,573	11,573		
7. Repairs & Maintenance Services				
a. Engineer or Chief of Maintenance	66,556	2,219		
b. Other Maintenance Workers	87,025	3,851		
8. Laundry Service				
a. Supervisor				
b. Other Laundry Workers	58,131	5,547		
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	96,308	2,154		
b. RN				
1. Direct Care	536,373	13,798		
2. Administrative**	303,397	7,502		
c. LPN				
1. Direct Care	515,248	16,081		
2. Administrative**				
d. Aides and Attendants	1,005,453	62,841		
e. Physical Therapists				
f. Speech Therapists				
g. Occupational Therapists				
h. Recreation Workers	99,499	5,240		
i. Physicians				
1. Medical Director				
2. Utilization Review				
3. Resident Care***				
4. Other (Specify)				
j. Dentists				
k. Pharmacists				
l. Podiatrists				
m. Social Workers/Case Management	141,083	3,823		
n. Marketing				
o. Other (Specify)				
See Attached Schedule	143,969	6,090		
<i>A-13. Total Salary Expenditures</i>	3,936,426	175,395		

* 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)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Notre Dame Convalescent Homes, Inc.				License No. 286-C		Report for Year Ended 9/30/2019			Page 11	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
See Attached Page 11a										

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

** Include all employment worked during the cost year.

Notre Dame Convalescent Homes, Inc.
 Attachment to Page 11
 September 30, 2019

Section II - Other Related Parties of Operators/Owners employed in and paid by the facility

Name	Salary Paid			Fringe Benefits and/or Other Payments	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10
	CCNH	RHNS	(Specify)				
Sisters Congregation - Saint Thomas of Villanova	\$ 21,065	-	-	Non-Discrim.	Employee- Sister Lucie (Admin)	885	A.4
Sisters Congregation - Saint Thomas of Villanova	\$ 8,754	-	-	Non-Discrim.	Employee- Sister Lucie (RN)	245	A.12.b.1.
Sisters Congregation - Saint Thomas of Villanova	\$ 52,961	-	-	Non-Discrim.	Employee- Sister Lucie (Pastoral)	2,207	A.12.o.
Sisters Congregation - Saint Thomas of Villanova	\$ 48,657	-	-	Non-Discrim.	Employee- Sister Frances (Pastoral)	2,027	A.12.o.

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Notre Dame Convalescent Homes, Inc.				286-C		9/30/2019			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Dana J. Paul	117,787			Life Insurance	Administrator	2,596	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019		Page 13	of 37
Item	Total Cost and Hours				
	CCNH	Hours	RHNS	Hours	(Specify)
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	19,970	499			
2. Dentist	12,941	Monthly Fee			
3. Pharmacist	6,706	Fee Based			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	176,072	2,330			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	25,413	63			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify) Medical Staff	1,700	11			
9. Speech Therapist					
a. Resident Care	45,148	465			
b. Other					
10. Occupational Therapist					
a. Resident Care	157,231	2,085			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	2,924	35			
2. Administrative***					
b. LPN					
1. Direct Care	24,665	580			
2. Administrative***					
c. Aides	57,784	2,446			
d. Other					
12. Other (Specify) See Attached Schedule	23,786	384			
B-13 Total Fees Paid in Lieu of Salaries	554,340	8,898			

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

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

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

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

Name of Facility Notre Dame Convalescent Homes, Inc.		License No. 286-C	Report for Year Ended 9/30/2019		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Preferred Therapy, Wethersfield, CT	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Select Rehabilitation, 2600 Compass Rd. Glenview IL 60026	Physical, Occupational and Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Access Capital, 405 Park Ave. New York, NY. 10022	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Nurse Network, PO BOX 982 Southington CT. / 360 Bloomfield Ave Windsor CT.	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Career Staff Unlimited, 360 Bloomfield Ave., Windsor, CT 06095	Nursing Agency	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555-9689	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Rehabilitation Consult, PO Box 3150, Westport, CT 06880	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Alyson Gerwien, 1 Elanor St. Stratford, CT 06615	Phlebotomy	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Health Drive Eye Care, 888 Worcester St, Wellesley, MA 02482	Eye Care	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Health Drive Dental Group, 888 Worcester St, Suite 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Dr. Richard Huntley, 40 Cross Street #400, Norwalk, CT 06851	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Donald McNichol, 127 Clinton Ave., Westport, CT 06880	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
J. James Lewis, 40 Cross Street, Norwalk, CT 06861	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Lynn Holmberg, 6 Ellin Drive, Greenwich, CT 06831	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Joan Danford 251 Hoyt Farm Rd New Canaan, CT 06492	Dietician Consultant	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Various	Visiting Priest	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2019	15	37
Item		Total	CCNH	RHNS
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$	105,593	105,593	
2. Disability Insurance	\$	18,598	18,598	
3. Unemployment Insurance	\$	4,905	4,905	
4. Social Security (F.I.C.A.)	\$	281,282	281,282	
5. Health Insurance	\$	292,731	292,731	
6. Life Insurance (employees only) (not-owners and not-operators)	\$	9,418	9,418	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (Specify)	\$	2,850	2,850	
See Attached Schedule				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$	(160)	(160)	
d. Accounting and Auditing	\$	48,244	48,244	
e. Legal (Services should be fully described on Page 7)	\$	22,300	22,300	
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$	18,365	18,365	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$	21,721	21,721	
2. Cellular Phones	\$	723	723	
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$			
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify)	\$			
See Attached Schedule				
3. Resident Day User Fee	\$	406,443	406,443	
Subtotal	\$	1,233,013	1,233,013	

* 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		
Total	\$ -	\$ -	\$ -

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

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019		Page 16	of 37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	1,233,013	1,233,013		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	10,690	10,690		
4. Employee Travel	\$	920	920		
5. Education Expenses Related to Seminars and Conventions	\$	5,077	5,077		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	3,693	3,693		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$				
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$	133	133		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	14,304	14,304		
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	\$	5,887	5,887		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	10,325	10,325		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$	880	880		
9. Subscriptions	\$	6,620	6,620		
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>)	\$	94,462	94,462		
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	74,347	74,347		
C-14 Total Administrative & General Expenditures	\$	1,460,351	1,460,351		

* 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		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Bon Venture Services	\$ 627		
Bingo Publishing	\$ 1,990		
Liturgical Publications	\$ (1,250)		
Saint Ann's Club	\$ 510		
Knights of Columbus	\$ 525		
Adcorp Media	\$ 3,996		
Fusion Printing & Web Design	\$ 1,500		
JS Paluch	\$ 3,532		
FCE Consultants	\$ 1,200		
Go Daddy	\$ 399		
Shaker Recruitment	\$ 1,200		
Sign Mart	\$.75		
Total Other Advertising	\$ 14,304	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF Dues	\$ 4,693		
CHA Dues	\$ 140		
ACHCA Dues	\$ 350		
ICNC Dues	\$ 120		
Leading Ages	\$ 5,022		
Total Dues	\$ 10,325	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Admin - Bank Service Charge	\$ 70		
Late Charges	\$ 29		
Admin - Pre Employment Screening	\$ 8,832		
Admin - Civil Penalties	\$ (2,500)		
Bus. Office - Paychecks/ADP	\$ 38,489		
Religious - Supplies	\$ 1,763		
Licenses and Fees	\$ 1,690		
Other Income-Refunds	\$ 25,974		
Total Other Administrative and General	\$ 74,347	\$ -	\$ -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 152,994	152,994		
2. Non-Food Supplies	\$ 23,255	23,255		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 2,301	2,301		
c. Other (Specify) _____ Other Dietary Supplies	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 178,550	178,550		
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 checked="" type="radio"/> Yes <input type="radio"/> No				
H. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No			If yes, specify amt.	\$2,611
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 checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	
K. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input 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 checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	
N. Is any revenue collected from employees? <input checked="" type="radio"/> Yes <input 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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	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. \$				
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)	\$				
c. Other (<i>Specify</i>) Laundry Supplies	\$	27,392	27,392		
3D. Total Laundry Expenditures (3a + b + c)	\$	27,392	27,392		
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	License No.	Report for Year Ended		Page	of
		9/30/2019		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced				
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	33,866	33,866		
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt. \$				
C. Other (Specify)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	33,866	33,866		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	63,061	63,061		
b. Medicine Cabinet Drugs	\$	16,444	16,444		
c. Medical and Therapeutic Supplies	\$	110,104	110,104		
d. Ambulance/Limousine***	\$	1,140	1,140		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	7,642	7,642		
f. X-rays and Related Radiological Procedures***	\$	13,987	13,987		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	11,007	11,007		
i. Recreation	\$	22,309	22,309		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (Specify)****	\$	3,408	3,408		
See Attached Schedule					
5M. Total Resident Care Expenditures (5a - 5j)	\$	249,102	249,102		

* 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

* 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 Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	16,841	16,841			
b. Heat	\$	118,602	118,602			
c. Light & Power	\$	70,212	70,212			
d. Water	\$	20,828	20,828			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	33,713	33,713			
f. Other (<i>itemize</i>)	\$	82,830	82,830			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	343,026	343,026			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	37,936	37,936			
c. Non-Movable Equipment	\$	22,668	22,668			
d. Movable Equipment	\$	22,853	22,853			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	83,457	83,457			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$	23,643	23,643			
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	107,100	107,100			

* 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

Depreciation Schedule

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

***Ties to Page 24, Line C3**

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Notre Dame Convalescent Homes, Inc.			License No. 286-C		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

Notre Dame Convalescent Homes, Inc.
 Depreciation Schedule
 09/30/19

PROPERTY CATEGORY	Acquisition Year	Historical Costs	Cost to Be Depreciated	Life	Method Life	2017 Accum Dep.	2018 Accum Deprec.	2018 Accum Dep.	2019 Accum Deprec.	2019 Accum Dep.	Net Book Value
Land Improvements											
<u>Acquired prior 2011 per 2011 Cost Report</u>											
Land Improvements	Various	94,852	94,852	Var.	S/L	94,852	-	94,852	-	94,852	-
Total		<u>94,852</u>	<u>94,852</u>			<u>94,852</u>		<u>94,852</u>		<u>94,852</u>	
Building and Building Improvements											
<u>Acquired prior 2011 per 2011 Cost Report</u>											
Building and Building Improvements	Various	2,334,709	2,334,709	Var.	S/L	2,334,709	-	2,334,709	-	2,334,709	-
		<u>2,334,709</u>	<u>2,334,709</u>			<u>2,334,709</u>		<u>2,334,709</u>		<u>2,334,709</u>	
<u>Acquired in 2011</u>											
Business Office Flooring	10/31/2010	1,150	1,150	5	S/L	1,150	-	1,150	-	1,150	-
Roof (ND Wing and MK Section - Allowable)	12/31/2010	101,220	101,220	20	S/L	35,427	5,061	40,488	5,061	45,549	55,671
Replace Skylights	3/1/2011	2,600	2,600	20	S/L	910	130	1,040	130	1,170	1,430
Renovate Beauty Salon	9/23/2011	9,348	9,348	20	S/L	3,271	467	3,738	467	4,205	5,143
		<u>114,318</u>	<u>114,318</u>			<u>40,758</u>	<u>5,658</u>	<u>46,416</u>	<u>5,658</u>	<u>52,074</u>	<u>62,244</u>
<u>Acquired in 2012</u>											
Phil's Main Roofing, LLC	7/6/2012	6,000	6,000	20	S/L	1,800	300	2,100	300	2,400	3,600
Phil's Main Roofing, LLC	7/11/2012	175	175	20	S/L	53	9	62	9	71	104
Phil's Main Roofing, LLC	7/13/2012	4,470	4,470	20	S/L	1,342	224	1,566	224	1,790	2,681
Chiller	8/9/2012	13,983	13,983	25	S/L	3,356	559	3,915	559	4,474	9,510
		<u>24,628</u>	<u>24,628</u>			<u>6,550</u>	<u>1,092</u>	<u>7,642</u>	<u>1,092</u>	<u>8,734</u>	<u>15,894</u>
<u>Acquired in 2013</u>											
L.P Painting Service, Inc.	10/15/2012	28,162	28,162	20	S/L	7,040	1,408	8,448	1,408	9,856	18,305
		<u>28,162</u>	<u>28,162</u>			<u>7,040</u>	<u>1,408</u>	<u>8,448</u>	<u>1,408</u>	<u>9,856</u>	<u>18,305</u>
<u>Acquired in 2015</u>											
Bathroom Showers	06/05/2015	950	950	20	S/L	144	48	192	48	240	711
Bathroom	06/30/2015	2,850	2,850	20	S/L	429	143	572	143	715	2,136
Condensate Pump Replacement	08/26/2015	5,250	5,250	20	S/L	789	263	1,052	263	1,315	3,936
8 Floor Repairs	06/17/2015	2,000	2,000	20	S/L	300	100	400	100	500	1,500
Bathroom Tile	06/30/2015	5,855	5,855	10	S/L	1,758	586	2,344	586	2,930	2,926
		<u>16,905</u>	<u>16,905</u>			<u>3,418</u>	<u>1,140</u>	<u>4,558</u>	<u>1,140</u>	<u>5,698</u>	<u>11,207</u>
<u>Acquired in 2016</u>											
Roofing Project	12/1/2015	136,170	136,170	15	S/L	18,156	9,078	27,234	9,078	36,312	99,858
Front Doorway Project	8/1/2016	104,792	104,792	15	S/L	13,972	6,986	20,958	6,986	27,944	76,848
P. Arcario's Salary (Various Projects)	1/1/2016	15,585	15,585	4	S/L	7,792	3,896	11,688	3,896	15,584	1
Less: Restricted Contributions Revenue	9/30/2016	(60,000)	(60,000)	15	S/L	(8,000)	(4,000)	(12,000)	(4,000)	(16,000)	(44,000)
		<u>196,547</u>	<u>196,547</u>			<u>31,920</u>	<u>15,960</u>	<u>47,880</u>	<u>15,960</u>	<u>63,840</u>	<u>132,707</u>
<u>Acquired in 2017</u>											
Front Doorway Project	3/4/2017	99,987	99,987	15	S/L	6,666	6,666	13,332	6,666	19,998	79,989
Therapy Room Project	4/7/2017	18,470	18,470	15	S/L	1,231	1,231	2,462	1,231	3,693	14,777
Boiler Project	9/14/2017	63,568	63,568	20	S/L	3,178	3,178	6,356	3,178	9,534	54,034
Less: Restricted Contributions Revenue	9/30/2017	(40,000)	(40,000)	15	S/L	(2,667)	(2,667)	(5,334)	(2,667)	(8,001)	(31,999)
		<u>142,025</u>	<u>142,025</u>			<u>8,408</u>	<u>8,408</u>	<u>16,816</u>	<u>8,408</u>	<u>25,224</u>	<u>116,801</u>
<u>Acquired in 2018</u>											
Fire Doors	3/2/2018	21,752	21,752	20	S/L	-	1,088	1,088	1,088	2,176	19,576
Satelite Antenna System	4/3/2018	9,800	9,800	20	S/L	-	490	490	490	980	8,820
Courtyard Paving	6/20/2018	16,425	16,425	10	S/L	-	1,643	1,643	1,643	3,286	13,139
Camera System	7/12/2018	6,044	6,044	15	S/L	-	403	403	403	806	5,238
Hallway Flooring	9/11/2018	12,915	12,915	20	S/L	-	646	646	646	1,292	11,623
		<u>66,936</u>	<u>66,936</u>			<u>-</u>	<u>4,270</u>	<u>4,270</u>	<u>4,270</u>	<u>8,540</u>	<u>58,396</u>
Total		<u>2,924,230</u>	<u>2,924,230</u>			<u>2,432,803</u>	<u>37,936</u>	<u>2,470,739</u>	<u>37,936</u>	<u>2,508,675</u>	<u>415,554</u>

Non-Movable Equipment

Acquired prior 2011 per 2011 Cost Report

Non-Moveable Equipment	Various	349,132	349,132	Var.	S/L	297,534	16,818	314,352	16,818	331,170	17,962
		349,132	349,132			297,534	16,818	314,352	16,818	331,170	17,962
Acquired in 2011											
32E Bock Hot Water Heater (Maintenance Equip.)	10/31/2010	3,309	3,309	10	S/L	2,317	331	2,648	331	2,979	330
Automatic Grease Trap (Kitchen Equipment)	8/1/2011	18,600	18,600	10	S/L	13,020	1,860	14,880	1,860	16,740	1,860
		21,909	21,909			15,337	2,191	17,528	2,191	19,719	2,190
Acquired in 2012											
Devine Bros., Inc. - Mechanical Contractors	11/1/2011	16,562	16,562	20	S/L	4,968	828	5,796	828	6,624	9,938
Devine Bros., Inc. - Mechanical Contractors	12/14/2011	16,562	16,562	20	S/L	4,968	828	5,796	828	6,624	9,938
		33,124	33,124			9,937	1,656	11,593	1,656	13,249	19,875
Acquired in 2013											
Upholstery and furnishings	6/6/2013	10,767	10,767	20	S/L	2,691	538	3,229	538	3,767	7,000
Decorative Living of Westport	6/11/2013	2,598	2,598	20	S/L	650	130	780	130	910	1,688
Window Treatments Unlimited	6/14/2013	594	594	20	S/L	149	30	179	30	209	385
Robert Allen Group	8/7/2013	5,411	5,411	20	S/L	1,354	271	1,625	271	1,896	3,515
		19,370	19,370			4,844	969	5,813	969	6,782	12,589
Acquired in 2014											
Upholstery and furnishings	10/15/2013	10,338	10,338	10	S/L	4,136	1,034	5,170	1,034	6,204	4,134
		10,338	10,338			4,136	1,034	5,170	1,034	6,204	4,134
Total		433,873	433,873			331,787	22,668	354,455	22,668	377,123	56,751

Motor Vehicles - Moveable Equipment

Acquired prior 2011 per 2011 Cost Report

1997 Ford Truck	8/1/2002	9,538	9,538	8	S/L	9,538	-	9,538	-	9,538	-
1999 Toyota Forerunner	1/1/2004	17,025	17,025	5	S/L	17,025	-	17,025	-	17,025	-
2005 Chrysler Van	12/1/2008	6,500	6,500	5	S/L	6,500	-	6,500	-	6,500	-
Acquired in 2016											
2012 GMC Sierra Truck	2/1/2016	23,710	23,710	5	S/L	9,484	4,742	14,226	4,742	18,968	4,742
		23,710	23,710			9,484	4,742	14,226	4,742	18,968	4,742
Total		56,773	56,773			42,547	4,742	47,289	4,742	52,031	4,742

Movable Equipment

Acquired prior 2011 per 2011 Cost Report

Moveable Equipment	Various	655,485	655,485	Var.	S/L	655,485	-	655,485	-	655,485	-
Acquired in 2011											
ADS Time Clock System	10/1/2010	4,185	4,185	5	S/L	4,185	-	4,185	-	4,185	-
Computer Equipment (Softchoice)	11/30/2010	5,813	5,813	5	S/L	5,813	-	5,813	-	5,813	-
Computer, Monitor, and Printer	3/31/2011	2,257	2,257	5	S/L	2,257	-	2,257	-	2,257	-
Alliance Patient Stand-Assist Lift	7/1/2011	3,061	3,061	10	S/L	2,143	306	2,449	306	2,755	307
61 Cherry Overbed Tables	6/30/2011	12,410	12,410	10	S/L	8,587	1,241	9,928	1,241	11,169	1,241
25 Flat Screen TVs	6/30/2011	4,462	4,462	10	S/L	3,123	446	3,569	446	4,015	447
PointClickCare Software	7/30/2011	17,375	17,375	5	S/L	17,375	-	17,375	-	17,375	-
Nursing Station Kiosks & Install	9/1/2011	12,171	12,171	5	S/L	12,171	-	12,171	-	12,171	-
		61,734	61,734			55,753	1,993	57,746	1,993	59,739	1,994
Acquired in 2012											
Kiosk Bundle	10/31/2011	165	165	5	S/L	165	-	165	-	165	-
Mobility Cart	11/17/2011	2,440	2,440	5	S/L	2,440	-	2,440	-	2,440	-
Mobility Cart	1/25/2012	287	287	5	S/L	287	-	287	-	287	-
Touch Screen Tablet PC	3/13/2012	2,555	2,555	5	S/L	2,555	-	2,555	-	2,555	-
Beds	2/8/2012	2,826	2,826	10	S/L	1,696	283	1,979	283	2,262	564
Beds	2/27/2012	3,276	3,276	10	S/L	1,966	328	2,294	328	2,622	654
Telephone Equipment	12/15/2011	17,833	17,833	7	S/L	15,286	2,547	17,833	-	17,833	-
Antenna Module	2/14/2012	464	464	7	S/L	397	67	464	-	464	-
Flatscreen TV	7/11/2012	1,890	1,890	10	S/L	1,134	189	1,323	189	1,512	378
Laptop	8/9/2012	1,003	1,003	5	S/L	1,003	-	1,003	-	1,003	-

LCD Monitor	8/9/2012	366	366	5	S/L	366	-	366	-	366	-
		33,105	33,105			27,296	3,414	30,709	800	31,509	1,596
Acquired in 2013											
Lenovo Monitor	2/7/2013	2,166	2,166	5	S/L	2,166	-	2,166	-	2,166	-
		2,166	2,166			2,166	-	2,166	-	2,166	-
Acquired in 2014											
Radiant Heat Plate Diepenser	7/10/2014	1,500	1,500	7	S/L	857	214	1,071	214	1,285	215
Cambrío 2-compartment Meal Delivery Cart	8/11/2014	6,881	6,881	10	S/L	2,752	688	3,440	688	4,128	2,753
17" CarePoint Kiosk Bundle Computer	1/4/2014	1,664	1,664	7	S/L	951	238	1,189	238	1,427	237
Electric beds (5)	5/2/2014	7,500	7,500	10	S/L	3,000	750	3,750	750	4,500	3,000
		17,545	17,545			7,560	1,890	9,450	1,890	11,340	6,205
Acquired in 2015											
Economy Beverage Service Cart w/ locking doors	4/7/2015	2,931	2,931	10	S/L	879	293	1,172	293	1,465	1,466
Careworkx - Computer kiosk for nursing	5/21/2015	8,071	8,071	5	S/L	4,842	1,614	6,456	1,614	8,070	1
Fiberglass Dining Tble (11) Spectables, Inc.	4/28/2015	9,077	9,077	10	S/L	2,724	908	3,632	908	4,540	4,537
		20,080	20,080			8,445	2,815	11,260	2,815	14,075	6,005
Acquired in 2016											
Elliptical	11/1/2015	3,100	3,100	4	S/L	1,550	775	2,325	775	3,100	-
Carepoint Kiosk	12/9/2015	3,070	3,070	3	S/L	2,046	1,023	3,069	1	3,070	0
Industrial Blender	1/1/2016	1,279	1,279	10	S/L	256	128	384	128	512	767
Hospital Beds	9/1/2016	3,658	3,658	10	S/L	732	366	1,098	366	1,464	2,194
Hospital Beds	1/1/2016	3,138	3,138	10	S/L	628	314	942	314	1,256	1,882
Walkie - Talkies	3/1/2016	3,780	3,780	8	S/L	946	473	1,419	473	1,892	1,888
Hospital Beds	3/1/2016	11,543	11,543	10	S/L	2,308	1,154	3,462	1,154	4,616	6,927
Snow Plow	5/1/2016	4,740	4,740	5	S/L	1,896	948	2,844	948	3,792	948
Dryers	6/1/2016	17,954	17,954	10	S/L	3,590	1,795	5,385	1,795	7,180	10,774
Water Dispenser	7/1/2016	5,055	5,055	8	S/L	1,264	632	1,896	632	2,528	2,527
		57,317	57,317			15,216	7,608	22,824	6,586	29,410	27,907
Acquired in 2017											
Hospital Beds	10/18/2016	1,829	1,829	10	S/L	183	183	366	183	549	1,280
Hospital Beds	1/24/2017	2,926	2,926	10	S/L	293	293	586	293	879	2,047
Hospital Beds	7/17/2017	5,423	5,423	10	S/L	542	542	1,084	542	1,626	3,797
HK Laundry Equipment	12/1/2016	11,587	11,587	10	S/L	1,159	1,159	2,318	1,159	3,477	8,110
		21,765	21,765			2,177	2,177	4,354	2,177	6,531	15,234
Acquired in 2018											
Sure Temp Thermometer	11/16/2017	2,208	2,208	5	S/L	-	442	442	442	884	1,324
Sure Temp Thermometer	12/4/2017	2,208	2,208	5	S/L	-	442	442	442	884	1,324
Hospital bed	1/3/2018	1,601	1,601	10	S/L	-	160	160	160	320	1,281
Hospital Beds	2/6/2018	3,766	3,766	10	S/L	-	377	377	377	754	3,012
John Deere Lawn Mower	5/19/2018	2,147	2,147	5	S/L	-	429	429	429	858	1,289
		11,930	11,930			-	1,850	1,850	1,850	3,700	8,230
Total		881,126	881,126			774,099	21,747	795,845	18,111	813,956	67,170
Cost Report Totals		4,390,854	4,390,854			3,676,087	87,093	3,763,180	83,457	3,846,637	544,218
T/B		4,568,243							202,431	3,531,420	1,036,823
Variance		(177,389) {a}							(118,974)	315,217	(492,605)
									{c}	{b}	

Reconciliation

Variance Prior to FY2016	76,089
Variance from FY2016	1,280
Variance from FY2017	21
Add Back: Restricted Contributions Revenue FY2016	60,000
Add Back: Restricted Contributions Revenue FY2017	40,000
Rounding	(1)
Reconciliation Total	177,389 {a}

{a} - carry forward amount from prior year depreciation schedule. In FY2016, there was an additional variance of \$1,280 and restricted capital improvement revenue of \$100,000 added to the initial \$76,089, \$21 variance in FY2017, which ultimately totals to the \$137,389

Reconciliation Amounts

{b} F/S vs C/R NBV - Pg 31, Line B9	492,605
Rounding Variance - Pg 31, Line B9	(2)
{c} F/S vs C/R Deprec - Pg 36, Line F1	118,974

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

Name of Facility Notre Dame Convalescent Homes, Inc	License No. 286-C	Report for Year Ended 9/30/2019	Page 25	of 37																																				
11. Property Questionnaire																																								
Part A																																								
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.																																				
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.																																								
<table border="1"> <tr> <th>Description</th> <th>Total</th> </tr> <tr> <td>1. Date Land Purchased</td> <td>1952-Convent</td> </tr> <tr> <td>2. Date Structure Completed</td> <td>1967, 1972</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>05/20/05</td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td>60</td> </tr> <tr> <td>6. Square Footage</td> <td>32,319</td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td> a. Land</td> <td>1966-\$15,000</td> </tr> <tr> <td> b. Building</td> <td>1966-\$286,852</td> </tr> </table>		Description	Total	1. Date Land Purchased	1952-Convent	2. Date Structure Completed	1967, 1972	3. If NOT Original Owner, Date of Purchase		4. Date of Initial Licensure	05/20/05	5. Total Licensed Bed Capacity	60	6. Square Footage	32,319	7. Acquisition Cost		a. Land	1966-\$15,000	b. Building	1966-\$286,852																			
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a. Land	1966-\$15,000																																							
b. Building	1966-\$286,852																																							
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage																																			
<table border="1"> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		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								
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Complete if Mortgage was Refinanced During Current Cost Year																																								
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l. Principal Outstanding on Note Paid-Off																																								
Part C - Arms-Length Leases for Real Property Improvements Only																																								
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																				

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

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

Name of Facility	License No.	Report for Year Ended 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						
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 27	of 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. Total All Interest Expense (12B7 + 12C3 + 12D)		\$				
14. Insurance						
a. Insurance on Property (buildings only)		\$ 20,476	20,476			
b. Insurance on Automobiles		\$ 9,399	9,399			
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)		\$ 14,344	14,344			
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$ 36,107	36,107			
14d. Total Insurance Expenditures (14a + b + c)		\$ 80,326	80,326			
15. Total All Expenditures (A-13 thru C-14)		\$ 6,970,479	6,970,479			

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	Item Description	286-C	9/30/2019		28 37
					Total Amount of Decrease	CCNH	RHNS
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$	157,231	157,231	
7.			Other - See attached Schedule	\$	12,848	12,848	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$	(160)	(160)	
10.			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	\$	390	390	
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 *	\$	14,437	14,437	
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$	31,646	31,646	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 216,392	216,392		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m8a	Chamber of Commerce Dues	\$ 880		
16	m13	Religious Supplies	\$ 1,763		
16	L3	Donations	\$ 3,000		
16	m13	Late Charges	29		
16	m13	Other Income-Refund	25,974		
Total Other A&G Adjustments			\$ 31,646	\$ -	\$ -

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
Item No.	Page No.	Line No.	286-C	9/30/2019		29 37
				Total Amount of Decrease	CCNH	RHNS
			Subtotals Brought Forward	\$ 216,392	216,392	
Page 20 - Resident Care Supplies***						
27.	20	5a2	Prescription Drugs	\$ 63,061	63,061	
28.	20	5d	Ambulance/Limousine	\$ 1,140	1,140	
29.	20	5f	X-rays, etc	\$ 13,987	13,987	
30.	20	5h	Laboratory	\$ 11,007	11,007	
31.			Medical Supplies	\$		
32.	20	5e2	Oxygen (non emergency)	\$ 7,642	7,642	
33.			Occupational Therapy	\$		
34.			Other - See Attached Schedule	\$ 7,393	7,393	
Page 22 - Maintenance and Property						
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$		
36.			Depreciation on Unallowable Motor Vehicles	\$		
37.			Unallowable Property and Real Estate Taxes	\$		
38.			Rental of Building Space or Rooms	\$		
39.			Other - See Attached Schedule	\$ 24,416	24,416	
Page 27 - Insurance						
40.			Mortgage Insurance	\$		
41.			Property Insurance	\$		
Other - Miscellaneous						
42.			Other - Indirect	\$		
43.			Interest Income on Account Rec.	\$		
44.			Other - Miscellaneous Administrative	\$		
45.			Management Fees Direct	\$		
46.			Management Fees Indirect	\$		
47.			Other - Direct	\$ 5,995	5,995	
Not For Profit Providers Only						
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$		
49. Total Amount of Decrease (Items 1 - 48)				\$ 351,033	351,033	

*** 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

Total Other Adjustments \$ - \$ - \$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

Notre Dame Convalescent Homes, Inc.
September 30, 2019
Cable Disallowance Calculation
Page 29a Attachment

Total Allowable Amount	3,600
Amount Reported	<u>9,481</u>
Disallowance	<u>5,881</u>

Page 20, LN 5i Page 29a

Notre Dame Convalescent Homes, Inc.
OT Therapy Expense Disallowance
September 30, 2019
Page 29b Attachment

	<u># of Treatments Page 9</u>	<u>Percentage</u>
Physical Therapy	9,081	51.26%
Occupational Therapy	7,860	44.37% {a}
Speech Therapy	773	4.36%
	17,714	100.00%

Therapy Equipment Rental Pg. 20 / Line 5j 3,408 {b}

OT Therapy Supplies Disallowed Pg. 29b attachment **1,512 {a} x {b}**

Notre Dame Convalescent Homes, Inc.
Schedule of Disallowance- Priests and Nuns
September 30, 2019

	Square Feet	Percent
Convent	8,058	19%
Priest Quarters	1,170	3%
Nursing Home	32,319	78%
	41,547	100%

Property & Overhead Cost Disallowance

	<u>Cost Reported</u>	<u>Convent</u>	<u>Priest</u>
A&G Expense Items:			
Repairs & Maintenance	16,841		
Heat	118,602		
Light & Power	70,212		
Water	20,828		
Other Maintenance	82,830		
Total	309,313		
Allocation % from above		19%	3%
Allocation Cost		59,991	8,711
Factor*		0.33333	0.33333
Unallowable Amount		19,997	2,904
Amount to Disallow - Page 29 , Line 39		19,997	2,904

Insurance Disallowance

Property Insurance	<u>20,476</u>		
Allocation % from above		19%	3%
Allocation Cost		3,971	577
Factor*		0.33333	0.33333
Unallowable Amount (Page 29, Line39)		1,324	192

* Based on space in use only 8 out of 24 hours a day

Total amount on page 29a 24,416

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)	
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 3,455,829	3,455,829				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 626,576	626,576				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 2,010,918	2,010,918				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 55,727	55,727				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 4,168	4,168				
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	\$ 325,170	325,170				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 1,456	1,456				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 66,765	66,765				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 2,698	2,698				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 300,267	300,267				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 85	85				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ 9,059	9,059				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 311	311				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 6,859,029	6,859,029				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 2,611	2,611				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 260	260				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 18,775	18,775				
V. Total Other Revenue (1 thru 8)	\$ 21,646	21,646				
VI. Total All Revenue (III +V)	\$ 6,880,675	6,880,675				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6a	X-Ray Medicare A	0		
30 II 6a	Lab Medicare A	\$ 2,938		
		\$ 6,121		
Total Other Resident Revenue - Medicare		\$ 9,059	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30 II 6b	Lab Medicaid	0		
		\$ 311		
Total Other Resident Revenue		\$ 311	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Money Market	647,256	\$ 236		
30 IV 5	Prime Pay		\$ 1		
30 IV 5	Operating		\$ 23		
Total Interest Income		\$ 260	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Rev. Spec. Serv. - Unrestr. Contr	0		
30 IV 8	Staff Recognition Fund	\$ 12,780		
		\$ 5,995		
Total Other Revenue		\$ 18,775	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	780,771
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	797,055
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	549
4. Inventories			\$	36,571
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	12
8. Other Current Assets (<i>itemize</i>)			\$	27,910
Medicaid Settlement		13,565		
Sequeston - Ins.		14,345		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,642,868
B. Fixed Assets				
1. Land			\$	36,800
2. Land Improvements	*Historical Cost	94,852	\$	
	Accum. Depreciation	94,852	Net	
3. Buildings	*Historical Cost	2,924,230	\$	415,555
	Accum. Depreciation	2,508,675	Net	
4. Leaschold Improvements	*Historical Cost		\$	
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost	433,873	\$	56,750
	Accum. Depreciation	377,123	Net	
6. Movable Equipment	*Historical Cost	881,126	\$	67,170
	Accum. Depreciation	813,956	Net	
7. Motor Vehicles	*Historical Cost	56,773	\$	4,742
	Accum. Depreciation	52,031	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	492,606
F/S vs C/R NBV		492,606		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,073,623

* 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

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

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

G. Balance Sheet (cont'd)

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,716,491
C. Leasehold or like property recorded for Equity Purposes.				
1. Land				\$
2. Land Improvements	*Historical Cost _____	Accum. Depreciation	Net	\$
3. Buildings	*Historical Cost _____	Accum. Depreciation	Net	\$
4. Non-Movable Equipment	*Historical Cost _____	Accum. Depreciation	Net	\$
5. Movable Equipment	*Historical Cost _____	Accum. Depreciation	Net	\$
6. Motor Vehicles	*Historical Cost _____	Accum. Depreciation	Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense	*Historical Cost _____	Accum. Depreciation	Net	\$
4. Goodwill (Purchased Only)				\$
5. Investments Related to Resident Care (<i>itemize</i>)				\$
Infinex Investment			1,646,541	
Ratchford Trust			112,923	
6. Loans to Owners or Related Parties (<i>itemize</i>)				\$
Name and Address	Amount		Loan Date	
7. Other Assets (<i>itemize</i>)				\$
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$ 1,759,464
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 4,475,955

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

G. Balance Sheet (cont'd)

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$ 183,022	
2. Notes Payable (itemize)			\$	
See Schedule				
3. Loans Payable for Equipment (Current portion) (itemize)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only)			\$ 48,259	
5. Accrued Payroll (Owners and/or Stockholders only)			\$	
6. Accrued Payroll Taxes Payable			\$ 3,675	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (Current Portion)			\$	
10. Interest Payable (Exclusive of Owner and/or Related Parties)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (itemize)			\$ 105,437	
Client Fund Liability	19,255	Employee Tax Shelter Pl	(8,953)	
Sunshine Club	2,130	Payroll Savings (Deducti	44,148	
Wage Garnishments	183	Roth - PPI/Ameriprise	4,647	
403-B Loan Repayment	5,203	See Schedule	38,824	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	340,393

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	34	37
Account				Amount
Total Brought Forward:				340,393
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				
3. Loans from Owners or Related Parties (<i>itemize</i>)				
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				
<hr/> <hr/> <hr/>				
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 340,393

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Year Ended	Page	of
Notre Dame Convalescent Homes, Inc	286-C	9/30/2019	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 4,344,340
6. Gain or Loss for Period		10/1/2018	thru	9/30/2019
				\$ (208,778)
7. Total Net Worth				\$ 4,135,562
C. Total Reserves and Net Worth				\$ 4,135,562
D. Total Liabilities, Reserves, and Net Worth				\$ 4,475,955

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-36 Rev. 6/95

H. Changes in Total Net Worth

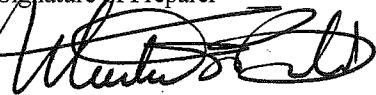
Name of Facility	License No.	Report for Year Ended	Page	of		
Notre Dame Convalescent Homes, Inc.	286-C	9/30/2019	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$ 4,346,098		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 6,880,675		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 7,089,453		
D. Net Income or Deficit				\$ (208,778)		
E. Balance				\$ 4,137,320		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Expense Per Page. 27				\$ 6,970,479		
F/S vs C/R Depreciation				\$ 118,974		
Expense Per F/S				\$ 7,089,453		
2. Other (<i>itemize</i>)						
Prior Period Adjustment				(1,758)		
F-3. Total Additions				\$ (1,758)		
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>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ 4,135,562		

I. Preparer's/Reviewer's Certification

Name of Facility Notre Dame Convalescent Homes, Inc.	License No. 286-C	Report for Year Ended 9/30/2019	Page of 37 37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Preparer/Reviewer Certification

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 PRINCIPAL	Date Signed 11/17/20
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 Dana Paul		Phone Number 203-847-5893
Contact Email Address dpaul@ndch-sstv.com		

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Notre Dame Convalescent Homes, Inc. for the year ended September 30, 2019, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Notre Dame Convalescent Homes, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Notre Dame Convalescent Homes, Inc. and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
January 16, 2020

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

This checklist is not required to be submitted with the Annual Report.

Facility Name _____

Complete the following check list. **Provide an explanation for any "No" answers.** Attach additional sheets to explain further, if necessary.

Yes No

1. Have all related parties been properly disclosed on Pages 4, 11, 12, 14, 17 and 21?

Explanation: _____

Yes No

2. Are the methods of allocating costs consistent with prior year? If not, explain the reporting change.

Explanation: _____

Yes No

3. Are costs allocated based on the methods prescribed on Page 5 of the Annual Report? If not, provide the basis of your allocation.

Explanation: _____

Yes No

4. Do equipment leases listed on Page 6 agree with equipment leases reported on Page 22, Line 6e? If not, state where these costs are included in the Annual Report.

Explanation: _____

Yes No

5. Do accounting and legal fees reported on Page 7 agree with Page 15, Lines 1d and 1e, respectively?

Explanation: _____

Yes No

6. During cost year, did you report all certified bed changes on Page 9? Do the bed change dates agree to the license issued by the Department of Health?

Explanation: _____

Yes No

7. If there has been a change in Administrators, have the dates of employment and applicable hours for each Administrator been reported on Page 12?

Explanation: _____

Yes No

8. Have hours been reported for all expenses claimed on Page 13? Hours must be actual rather than estimated.

Explanation: _____

Yes No

9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____

Yes No

10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: _____

Yes No

11. Have the dietary and laundry questionnaires on Pages 18 and 19 been completed?

Explanation: _____

Yes No

12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?

Explanation: _____

Yes No

13. Does historical cost and accumulated depreciation of all assets reported on Pages 23 and 24 roll forward from the prior cost year?

Explanation: _____

Yes No

14. Does the net book value of all assets reported on Pages 23 and 24 agree with the net book value reported on Pages 31 and 32?

Explanation: _____

Yes No

15. Has asset useful life been reported in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

16. Have all assets been categorized between movable and fixed in accordance with the 2013 edition of the American Hospital Association guidelines?

Explanation: _____

Yes No

17. Have all contractual allowances been properly reported on Page 30?

Explanation: _____

Yes No

18. Were all discrepancies on the Error Page addressed?

Explanation: _____

Yes No

19. Have Pages 1 and 37 been signed? *Cost reports without a signed Page 1 and 37 will not be accepted.*

Explanation: _____

Yes No

20. Have detailed schedules been provided for all “other” line items, fixed asset and movable equipment additions? *If detail is not provided, appropriate disallowances will be made.*

Explanation: _____

Yes No

21. Have all costs associated with non-nursing home businesses (i.e., Adult Daycare, Meals on Wheels, Outpatient Therapy Services, etc.) been disallowed on Pages 28 and/or 29 of the Annual Report?

Explanation: _____

Yes No

22. Has all required documentation been submitted to the Annual Report review and audit contractor?

Explanation: _____
